



Improving Access to Quality Medical Care Webinar Series

Presented by

The Southwest Telehealth Resource Center,
Arizona Telemedicine Program, and the
Arizona Department of Health Services

Welcome

- SWTRC region - AZ, UT, CO, NM & NV
- Fellow HRSA Grantees
- All other participants



The **Arizona Department of Health Services, the Arizona Telemedicine Program, and the Southwest Telehealth Resource Center** welcome you to this free webinar series.

The practice & deliver of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted
- Time is reserved at the end for Q&A, please use the **Chat function** to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the ATP website
 - <http://telemedicine.arizona.edu/webinars/previous>





Carol Yarbrough

“The ABC’s of RPM”



The ABC's of Remote Physiological Monitoring

CAROL YARBROUGH, MBA, CCA, CPC, CHC

AGENDA

- A = ACCLIMITIZATION
- B = THE BASICS
- C = COMMUNICATION

- REFERENCES
- QUESTIONS

ACCLIMITIZATION

Medicare Fee-For-Service

CPT 99091: Federal Register, MPFS Final 2018 53014 Federal Register/ Vol. 82, No. 219

- We are also adopting the prefatory language for CPT code 99091, including the requirement that it “should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.”
- Nixon Gwilt article:
 - This may include, for example, communicating with the patient/caregivers, modifying the patient's care plan, and documenting recommended interventions.
 - <https://nixongwiltlaw.com/nlg-blog/2018/1/9/reimbursement-for-remote-patient-monitoring-cpt-99091>

The first code and why consent is required

- “... given the non face-to-face nature of the services described by CPT code 99091, we are requiring that the practitioner obtain advance beneficiary consent for the service and document this in the patient’s medical record.
- ... [for] new patients or patients not seen by the billing practitioner within 1 year prior to billing CPT code 99091, we are requiring initiation of the service during a face-to-face visit with the billing practitioner, such as an Annual Wellness Visit or Initial Preventive Physical Exam, or other face-to-face visit with the billing practitioner. Levels 2 through 5 E/M visits (CPT codes 99212 through 99215) would qualify as the face-to-face visit.”
- <https://www.govinfo.gov/content/pkg/FR-2017-11-15/pdf/2017-23953.pdf>

99091 Example and Description from CPT Assistant

Clinical Example (99091)

A 67-year-old male with labile diabetes is utilizing a home glucose-monitoring device to capture multiple glucose readings during the course of a month in association with daily data of symptoms, medication, exercise, and diet. The data are transmitted from the home computer to the physician's office by email, downloaded by the physician, and the data are reviewed.

Description of Procedure (99091)

The physician or QHP reviews, interprets, and reports the data digitally stored and/or transmitted by the patient. At least one communication (eg, phone call or email exchange) with the patient to provide medical management and monitoring recommendations takes place.◆

Show of “hands” re who ever billed a 99091?

- Enter a “yes” or “no” in Chat
- Feel free to provide animated descriptions of why even when implemented 99091 was rarely if ever billed
- Sneaking Suspicions:
 - This is currently in E/M section of CPT under Non-Face-to-Face E/M Services as “Digitally Stored Data and Remote Physiologic Monitoring Services”
 - 30 minute threshold / Total National RVU of 1.66 (now 1.63) = roughly a 99213ish
 - May as well have billed an encounter

2019 brought RPM Codes

ent
ent
on,

Prior to 2019, the codes for services related to the collection and analysis of electronic physiologic data were not specific. CPT code 99091 was established in 2002 to report the physician or other qualified health care professional (QHP) work of reviewing, interpreting, and reporting digitally stored and/or transferred patient data. This code did not include clinical staff time required to collect this data or the costs of the supplies and equipment when the device was owned by the physician's office.

r(s)

For 2019, new codes 99453 and 99454 were established to more accurately describe the work of a modern office that provides digital monitoring services. For practice expenses (PEs) related to set up and patient instructions and education regarding the use of the equipment, code 99453 should be reported. For PE related to supplies for daily recordings or programmed-alert transmissions, code 99454 should be reported for each 30 days of service. This code should not be reported for monitoring of less than 16 days. See Table 1 for more information on the appropriate reporting of remote physiologic monitoring services.

ss

Located under evaluation and management

- Digitally Stored Data and Remote Physiologic **Monitoring** Services
 - 99453 - set-up and patient education on use of equipment (bill once per treatment)
 - 99454 - device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
 - 99091 - see above
 - 99473 - Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (bill once per device)
 - 99474 - Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Table 2. Parameters for Reporting CPT Codes 99457 and 99091

	99457	99091
Requires the use of a medical device as defined by the FDA	√	
Requires a prescription from a physician or other QHP	√	
Is reported once per 30 days in a calendar month	√	√
May be reported with chronic care management services (99487, 99489, 99490)	√	
May be reported with transitional care management services (99495, 99496)	√	
May be reported with behavioral health integration services (99484, 99492, 99493, 99494)	√	

FDA defined Devices

- “[CMS] clarified that the medical device supplied to a patient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid, and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.”
 - This fits in with the 99453, 99454 series which includes 99457, 99458, not 99091 which is a stand-alone code, geared towards one chronic condition.
- <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1>

2020 brought changes in supervision and an add-on code

- CMS provided two changes which were effective on Jan 1, 2020
 - RPM can be furnished “incident to” under **general** supervision; and
 - CPT Code 99458 is a new add-on code for patients who receive an additional 20 minutes of RPM services in a given month (i.e., 40 minutes of RPM services).

RPM general supervision “incident-to” – an exception?

- RPM was re-designated as care management services. The regulation, at 42 CFR § 410.26(b)(5), states that designated care management services can be furnished under the general supervision of the “physician or other qualified health care professional (who is qualified by education, training, licensure/regulation and facility privileging)” when these services or supplies are provided “incident to” the services of a physician or other qualified healthcare professional. (See also 2019 CPT Codebook, page xii.)

Still in E/M code section, but now Care Management

- Remote Physiologic Monitoring Treatment **Management Services**
 - 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
 - 99458 – each additional 20 minutes

Billing

- Not telehealth according to CMS
- No modifiers required
- Place of Service
 - Where the service was provided

Pre-Question: WHICH PLACE OF SERVICE IS USED WHEN A HOPITALIST AT THE HOSPITAL IS OVERSEEING THE PROGAM

BASICS

Arizona Medicaid - AHCCS

Arizona Medicaid Remote Patient Monitoring

- Located under Telehealth
 - Codes require GQ modifier
 - Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates.
 - <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>
- Confirms coverage during Covid-19
 - <https://www.azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html#telehealth>

Telehealth Manual Call-outs

REMOTE PATIENT MONITORING

Personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store and forward).

B. USE OF TELEMEDICINE AND REMOTE PATIENT MONITORING

Synchronous (real-time) Telemedicine and Remote Patient Monitoring:

1. Shall not replace provider choice for healthcare delivery modality.
2. Shall not replace member choice for healthcare delivery modality.
3. Shall be AHCCCS-covered services that are medically necessary and cost effective.

- <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>

FFS Provider manual call outs

- **Telehealth** means services delivered via:
 - Asynchronous (store and forward);
 - Remote Patient Monitoring;
 - Teledentistry; or
 - Telemedicine (real-time interactive audio and video).
- **Remote Patient Monitoring** is the personal health and medical data collection from a member in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in providing improved chronic disease management, care, and related support. Such monitoring may be either synchronous (real-time) or asynchronous (store and forward).
- https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf

Dual Coverage

Medicare Dual Claims

For Medicare Dual members, claims may be submitted with the POS listed as 02 (Telemedicine) to comply with Medicare guidelines. The POS 02 (Telemedicine) will designate the service being provided as a telehealth service.

- i.e. A member is located at Rural Health Clinic (originating site) and the individual provider (who will submit the claim) is located in their office (distant site). The POS listed on the claim (submitted by the individual provider) will not be POS 72 (Rural Health Clinic), but will instead be listed as POS 02.

NOTE: Medicare's telehealth coverage, conditions and limitations may vary from Medicaid's. However, for members with Medicare as the primary payer a claim must be submitted to Medicare first. The EOB would then be submitted to AHCCCS along with the claim. For additional information about the submission of claims for Medicare Dual members, including crossover claims, please refer to [Chapter 9, Medicare/Other Insurance Liability, of the Fee-for-Service Provider Billing Manual.](#)

What about other Medicaid Programs?

- For instance, in Texas, term “Home Telemonitoring” is used in its policy.
- It also requires a different code:
 - Procedure code S9110 with or without modifier U1 requires prior authorization. Home telemonitoring services may be approved for up to 60 days per prior authorization request. If additional home telemonitoring services are needed, the home health agency or hospital must request prior authorization before the current prior authorization period ends.
- https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2020/2020-09-september/2_Telecommunication_Srvs.pdf
- <https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>

Procedure Code	Modifier	Description of Service
S9110	U1	Initial setup and installation of equipment
	U2	Monthly home monitoring (1 to 5 days per rolling month)
	U3	Monthly home monitoring (6 to 10 days per rolling month)
	U4	Monthly home monitoring (11 to 15 days per rolling month)
	U7	Monthly home monitoring (16 to 20 days per rolling month)
	U8	Monthly home monitoring (21 to 25 days per rolling month)
	U9	Monthly home monitoring (26 to 30 days per rolling month)

COMMUNICATION

Final Clarification: Jan 16 '21

Comment: Commenters stated that for CPT codes 99457 and 99458, we interpreted “interactive communication” to mean “real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission” and suggested that the required 20 minutes of time associated with CPT codes 99457 and 99458 should be only synchronous time, real-time between a practitioner and a patient. Commenters stated that these two codes include non-face-to-face time as well as real-time two-way audio interactions.

Response: We agree with commenters that our description of the required 20 minutes of time associated with CPT codes 99457 and 99458 should include care management services, as well as synchronous, real-time interactions. That is, we agree that “interactive communication” as we defined it in the CY 2021 PFS proposed rule contributes to the total time, but is not the only activity that should be included in the total time.

After considering comments, we are clarifying for purposes of this final rule, that the 20-minutes of intra-service work associated with CPT codes 99457 and 99458 includes a practitioner’s time engaged in “interactive communication” as well as time engaged in non-face-to-face care management services during a calendar month.

Back to the Beginning – 2022 Revision of 99091

Name	Code #	Description of Editorial Panel Action	Effective Date
Remote Physiologic and Clinical Data Monitoring – Revise 99091	<ul style="list-style-type: none">• 989X1• 989X2• 989X3• 989X4• 989X5	Accepted addition of five new codes 989X1, 989X2, 989X3, 989X4, 989X5 to report remote therapeutic monitoring initial set-up education, device supply and treatment management services; addition of new headings in the Medicine section “Remote Therapeutic Monitoring Treatment Management Services”; and addition of introductory guidelines to provide guidance for appropriate reporting of the new codes	January 1, 2022

<https://www.ama-assn.org/system/files/2020-11/october-2020-summary-panel-actions.pdf>

Resources

- Noridian JF:
<https://med.noridianmedicare.com/web/jfb/education/training-events>
- RPM Article:
<https://www.foley.com/en/insights/publications/2019/11/cms-finalizes-new-rpm-code-general-supervision>
- Zoom mentioned in Jagger-Grohl song:
https://www.youtube.com/watch?v=MN9YLLQl7gE&list=RDMN9YLLQl7gE&start_radio=1

QUESTIONS



ARIZONA TELEHEALTH VIRTUAL OFFICE HOURS

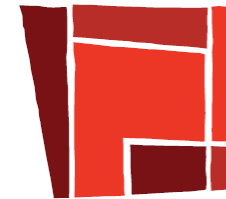
Virtual Office Hour

Guest: Carol Yarbrough
Healthcare Compliance &
Reimbursement Specialist

Wednesday, May 10, 2021 at 12pm



ARIZONA
TELEMEDICINE
PROGRAM



ARIZONA DEPARTMENT
OF HEALTH SERVICES



Improving Access to Quality Medical Care Webinar Series

Please check our websites for upcoming webinars
and events

<http://www.telemedicine.arizona>



Your opinion is valuable to us.
Please participate in this brief survey:

<https://www.surveymonkey.com/r/SWTRCWebinar>

This webinar series is made possible through funding provided by Health Resources and Services Administration, Office for the Advancement of Telehealth and the Arizona Department of Health Services