TELEHEALTH AWARENESS WEEK™ | ata SPECIAL INTEREST GROUP

Understanding Remote Solutions for Rehabilitation; Remote Physiologic Monitoring & Remote Therapeutic Monitoring

MODERATOR:

TAMMY RICHMOND CEO/FOUNDER GO2CARE

PANELISTS:

CARRIE NIXON Managing Partner Nixon Gwilt Law

BILL PASCHALL SVP Growth and Strategic Accounts Clear Arch Health

JARED GOLDSTEIN Special Advisor MiCarePath

Telehealth. Is. Health.

September 17-23, 2023

TELEHEALTH WEEK
AWARENESS ™

ata ™

Working Together to Support Telehealth Awareness

Introductions

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HIGHLIGHTS OF WEBINAR

This webinar will discuss the growing expansion of remote technology solutions to provide chronic disease and acute condition management, address musculoskeletal dysfunction, and promote wellness and prevention services at home. Panelists will highlight evolution of remote monitoring, policy, use cases , standards of care, payment methodologies, and federal and state compliance.
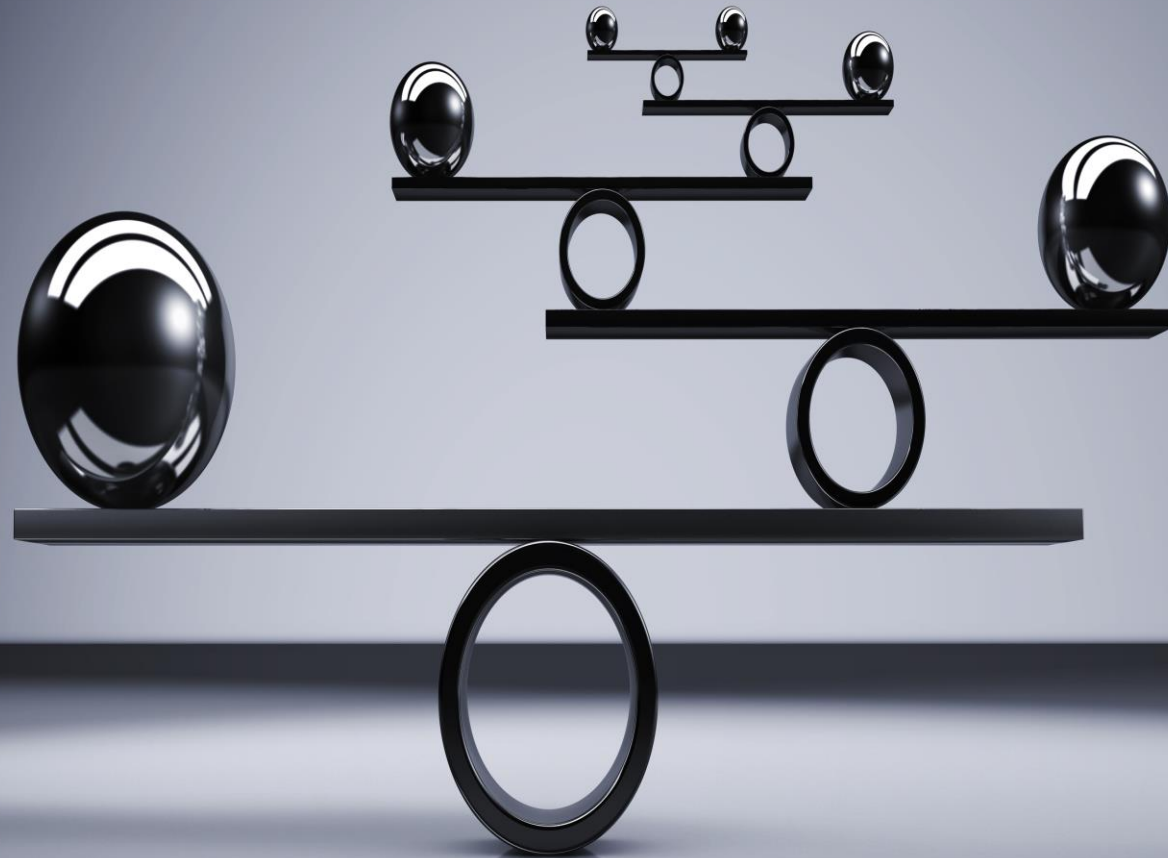
IMPORTANT NOTICE

This webinar presentation is designed to provide information to the viewer. Nothing in this presentation or the accompanying slides should be construed as legal advice to any individual or entity and is not provided in the context of an attorney-client relationship. Further, nothing in this presentation should be construed as a guarantee of reimbursement. Please consult with your billing specialist or Medicare Administrative Contractor for your particular situation.

TERMINOLOGY

RPM and RTM are both remote patient monitoring codes that use medical devices to collect data. The main difference between the two is the type of data collected.

RPM codes only cover physiologic data, such as heart rate, blood pressure, and body temperature. RTM codes collect non-physiological data, such as pain tolerance and medication adherence.

RPM codes are evaluation/management codes billed by physicians or qualified healthcare providers. RTM codes are general medicine codes and are expected to be used by physical therapists, clinical psychologists, speech-language pathologists, and occupational therapists.

RTM devices collect non-physiologic data that's limited to musculoskeletal system status or respiratory system status. RPM devices require physiologic data that is automatically transmitted and not manually uploaded.

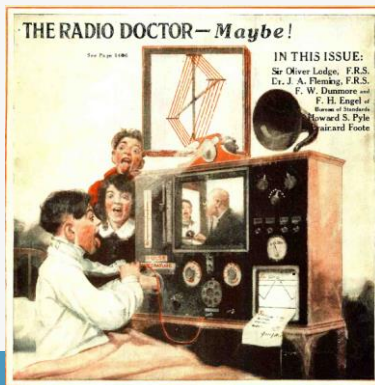RTM and RPM should not be billed for the same patient in the same month.

The Evolution of Remote Monitoring and Virtual Care

500 BCE

Fire and Light Signal to relay location and spread of plagues (Romans & Greeks)

1924

The Radio Doctor (Radio News Magazine)

1948

Telephone line transmission of Radiological Image (1200 baud)

1959

B/W TV Telepsych Telemedicine (U of Nebraska)

1961

Tele-ECG, Respiration, Temperature in space (NASA Mercury program)

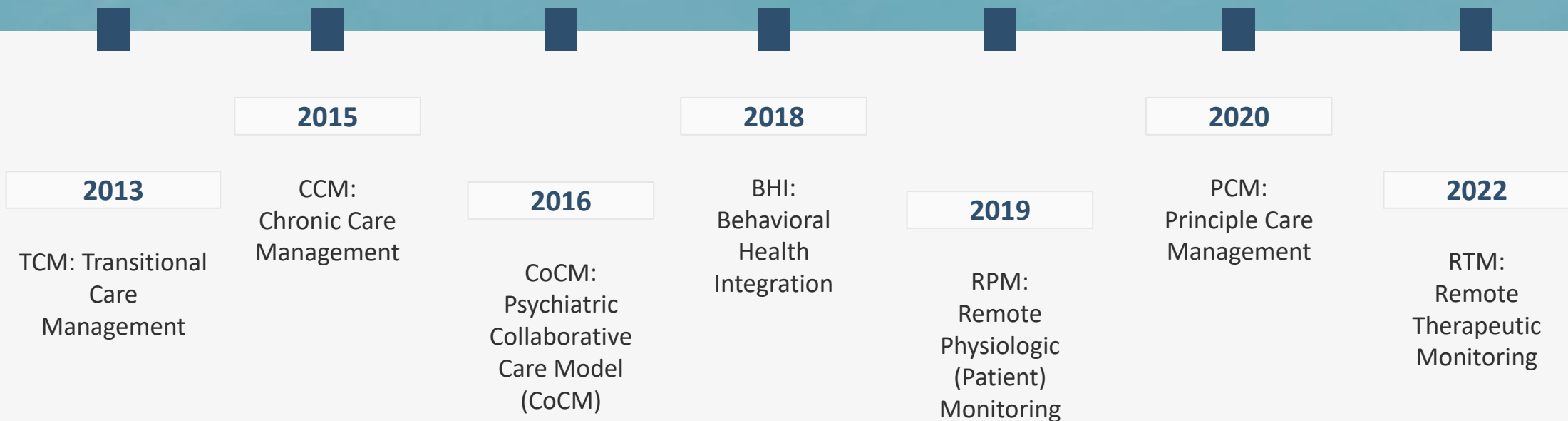**1964**

AT&T releases the first Picturephone

1970s

NASA technology applied to Papago Indian Nation (STARPAHC)

1993

ATA Founded UTMB is first large telemed program outside VA

The Evolution of Virtual Care Management Reimbursement

2013

TCM: Transitional Care Management

2015

CCM: Chronic Care Management

2016

CoCM: Psychiatric Collaborative Care Model (CoCM)

2018

BHI: Behavioral Health Integration

2019

RPM: Remote Physiologic (Patient) Monitoring

2020

PCM: Principle Care Management

2022

RTM: Remote Therapeutic Monitoring

RPM VS. RTM; deeper look

RPM

- Physiologic data
- Automatic transmission of data
- Ordered and billed by physicians and NPPs
- "Care management services" subject to general supervision
- Device code is condition agnostic

- Must use a medical device to collect data
- Device codes require 16 days of data
- Cannot be billed in the same month as the other

RTM

- Therapeutic data
- Allows for patient self-reported data
- Ordered and billed by practitioners eligible to independently bill (PTs, OTs, SLPs, CPs)
- Device codes limited to MSK and Respiratory devices
- General Supervision now allowed

RPM Codes & Reimbursement

* All amounts approximate

CPT code 99453 — $19.44

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. Billed with first billing of 99454. Auxiliary Personnel

CPT code 99454 — $50.90

Remote monitoring of physiologic parameters (Chronic or Acute); device(s) supply with daily recording(s) and/or programmed alert(s) transmissions, each 30 days. Automated digital transmission, 16 days data transmission, 30 days cycle. Auxiliary Personnel

CPT code 99457 — $49.21

Remote physiologic treatment management services, 20 minutes or more of clinical staff/physician/QHP time in a calendar month requiring interactive communication with the patient/caregiver during the month. (Interpretation of the received data and interaction with patient on a treatment plan by a clinician)

CPT code 99458 — $39.91

Remote physiologic treatment management services of clinical staff/physician/QHP time in a calendar month requiring interactive communication with the patient/caregiver during the month. (Interpretation of the received data and interaction with patient on a treatment plan by a clinician); each additional 20 minutes (List separately in addition to code for primary procedure)

CPT code 99091 — $54.31

Remote physiologic monitoring. Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and transmitted by the patient and/or caregiver to the physician or other Qualified Health Professional (QHP) requiring a minimum of 30 minutes of time, each 30 days).

RTM Codes & Reimbursement

*all amounts approximate
*does not include new CBT device code

CPT code 98975 — $19.38

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 code 98976 — $55.72

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 code 98977 — $55.72

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 musculoskeletal system, each 30 days

CPT code 98980 — $50.18

Remote therapeutic monitoring treatment management services, 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 code 98981 — $40.84

Remote therapeutic monitoring treatment management services, 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; each additional 20 minutes (List separately in addition to code for primary procedure)

RPM Devices and Conditions

Blood Pressure

Weight Scales Standard & Bariatric

Bariatric and Standard Scales

Pulse Ox

Glucose

Consumable fulfillment by RPM Vendor or local pharmacy.

Additional Devices

Thermometer

Peak Flow Meter

1. Chronic Conditions:
- *Remote Physiologic Monitoring pairs well with telehealth when patients need to be monitored for certain health conditions. It can also prevent health complications in patients who aren't able to easily travel.*
- *There are many symptoms and conditions that can be tracked through remote patient monitoring, including: High blood pressure, Diabetes, Weight loss or gain, Heart conditions (CHF), Chronic obstructive pulmonary disease(COPD),Pneumonia, Sleep apnea, Asthma, Oncology, etc.*

2. Acute Conditions:
- *RPM is also utilized for a significant number of Pre- and Post-Surgical Conditions that include recuperative time at home; examples include orthopedics (joint replacement), organ replacement, Covid-19, post-partem hypertension, and more.*

3. Hospital@Home
- *Hospital-at-home enables some patients who need acute-level care to receive care in their homes, rather than in a hospital. This care delivery model has been shown to reduce costs, improve outcomes and enhance the patient experience.*
- *In November 2020, the Centers for Medicare & Medicaid Services launched the Acute Hospital Care At Home program to provide hospitals expanded flexibility to care for patients in their homes.*

https://www.aha.org/hospitalathome#:~:text=Hospital%2Dat%2Dhome%20enable%20some,and%20enhance%20the%20patient%20experience.

RTM Devices and Software as a Medical Device (SaMD)

1. SaMD = Software as a Medical Device

- *If a software function is intended for use in performing a medical device function (i.e. for diagnosis of disease or other conditions, or the cure, mitigation, treatment, or prevention of disease), it is a medical device.**

2. Examples of functions that <u>may</u> constitute a medical device but that are subject to <u>enforcement discretion</u>:

- *Software functions that use video and video games to motivate patients to do their physical therapy exercises at home**
- *Software functions that keep track of medications and provide user-configured reminders for improved medication adherence**

3. Examples of non-device software functions

- *Software functions that allow a user to record (i.e., collect and log) data, such as blood glucose, blood pressure, heart rate, weight, or other data from a device to eventually share with a heath care provider, or upload it to an online (cloud) database, or personal or electronic health record (PHR or EHR, respectively)**

4. Examples of device functions that are the focus of FDA

- *Software functions that process uterine contraction and fetal heart rate data for remote monitoring of labor progress**

Clinical Value of Remote Monitoring

Benefits:

- Increase Patient Engagement & Adherence to POC

- Improve Health Outcomes

- Improve Compliance of Patient

- Reduce rehospitalizations / ER visits

- Enhance Practice Efficiency

- Increased revenue/reimbursement

- Reduce barriers to care & provide health equity

Outstanding Issues

and

Questions

for Further Engagement

with CMS

- Supply of Device reimbursement limited to Musculoskeletal and Respiratory conditions
- 16-day requirement
- Codes on Designated Health Services list for purposes of Stark

Use Cases for RPM

Cardiac Conditions

- Pulse Oximetry
- Weight
- Blood Pressure

Respiratory Conditions

- Pulse Oximetry
- Spirometry

Diabetes

- Glucose Meter
- Continuous Glucose Meter
- Insulin sensor

Hospital@Home

- Continuous Monitoring
- SDOH/Environmental
- Condition Specific

Acute

- Covid - thermometer
- CGM – video, wound management, temp

Use Cases for RTM

Respiratory Conditions

- Peak flow rate
- Inhaler adherence

Pain Management

- Opioid Use Disorder
- Chronic Pain
- Medication Adherence

Cardiac Rehab

- Prescribed Therex
- Minimize Repeated Cardiac Events
- Medication Adherence

Musculoskeletal Conditions

- Scoliosis interventions
- Physical/Occupational Therapy Adherence

Mental/Behavioral Health

- Depression/Anxiety screening
- Behavioral Therapy Adherence

MODERATOR: Tammy Richmond

SPEAKER: Carrie Nixon

SPEAKER: Bill Paschall

SPEAKER: Jared Goldstein

WHAT ELSE WE NEED TO KNOW

*Type your questions in the chat box provided

HOW TO JOIN ATA and SIGs

TELEHEALTH WEEK | SPECIAL INTEREST GROUP
AWARENESS

Remote Monitoring

4TH TUESDAYS, 3 PM EDT
243 MEMBERS
LAST ACTIVITY: AUGUST 28, 2023

The purpose of the remote patient monitoring (RPM) SIG is to foster collaboration, education and thought-...

LEAVE

TeleRehabilitation

2ND WEDNESDAYS, 11:30 AM EDT
55 MEMBERS
LAST ACTIVITY: JUNE 14, 2023

The TeleRehabilitation Special Interest Group (SIG) aims to enhance access to rehabilitation services through the use of...

LEAVE

https://info.americantelemed.org/inquire

https://www.americantelemed.org/community/remote-monitoring/

4th Tuesday at 3pm Eastern

The purpose of the remote monitoring (RM) SIG is to foster collaboration, education and thought-leadership opportunities among its members and external groups relating to RM. The RM SIG considers issues relating to RM hardware and software as well as other topics including artificial intelligence as our primary target areas to address. The overarching goal of the RM SIG is to enable RM to become the standard of care.

https://www.americantelemed.org/community/telerehabilitation/

The TeleRehabilitation Special Interest Group (SIG) aims to enhance access to rehabilitation services through the use of telehealth technologies, and to be a catalyst for telehealth adoption and innovation, bringing to light emerging technologies and highlighting best practices that support telehealth service delivery, and explore opportunities for clinical, research and educational inter-professional collaboration.

2nd Wednesday at 11:30 Eastern

Thank you!

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