HEALTHCARE REGULATORY ROUND-UP

Providing and Billing for Care Management and Remote Monitoring Services

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Introductions

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Agenda

1. Care Management Services
    - Chronic Care Management
    - Principal Care Management
    - FQHC/RHC Care Management
2. Remote Monitoring
    - Remote Physiologic Monitoring
    - Remote Treatment Monitoring

1. Care Management Services

CPT 99490 and Related Codes
Chronic Care Management

Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline;
- Comprehensive care plan established, implemented, revised, or monitored.

CPT 99487 and 99489 – Complex CCM

Complex chronic care management services, with the following required elements:

- Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient;
- Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline
- Establishment or substantial revision of a comprehensive care plan
- *Moderate or high complexity medical decision making*
- *60 minutes* of clinical staff time directed by a physician or other qualified health care professional, per calendar month

CPT 99426 and Related Codes
Principal Care Management

Comprehensive care management for a single high-risk disease services, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements:

- One complex chronic condition lasting at least 3 months, which is the focus of the care plan;
- The condition is of sufficient severity to place a patient at risk of hospitalization or have been cause of a recent hospitalization;

Code	Descriptor	2021 Payment	2022 Payment	Difference
99490	**CCM**, clinical staff, initial 20 min	$41.17	$64.03	$22.86
99439	**CCM**, clinical staff, +20 min	$37.69	$48.45	$10.76
99491	**CCM**, physician/NPP, 30 min	$82.53	$86.17	$3.65
99437	**CCM**, physician/NPP, +30 min	n/a	$61.25	n/a
99487	**Complex CCM**, clinical staff, 60 min	$91.77	$134.27	$42.52
99489	**Complex CCM**, clinical staff, +30 min	$43.97	$70.60	$26.63
99424	**PCM**, physician/NPP, 30 min	$90.37	$83.40	-$6.96
99425	**PCM**, physician/NPP, +30 min	n/a	$60.22	n/a
99426	**PCM**, clinical staff, 30 min	$38.73	$63.34	$24.61
99427	PCM, clinical staff, +30 min	n/a	$48.45	n/a
G0511	Care mgt., RHC/FQHC	$65.24	$79.26	$14.02

POLLING QUESTION #2

The biggest obstacle to widespread adoption of CCM/PCM is…

1. Complicated billing rules
2. Lack of qualified staff
3. Inadequate reimbursement
4. Patient copayment obligation
5. Other

Key Considerations

1. Billing providers
2. Eligible beneficiaries
3. Consent
4. Five specified capabilities
5. Care management services

1. Billing Providers

- Physician (any specialty), APRN, PA, CNS/CNMW
  - Provider who supervises clinical staff furnishing care management services
- Rural Health Clinic/Federally Qualified Health Center

No “Double Dipping”

- Cannot bill for CCM and any of the following during same 30-day period
  - Transitional care management (99495 and 99496)*
  - Home health care supervision (G0181)
  - Hospice care supervision (G0182)
  - ESRD services (90951-90970)
- CMS will not pay for more than one provider to furnish CCM in each calendar month

2. Eligible Beneficiaries

- Traditional Medicare
  - Medicare Advantage, unless plan provides equivalent services
- Established patient
  - Seen within last year, or initiating visit
  - Exception for duration of COVID-19 PHE
- For CCM/CCCM
  - 2+ chronic conditions (no definitive list)
  - Expected to last at least 12 months, or until patient's death; place patient at significant risk of death, acute exacerbation/decompensation, or functional decline
- For PCM
  - Diagnosis expected to last between 3-12 months or until patient's death, may have led to a recent hospitalization, and/or place patient at significant risk of death, acute exacerbation/ decompensation, or functional decline

3. Consent

- Provider cannot bill for CCM unless and until secures beneficiary's consent
  - Documented verbal consent
- If beneficiary revokes consent (including signing up with new provider), cannot bill for CCM after then-current calendar month

Elements of Consent

Beneficiary must acknowledge provider has explained:

1. Nature of CCM services and how they are accessed
2. Only one provider at a time can furnish CCM
3. Beneficiary may stop CCM services at any time by revoking consent, effective at end of then-current calendar month
4. **Beneficiary responsible for copayment/deductible**

4. Five Specified Capabilities

- Provider must demonstrate following capabilities:
  A. Use of certified EHR for specified purposes
  B. Electronic care plan
  C. Beneficiary access to care
  D. Transitions of care
  E. Coordination of care
- Submission of claim = attestation of capabilities

A. Use of Certified EHR

- Structured recording of the following consistent with 45 CFR 170.314(a)(3) –(7)
  - Patient demographic information
  - Problem list
  - Medications and medication allergies
- Creation of structured summary care record consistent with 45 CFR 170.314(e)(2)
  - Not required to use specific tool or service to transmit summary care record for care coordination purposes

B. Electronic Care Plan

- Maintain regularly updated electronic care plan for beneficiary
  - Based on physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment of beneficiary's needs
  - Inventory of resources and supports
  - Addresses all health issues (not just chronic conditions) BUT NOT for PCM (focused conditions only)
  - Congruent with beneficiary's choices and values
- Preparation and updating of care plan is not a component of CCM
  - One-time billing for care plan development

Use of Electronic Technology Tool

- "must electronically capture care plan information"
- "use some form of electronic technology tool or services in fulfilling the care plan element"
  - "certified EHR technology is limited in its ability to support electronic care planning at this time"
  - "practitioners must have flexibility to use a wide range of tools and services beyond EHR technology now available in the market to support electronic care planning"

Access To Electronic Care Plan

- "must electronically share care plan information as appropriate with other providers" caring for patient
  - E.g., secure messaging, participation in HIE - not facsimile
- Provide paper or electronic copy to beneficiary
  - Provision must be documented in certified EHR

C. Beneficiary Access To Care

1. Means for beneficiary to access provider in the practice on 24/7 basis to address acute/urgent needs in timely manner
2. Beneficiary's ability to get successive routine appointments with designated practitioner or member of care team
3. Enhanced opportunities for beneficiary-provider (or caregiver-provider) communication by telephone + asynchronous consultation methods (*e.g.*, secure messaging, internet)

D. Transitions of Care

- Capability and capacity to do the following:
  - Follow-up after ER visit
  - Provide transitional care management
  - Coordinate referrals to other clinicians
  - Share information electronically with other clinicians as appropriate
    - Summary care record and electronic care plan
    - No specific manner of transmission required

E. Coordination of Care

- Coordinate with home and community-based clinical service providers to meet beneficiary's psychosocial needs and functional deficits
  - Home health and hospice
  - Outpatient therapies
  - DME suppliers
  - Transportation services
  - Nutrition services
- Communications with these providers must be documented in medical record

5. Care Management Services

- Types of services (non-exclusive)
  - Performing medication reconciliation, oversight of beneficiary self-management of medications
  - Ensuring receipt of all recommended preventive services
  - Monitoring beneficiary's condition (physical, mental, social)
  - Addressing social determinants of health (SDOH)
- Documentation
  - Date and time (start/stop?)
  - Person furnishing services (with credentials)
  - Brief description of services

20 Minutes

- 20 minutes non-face-to-face care management services per calendar month
- Furnished by clinical staff under physician/non-physician practitioner general supervision (billing practitioner)
  - No physical presence requirement
  - Not required to sign notes
- 20 minutes can be aggregated but not rounded up
- May be provided by different individuals, but cannot count double for two staff members providing services at the same time

Shared Staffing

- CMS acknowledges providers may not have internal capacity to provide CCM
- Arrangements with 3rd parties permitted
  - Sufficient integration (e.g., use of EHR)
  - Billing practitioner still supervises clinical staff
  - Responsibility for key components allocated between parties; billing provider ultimately responsible

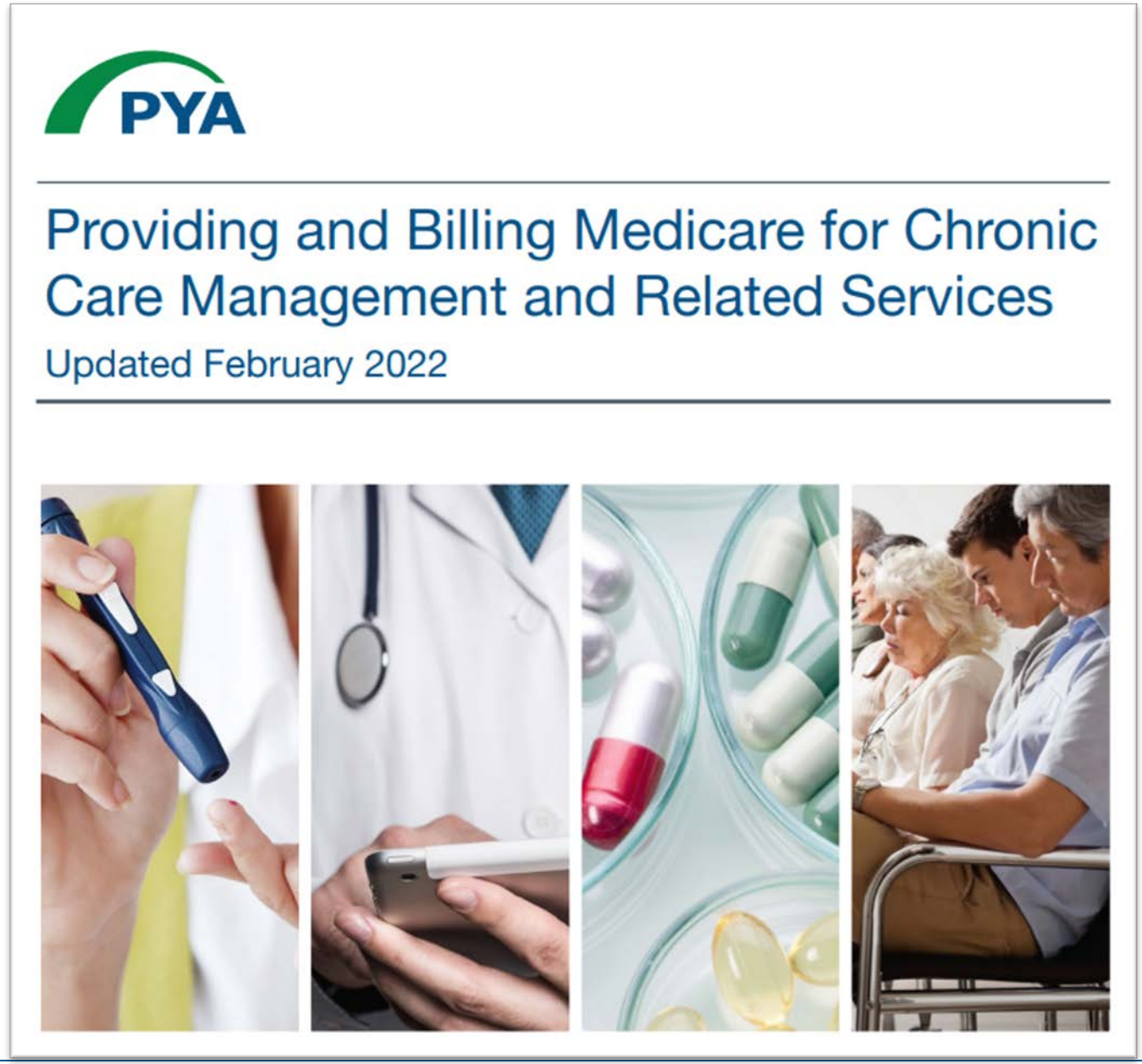
Example

Billing Provider

- Secure patient consent
- Provide staffing company with remote access to patient's EHR
- Validate care managers' qualifications and competencies
- Respond to care managers' specific inquiries
- Review/approve patient care plan and any revisions
- Address transitions of care
- Provide coordination of care
- Bill and collect; pay negotiated rate to staffing company

Staffing Company

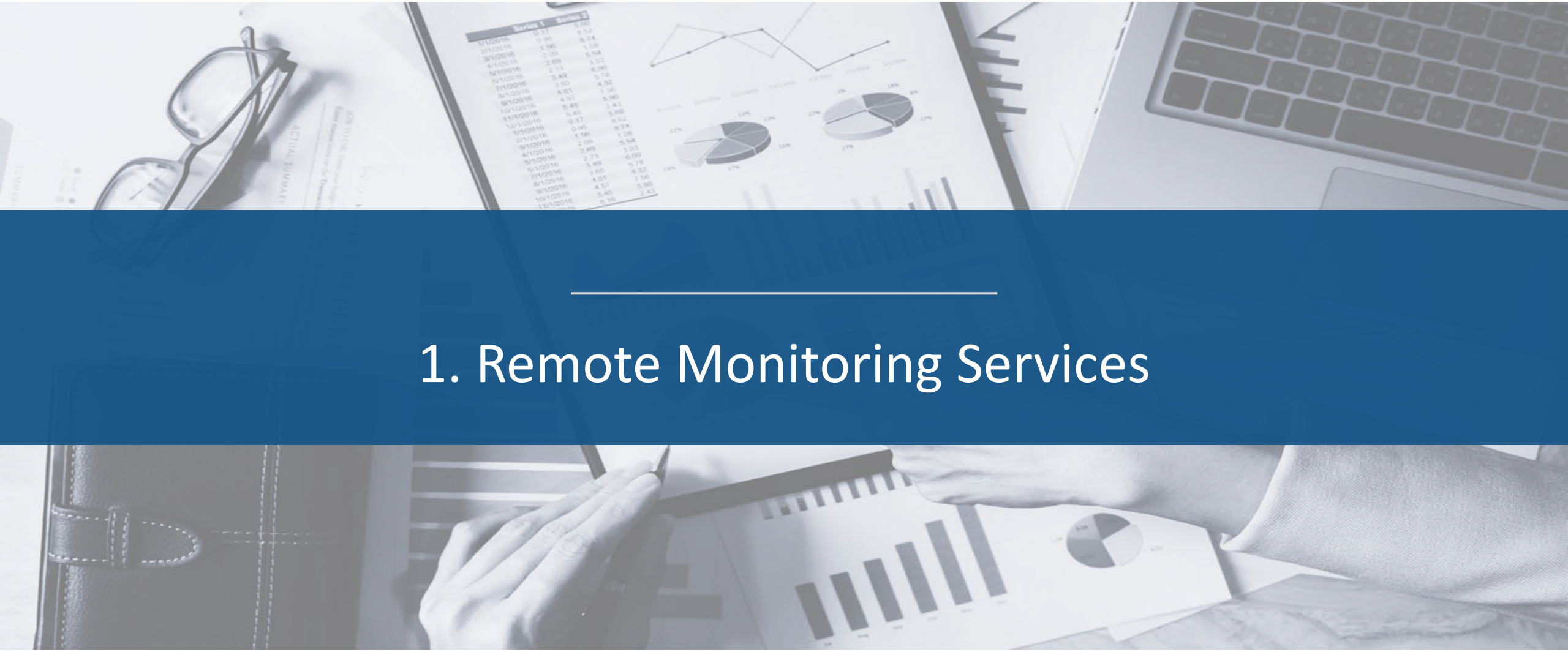
- Provide information sufficient for billing practitioner to validate clinical staff qualifications and competencies
- Develop draft electronic care plan in provider's EHR
- Deliver ongoing care management services documented in provider's EHR (including time)


PYA
Providing and Billing Medicare for Chronic Care Management and Related Services
Updated February 2022

POLLING QUESTION #2

My organization …

1. Is providing CCM/PCM using our own staff
2. Is providing CCM/PCM using a staffing company
3. Is considering providing CCM/PCM
4. Is a staffing company providing CCM/PCM support
5. None of the above



1. Remote Monitoring Services

Remote Physiologic Monitoring

CPT Code	Service Description	Non-Facility Rate (2021)	Non-Facility Rate (2022)
99453	Service Initiation	$19.19	$18.48
99454	Data Transmission	$63.16	$54.10
99091	Data Analysis/Interp	$56.88	$54.77
99457	Treatment Mgmt (20 min)	$50.94	$48.72
99458	Treatment Mgmt (+20 min)	$41.17	$39.65

POLLING QUESTION #3

My organization …

1. Is providing RPM using our own staff
2. Is providing RPM using a third-party vendor
3. Is considering providing RPM
4. Is a vendor providing RPM support
5. None of the above

Ordering and Consent

- Must be ordered and billed by **eligible provider**:
  - ✓ Physicians and non-physician practitioners eligible to bill for E/M services
  - X Independent Diagnostic Testing Facilities
  - X 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
  - ✓ Minimum of 16 days’ data in 30-day period to bill for any RPM codes

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 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 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 99457 and 99458: Treatment Management

- 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 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.

Remote Therapeutic Monitoring

CPT	NON-FACILITY	FACILITY	SERVICE DESCRIPTION
CPT 98975	**$19.38**	**None***	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
CPT 98976	**$55.72/30-day period**	**None***	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to **monitor respiratory system**, each 30 days
CPT 98977	**$55.72/30-day period**	**Same**	Remote therapeutic monitoring; transmission to **monitor musculoskeletal system**, each 30 days
CPT 98980	**$50.18/month**	**$31.15**	Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
CPT 99458	**$40.84/month**	**$31.15**	Remote therapeutic monitoring treatment; each additional 20 minutes.

RTM vs. RPM

- Both require FDA medical device
- RTM permits patient-reported data (vs. automatic transmission for RPM)
- Both require 16 days of data (presumably…)
- RTM codes are not E/M codes, thus…
  - May be billed by any professional who can bill under MPFS
  - No ‘incident to’ billing – must be personally performed by billing professional

Providing and Billing Medicare for Remote Patient Monitoring

Our Next Health Care Regulatory Round-Up:

The Great Unwind:
Preparing for the End of the PHE

Wednesday March 23, 2022

How Can We HELP?

A national healthcare advisory services firm providing consulting, audit, and tax services