

Boost Remote Patient Monitoring Pay Up & Avoid Auditor Recoupments



Presented by:
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About Your Expert



Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO

KGG Coding and Reimbursement Consulting, LLC

Kim is an independent coding and reimbursement consultant, providing audit, training and oversight of coding and reimbursement functions for physicians. Kim completed three years of pre-medical education at the University of Alabama before she decided that she preferred the business side of medicine.

She completed a bachelor's degree in Health Care Management and went on to obtain certification through the American Academy of Professional Coders and the American Health Information Management Association.

Recognizing the important position of compliance in today's world, she has also obtained certification as a Certified Healthcare Compliance Consultant and a Certified Healthcare Audit Professional. Kim is also an AHIMA-approved ICD-10-CM trainer and has recently earned a Master of Jurisprudence in Health Law.

For over twenty-five years, Kim has worked with providers in virtually all specialties, from General Surgery to Obstetrics/Gynecology to Oncology to Internal Medicine and beyond. She has spoken at the national conference for numerous organizations.

Remote Patient Monitoring

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for
Healthcare Training Leader

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Remote Patient Monitoring (RPM)

“a healthcare delivery method that uses technology to monitor patient health outside of a traditional clinical setting. RPM refers to the specific technology used to electronically transmit information between patients and physicians, and it is just one delivery system within the broader telemedicine industry.”

Insiderintelligence.com



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Why RPM?

- Increase patient access to healthcare
- Increase patient involvement in their own care
- Decrease readmission rates
- Decrease unnecessary, nonurgent visits
- Overcome geographic barriers to care

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Eligible Providers

- Only physicians and non-physician practitioners who are eligible to bill evaluation and management services

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Device Requirements

- Medical device as defined by Section 201(h) of Federal Food , Drug, and Cosmetic Act
- Device designated for home use
- Must be reliable and valid
- Data must be electronically collected and transmitted rather than self-reported

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Established Patients Only?

- During the COVID-19 Public Health Emergency, RPM services can be rendered to new or established patients.
- AFTER PHE ends (currently 10/17/2021), RPM can only be billed for established patients

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Collection and Interpretation

- 99091 - Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days - \$56.88

Code effective 2002 but only recently covered by Medicare
No requirement that device be FDA approved

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Setup and Monitoring

- 99453 - Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment (coded only once – not coded for subsequent adjustments to the device) – \$19.19
- 99454 - Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days - \$63.16

After the PHE ends, minimum of 16 days of data required

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Who?

- 99453/99454 may be rendered by clinical staff incident-to physicians
- Incident-to
 - In the physician office
 - Under the physician's direct supervision – physician must be in the office and immediately available when the services are rendered
 - By an employee of the physician (W2 or 1099)

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Monitoring Treatment Management

- 99457 - Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes - \$50.94
- +99458 – each additional 20 minutes -

2021 Clarifications:

- Interactive communication must be real-time, may be video
- 20 minutes of time can include time for care management services as well as for the required communication

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99091 versus 99457

99091

- Only physician or QHP
- Device does not have to be FDA approved
- 30 minutes of time, each 30 days
- No communication between patient and provider

99457

- Physician or QHP or clinical staff under general supervision
- Device must be designated medical device by FDA
- 20 minutes or more in calendar month
- Requires interactive communication between patient and provider

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Documentation

- Order from treating physician
- Consent
- Treatment Plan (as opposed to Care Plan as required for Chronic Care Management)
- Any applicable device interrogations
- Time spent in month billed
- Diagnosis

Cannot be billed the same day as an evaluation and management service

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Treatment Plan versus Care Plan

Treatment Plan

- Substantiated diagnosis
- Short term goals
- Long term goals
- Specific amount of modalities used
- Responsibilities of the care team

Care Plan

- Assessment of the patient’s physical, mental, environments and other needs
- List of symptom management, planned interventions, treatment goals
- Projected or expected outcomes and prognosis
- Inventory of community resources
- Caregiver assessment
- Practitioners and providers
- Schedule for periodic review
- Revision of care plan when necessary

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Examples of RPM Devices

- Continuous glucose monitoring – see also 95250, 95249, 95251
- Devices that measure blood pressure and pulse oximetry and transmit to physician

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RPM and CCM?

- Remote patient monitoring and chronic care management can be considered complementary services
- Can be billed in same month as long as no overlap of time and requirements are met for both codes

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Date of Service? Place of Service?

- Date of service can be when the time element has been met? But may be more helpful to bill at end of month
- Place of service is where the physician practices – likely 11 or 22

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Challenges

- Cost of technology
- Mass collection of data may discourage some patients
- Device must be approved by FDA
- Incompatibility with existing EMR systems

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Other Codes?

- G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

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Continuous Glucose Monitoring

- 95250 - Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording
- 95249 - ...patient-provided equipment
- 95251 - Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

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2022 Proposed Rule

Remote Treatment Monitoring

- Monitoring non-physiologic data
- Other than physician or qualified healthcare professionals (QHP)

Comments accepted until September 13, 2021

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Remote Treatment Monitoring

- 989X1 – Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial setup and patient education on use of equipment
- 989X2 – device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- 989X3 – device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- 989X4 – Remote therapeutic monitoring treatment management services, physician or other QHP time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month, first 20 minutes
- 989x5 – each additional 20 minutes

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RTM Example

- Asthmatic patient prescribed a rescue inhaler. FDA-approved device monitors when the inhaler is used, how often, how many doses, and the pollen count and any other environmental factors (non-physiologic data)
- Data is sent to the treating practitioner who uses it to assess patient and make changes to the treatment regimen

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Differences Between RPM and RTM

Remote Patient Monitoring

- Physiologic data
- Not restricted as to systems monitored
- Data must be digitally recorded and uploaded
- Only providers who may bill evaluation and managements services

Remote Treatment Monitoring

- Non-physiologic data
- Restricted to respiratory and musculoskeletal systems at this time
- Data may be self-reported by patient
- Providers such as nurses and physical therapists

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Questions?

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