



Providing and Billing Medicare for Remote Patient Monitoring

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WE ARE AN INDEPENDENT MEMBER OF HLB—THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

Introductions



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PYALeadership Briefing

Providing and Billing Medicare for Transitional Care Management

Updated November 2014



Fee-For-Service Population Health Management Services: Getting Paid Now to Prepare for the Future



Providing and Billing Medicare for Chronic Care Management Services

Updated February 2021



Providing and Billing Medicare for Remote Patient Monitoring and Treatment Management



Agenda

- 1 How We Got Here
- 2 General Billing Rules
- 3 Specific Billing Rules (by CPT code)
- 4 Practical Considerations

How We Got Here



CMS' Ambulatory Care Management Strategy



- **2013 - Transitional Care Management**
 - CPT 99495 and 99496
- **2015 - Chronic Care Management - 2015**
 - CPT 99490, 99439 (initial and subsequent 20 minutes – clinical staff)
 - CPT 99487, 99489 (60 minutes + 30-minute add-on – clinical staff)
 - CPT 99491(30 minutes – billing practitioner)
- **2017 - Behavioral Health Integration**
 - CPT 99492-94 (70 minutes + 60 minutes + 30-minute add-on – behavioral health care manager working under psychiatric collaborative care model)
 - CPT 99484 (20 minutes - general BHI services)

Remote Patient Monitoring

- **2018 – CPT 99091**
 - Separate payment on 15-year-old CPT code previously bundled with E/M services
 - 30 minutes of work by billing practitioner, initiation during face-to-face visit, patient consent
- **2019 – CPT 99453, 99454, 99457**
 - CPT 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
 - CPT 99454: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; each 30 days.
 - CPT 99457: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.
- **2020 – CPT 99458**
 - Use CPT 99457 for initial 20 minutes, CPT 99458 for additional 20-minute increments

2021: RPM Care Process



CPT Code	Service Description	Non-Facility Rate	Facility Rate
99453	Service Initiation	\$18.80	Same*
99454	Data Transmission	\$61.90	Same*
99091	Data Analysis/Interp	\$53.80	Same
99457	Treatment Mgmt (20 min)	\$48.30	\$29.82
99458	Treatment Mgmt (+20 min)	\$38.89	\$29.49

*Assigned to APC 5012 (Clinic Visit and Related Services); 2021 payment ~ \$120.

**Assigned to APC 5741 (Level 1 Electronic Analysis of Devices); 2021 payment ~ \$38 (Status Indicator Q1)

General Billing Rules



Ordering and Consent

- Must be ordered and billed by eligible provider:
 - ✓ Physicians and non-physician practitioners eligible to bill for E/M services
 - ✗ Independent Diagnostic Testing Facilities
 - ✗ Rural Health Clinics
 - ✗ Federally Qualified Health Centers
- Must have established patient relationship
 - Exception during COVID-19 PHE
- Must obtain consent prior to or at initiation of service
 - Acknowledgment of responsibility for co-payment or deductible
 - May be verbal - but must be documented in medical record

Medical Necessity

- Monitoring should:
 - ✓ Relate to a chronic and/or acute illness or condition
 - ✓ Be reasonable, medically necessary, and “used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition”
- Documentation of same should be included in patient’s medical record.

Technology Requirements

- ✓ Qualify as “medical device” under the Federal Food, Drug and Cosmetic Act
- ✓ Automatically upload patient physiologic data (i.e., data not self-recorded and/or self-reported by patient)
- ✓ Be capable of generating and transmitting either (a) daily recordings of the beneficiary’s physiologic data, or (b) an alert if the beneficiary’s values fall outside pre-determined parameters

Specific Billing Rules



CPT 99453 and 99454: What's Included?

- Reimburse for practice expenses associated with furnishing RPM services including:
 - Cost associated with the monitoring device
 - Its placement with the beneficiary
 - Transmission of data to the billing practice
- No work Relative Value Unit assigned as no practitioner work – supervision or otherwise – is required.

CPT 99453: Service Initiation

- Report for device set-up and patient education
- Report only once for each episode of care even if multiple devices are provided to the beneficiary
 - Per CPT Guidelines, episode of care “begin[s] when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals
- Cannot not be reported if monitoring is less than 16 days in 30-day period
 - ***During PHE, only 2 days of monitoring is required for patients with suspected or confirmed cases of COVID-19.***

CPT 99453: Documentation

- Absent CMS guidance, we recommend documenting:
 - ✓ Practitioner order
 - ✓ Condition being monitored and medical necessity of the device
 - ✓ Beneficiary consent
 - ✓ Identification of the device
 - ✓ Date of the delivery to the patient
 - ✓ Date(s) training is provided
- Place of service – location at which billing practitioner maintains practice
- Date of service – date on which device records 16th day of data in 30-day period following initiation of the service (or last day of that 30-day period)

CPT 99454: Data Transmission

- Used to report provision and programming of device for daily recording or programmed alert transmissions over 30-day period
- Can only be billed once per 30-day period even if multiple devices utilized
- Cannot be reported if monitoring is less than 16 days
 - ***During PHE, only 2 days of monitoring is required for patients with suspected or confirmed cases of COVID-19.***

CPT 99454: Documentation

- Absent CMS guidance, we recommend documentation sufficient to demonstrate monitoring occurred for at least 16 days in a 30-day period.
- Place of service – location at which billing practitioner maintains practice
- Date of service
 - **If ≥ 16 days but < 30 days:**
 - Last day on which device records data and transmits to provider
 - **If > 30 days:**
 - For the first instance - 30 days following delivery of the device or completion of training (whichever occurs later)
 - Each instance thereafter - 30 days from prior date of billing, assuming at least 16 days monitoring occurred after prior date of service

CPT 99453 and 99454: Billing Exceptions

- Do not bill 99453 and 99454 when these services are included in other codes for duration of monitoring service.
 - **Example:** 95250 for continuous glucose monitoring requires a minimum of 72-hours of monitoring
- CMS does not require practitioner to bill for 99091 or 99457 to bill for 99453 and 99454.
- CMS will not pay more than one practitioner for CPT 99453 for episode of care or 99454 for 30-day period, even if each furnishes distinct service.
 - No offered resolution for claims submitted by multiple practitioners

CPT 99091: Data Analysis and Interpretation



- “[A]fter the data collection period for CPT 99453 and 99454, the physiologic data that are collected and transmitted may be analyzed and interpreted as described in CPT 99091....”
- Performed by physician/NPP or by clinical staff if “incident to” requirements are met
 - Requires direct supervision by billing practitioner
 - Due to PHE, direct supervision is permitted via interactive audio/visual real-time communications technology through at least 12/31/21
 - CMS to consider extension of this permission in 2022 rulemaking

CPT 99091: Data Analysis and Interpretation

- Requires 30 minutes of services furnished over 30-day period
- Valuation of the code includes 40 minutes of work, including:
 - ✓ 5 minutes pre-service work (chart review)
 - ✓ 5 minutes post-service work (chart documentation).

Therefore, these activities should not be counted toward 30-minutes.

- Appears to require at least 16 days of data except during PHE (2 days)
- CMS does not specifically address whether same technology requirements apply as for 99453 and 99454.
- Date of service – date on which 30 minutes accumulated or last day of the 30-day period

CPT 99457 and 99458: Treatment Management

- CPT 99457 – Initial 20 minutes
- CPT 99458 – Additional 20 minutes in the same calendar month
- Requires “live interactive communication” with patient during the month
 - “real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission”
 - Not required for full 20 minutes
- Requires general supervision
 - Billed under NPI of practitioner who supervises clinical staff performing service
- No frequency limits imposed by CMS on CPT 99458

CPT 99457 and 99458: Other Services

- Codes may be reported during the same service period as chronic care management, transitional care management and behavioral health integration services.
 - Do not count time for these services towards 99457 / 99458.
- Do not count any time on day when provider reports E/M service including office or other outpatient services, domiciliary, rest home services, or home services.
- Do not count time related to any other reported service.

CPT 99457 and 99458: Time Accumulation



- CMS provides the following guidance related to CCM and the same is assumed to apply:
 - Time spent on different days, or by different clinical staff members in the same calendar month, can be aggregated to total 20 minutes.
 - If two staff members are furnishing services at the same time (e.g., discussing the patient's condition), the time can only be counted by one individual.
 - Time less than 20 minutes cannot be rounded up; time cannot be carried forward to the next month.

CPT 99457 and 99458: Documentation

- Absent CMS guidance, we recommend:
 - ✓ Date and time spent providing the non-face-to-face services (including start/stop times)
 - ✓ Name of the care team member providing services (with credentials)
 - ✓ Brief description of the services provided
- ✓ Date of service (based on CCM) –
 - ✓ 99457 - date on which the 20th minute of work occurs or any date thereafter in the calendar month;
 - ✓ 99458 - date each subsequent 20 minutes occurs or any date thereafter in the calendar month
- ✓ Place of service – location of billing practitioner's practice

CPT 99457 and 99091: Separate...but Together?



- According to the CPT Codebook, CPT 99091 and 99457 cannot both be billed for same time period for same beneficiary.
- However, CMS has determined that “in some instances when complex data are collected, more time devoted exclusively to data analysis and interpretation by a [practitioner] may be necessary such that the criteria could be met to bill for both CPT codes 99091 and 99457 within a 30-day period.”
 - CMS cautions, however, that one cannot use the same time to meet the criteria for both CPT 99091 and 99457.

Practical Considerations



Getting Started



- Challenges of “small scale” care management programs
 - Medicare reimbursement does not cover program start-up costs
 - Implementation of new processes within established workflow
- Collaboration arrangements
 - Treating provider + technology provider or care management company
- Living with uncertainty

How can we HELP?



PYA by the Numbers

Clients in **ALL**
 **50**
STATES



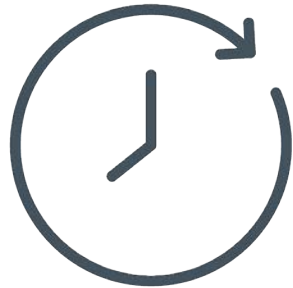
O V E R
1200
Healthcare
valuation opinions
rendered annually



3,242
Number of healthcare projects
during 2019

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