

ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

ARIZONA
TELEMEDICINE
PROGRAM



Presented by

The Southwest Telehealth Resource Center,
and the Arizona Telemedicine Program

Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. The Southwest Telehealth Resource Center represents CO, AZ, NM, NV and the Four Corners Region with a combined total of 72 recognized tribes. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.



Welcome

- SWTRC region
- Fellow HRSA Grantees
- All other participants



The **Arizona Telemedicine Program** and the **Southwest Telehealth Resource Center** welcome you to this free CME webinar series.

The practice & delivery 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 evaluation
- CME credit only available during the live presentation
- Webinar is being recorded
- Recordings will be posted on the ATP website
 - <http://telemedicine.arizona.edu/webinars/previous>



Disclaimer

- The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.

CONTINUING MEDICAL EDUCATION

Outcome Objectives

- Define Remote Physiological Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) modalities of care.
- Describe what is needed at provider and administrative level for billing and reimbursement of RPM and RTM.
- Describe the billing and reimbursement differences between non-facility and facility locales.

Accreditation Statement

The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they do not have any relevant financial relationships with ineligible companies that could constitute a conflict of interest concerning this CME activity.

Attendance Tracking: Code can be found in the evaluation. If you have not set up your profile yet, please contact Melanie at mesher@telemedicine.arizona.edu

RPM, RTM – LESSONS LEARNED THUS FAR



Carol Yarbrough, MBA, CCA, CPC, OCS, CHC
National Billing Expert

Speaker Disclaimer

- The opinions possibly expressed by the presenter's dogs about FedEx, UPS and the USPS delivery personnel may contribute to the content of today's webinar, albeit irrelevant in nature.



Agenda – Learning Outcomes

- The Codes
- Let's discuss some RPM service providers
- Update/Facts re the end of the Public Health Emergency



The CODES

RTM – Set up and Monitoring CPTs

CPT	Who Can Perform	RVU – Non-Facility	Natl Avg Reimb	Description
98975	MD, NP, PA, CNS, OT, PT, SLP and possibly psychologists & other providers may bill these codes. Includes staff.	0.57	\$18.84	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
98976	MD, NP, PA, CNS, OT, PT, SLP and possibly psychologists & other providers may bill these codes.	1.48	\$48.93	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)
98977	MD, NP, PA, CNS, OT, PT, SLP and possibly psychologists & other providers may bill these codes.	1.48	\$48.93	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
98978	MD, NP, PA, CNS, OT, PT, SLP and possibly psychologists & other providers may bill these codes.	Not priced yet	\$0.00	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy , each 30 days

RTM – Provider Service CPTs

CPT	Who Can Perform	RVU – Non-Facility	Natl Avg Reimb	Description
98978	MD, NP, PA, CNS, OT, PT, SLP and possibly psychologists & other providers may bill these codes.	Not priced yet	\$0.00	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy , each 30 days
98980	MD, NP, OT, PT, SLP, OTA, PTA	1.46	\$48.27	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
98981	MD, NP, OT, PT, SLP, OTA, PTA	1.17	\$38.68	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 – Set up, Monitoring and Service CPTs

CPT	Who Can Perform	RVU – Non-Facility	Natl Avg Reimb	Description
99453	MD, NP, PA, MA, staff	0.57	19.32	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 Notes: Do not report more than once per episode of care or for less than 16 days of monitoring
99454	MD, NP, PA, MA, staff	1.48	50.15	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 Notes: (Do not report 99454 for monitoring of less than 16 days) (Do not report 99453, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760]) (For self-measured blood pressure monitoring, see 99473, 99474)
99457	MD, NP	1.44	48.8	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 Notes: (Report 99457 once each 30 days, regardless of the number of parameters monitored) (Do not report 99457 for services of less than 20 minutes) (Do not report 99457 in conjunction with 93264, 99091, nor in same month as 99473, 99474)
99458	MD, NP	1.17	39.65	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; each additional 20 minutes (List separately in addition to code for primary procedure) Notes: (Use 99458 in conjunction with 99457) (Do not report 99458 for services of less than an additional increment of 20 minutes)

Facility Considerations: OPPS Reimb

CPT	Who Can Perform	APC	OPPS Reimb	Description
98975	OT, PT, SLP. Includes staff.	5012	\$120.86	Initial set-up and patient education on use of equipment
98976	OT, PT, SLP	5741	\$35.00	Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system , each 30 days)
98977	OT, PT, SLP	5741	\$35.00	Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system , each 30 days
98978	LCSW	5741	\$35.00	Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy , each 30 days
99453	Staff member.	5012	\$120.86	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
99454	RNs	5741	\$35.00	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

APC - Ambulatory Payment Classification

Let's discuss some RPM and RTM service providers

What about patient compliance rates?

- For RPM
 - Per ProMedix, 90% 16 data point reporting compliance achieved via its dashboard, interactive RN-services and selective criteria
 - CareSimple achieved an increase in compliance from 45% to 85% by switching to 5G from Bluetooth
- For RTM
 - Limber reports a high compliance rate due to the myriad data points that can be collected: pain surveys, step counts, kinetic movement data

Optimizing remote care

Real data that improves patient outcomes and staff efficiency

Scalable Solution

Most RPM vendors today ship “kits” consisting of costly tablets and Bluetooth peripherals.

That approach implies Bluetooth pairing, warehousing, difficulty to integrate, high cost and in the end limited scale. With the average age of RPM patient above 70, kits don't enable RPM programs to scale



- Bluetooth Pairing Issues
- Limited Scalability
- Tablet/Hub Costs
- Configuration Costs

Simple for Patients with 4G medical devices

Read the flyer and put batteries in. No need to setup, pair or power on. Data will show in the EHR.

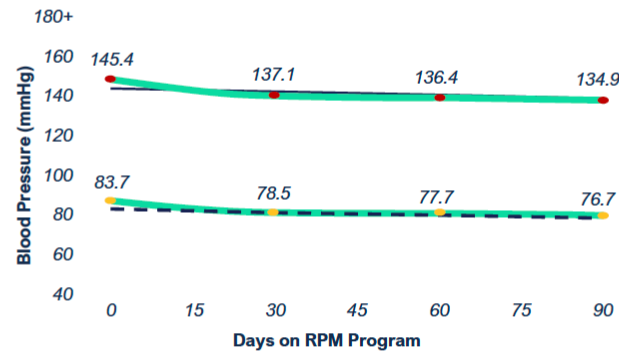


CareSimple®

Patient Outcomes

Program Performance: Blood Pressure Outcome

Change over 90 days; Systolic – 10.5 mmHg & Diastolic – 7.0 mmHg



It works for patients...

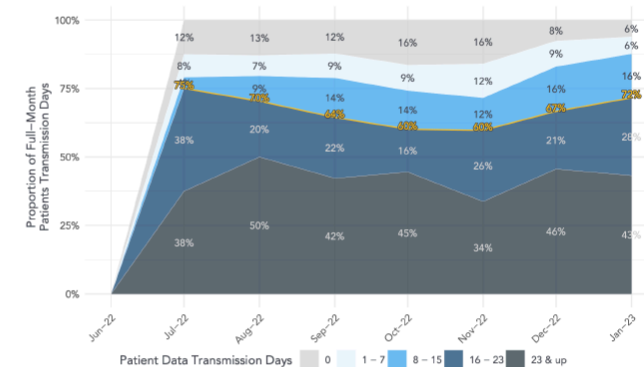
- The change of blood pressure program performance over 90 days was 10.5mmHg reduction for systolic and 7.0mmHg for diastolic
- The outcome of the blood pressure performance for both systolic and diastolic blood pressure is in line with the average systolic and diastolic blood pressure

Patient Compliance

Monthly Program Performance

January 2023 Report

79% compliance (+5% vs. last month)



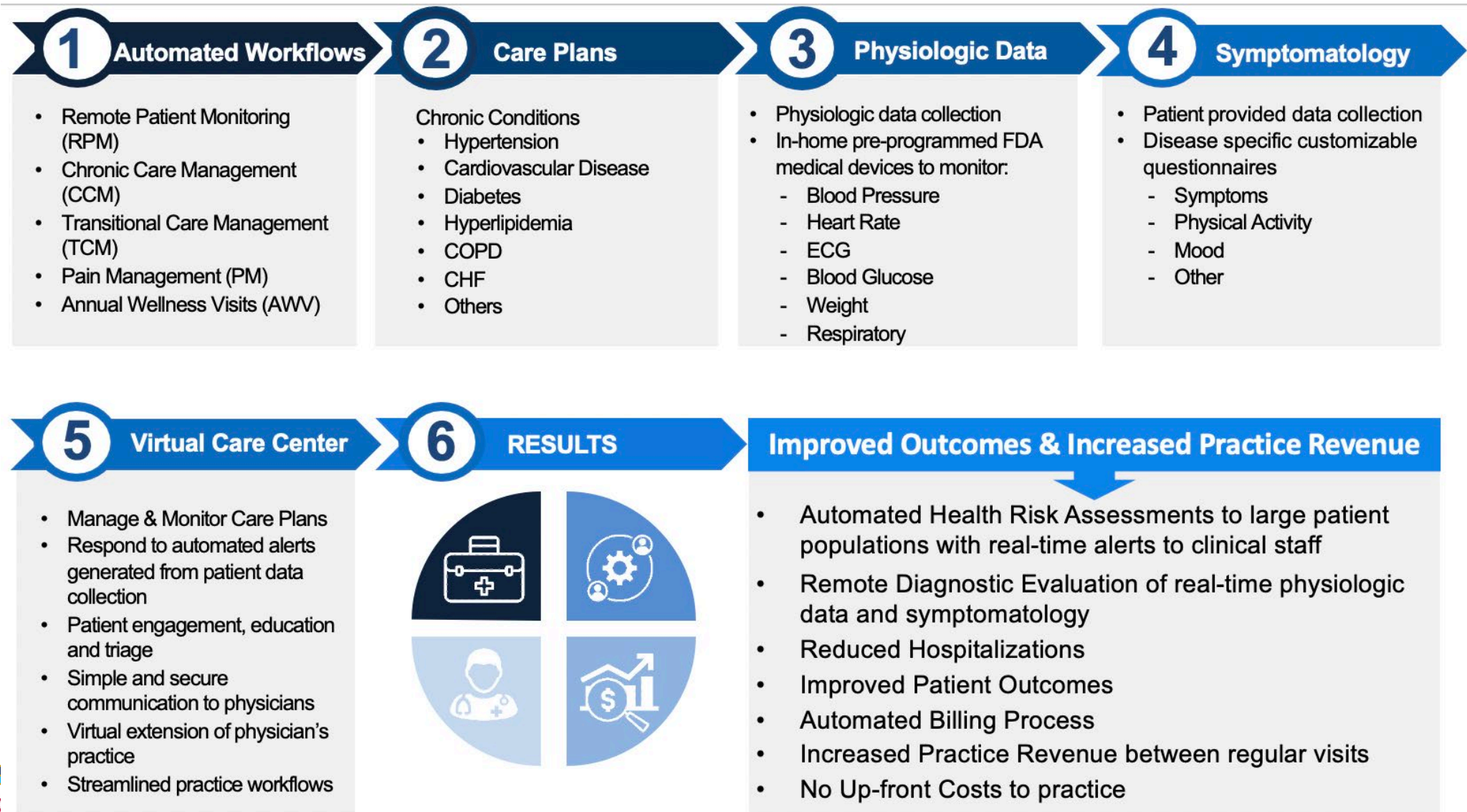
79% compliance

- Upgrading from BTLE to 4G-enabled medical devices has facilitated patient adherence to treatment from 40% to 85%
- No drawbacks, such as its **reliance on technology that not all patients can afford** since our 4G devices are delivered to patients with a pre-built SIM card and cellular connectivity reporting and intelligence.

#RPMmadeSimple

1

ProMedix™ Health Complete Workflow Solution

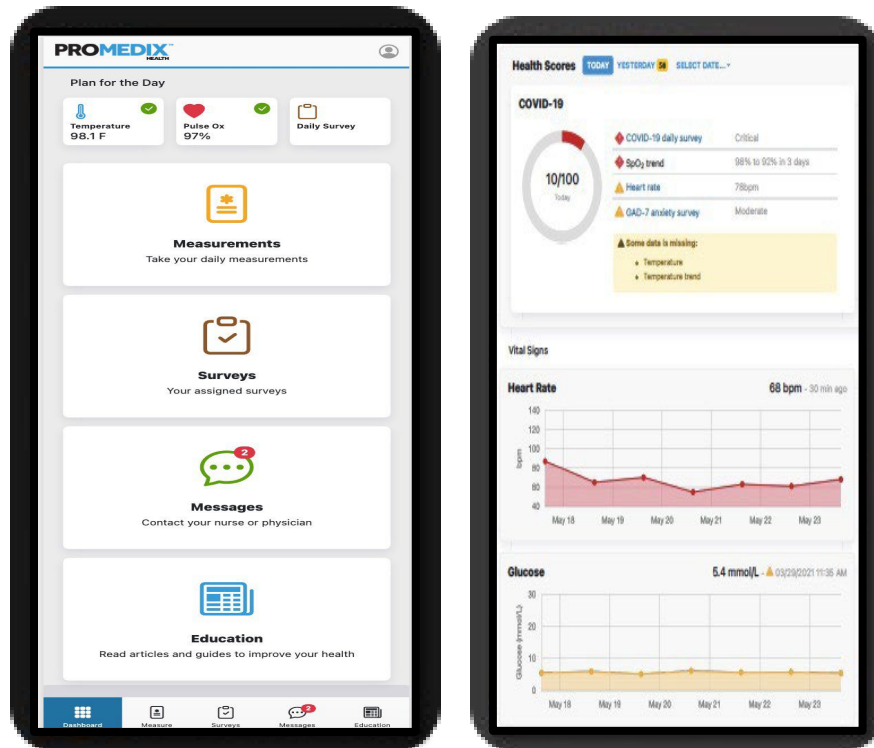


Technology Made Simple

PROMEDIX[™]
HEALTH

Patient Mobile App

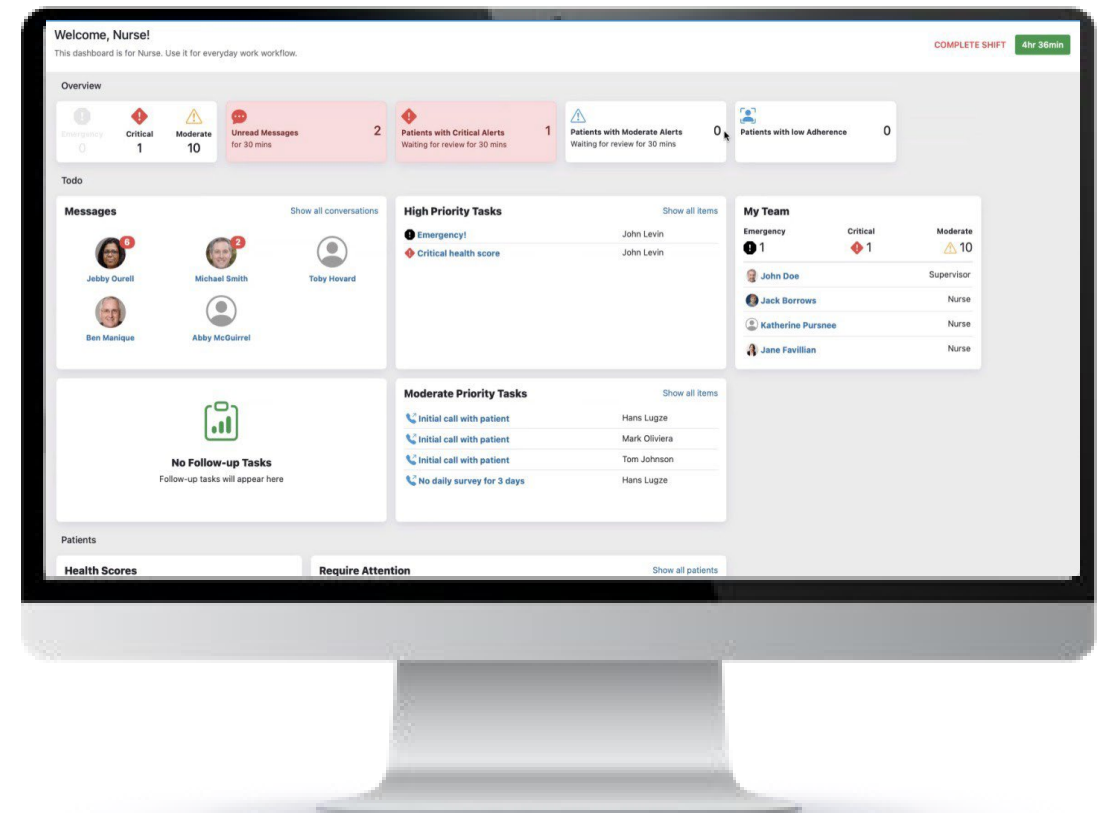
- ❖ Capture, Deliver & Communicate Information with the Patient
- ❖ Patient Engagement & Adherence



www.ProMedixHealth.com

Care Management Portal

- ❖ Dashboards to See all your Patients' Health
- ❖ Vitals, Surveys, Trends & Health Scores
- ❖ Clinical Monitoring, Alerts & Notifications



The Data – 2020 & 2021

- [Part B National Summary Data File \(Previously known as BESS\) | CMS](https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Part-B-National-Summary-Data-File/Overview)
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Downloadable-Public-Use-Files/Part-B-National-Summary-Data-File/Overview>
 - Title of Spreadsheets once data sets are downloaded: Y2021_99201, Y2020_99201

Medicare Utilization of RPM from 2020-2021

CPT/Year	# of Units	Total Charges	Total Payment	% Increase in Pmt.
99453 – 2020	90,149	\$ 1,734,804.09	\$ 1,326,958.35	
99453 – 2021	123,476	\$ 2,437,200.82	\$ 1,864,049.52	29%
99454 – 2020	430,262	\$27,333,103.81	\$21,391,610.81	
99454 – 2021	959,355	\$62,219,263.04	\$48,051,851.16	55%
99457 – 2020	367,198	\$18,932,851.19	\$14,899,788.02	
99457 – 2021	929,385	\$47,919,782.69	\$37,486,757.02	96%
99458 – 2020	114,262	\$ 4,832,054.04	\$ 3,848,873.61	
99458 - 2021	417,511	\$17,294,294.60	\$13,702,930.56	35%

The MACs held a meeting on 2/28/23

Previous meetings

Meeting Date/Topic/Host	Audio	Transcript	Question Results
Date: February 28, 2023 Topic: Remote Physiologic Monitoring (RPM)/Remote Therapeutic Monitoring (RTM) for Non-implantable Devices Host: Meeting led by Novitas Solutions (Jurisdictions H and L) and First Coast Service Options (Jurisdiction N)	WebEx recording	Transcript	Not available

- Convened by the Contractor Advisory Committee (CAC)
- Most likely outcome will be Local Coverage Determinations released by individual MACs
- Recording and transcript can be found here: <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00234706>

Insurance: Cigna

- Remote Patient Monitoring (RPM) (CPT® codes 99091, 99453, 99454, 99457, 99458, 99473, 99474, HCPCS code G0322) is considered medically necessary for ANY of the following indications:
 - Chronic Obstructive Pulmonary Disease (COPD)
 - Diabetes Mellitus
 - Heart Failure
- No coverage for Remote Therapeutic Monitoring
 - HOWEVER – this is going to be reviewed – stay tuned!
- https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0563_coveragepositioncriteria_remote_patient_monitoring_and_remote_therapeutic_monitoring.pdf

Insurance: Anthem

2/28/23, 5:04 PM

CG-MED-91 Remote Therapeutic and Physiologic Monitoring Services



Clinical UM Guideline

Subject: Remote Therapeutic and Physiologic Monitoring Services

Guideline #: CG-MED-91

Status: New

Publish Date: 12/28/2022

Last Review Date:
08/11/2022

No limitation to disease process – includes both RPM and RTM

Insurance: UHC

No limitation to disease process – only refers to coverage of RPM, directly

Last update: January 24, 2023, 10:15 a.m. CT

UnitedHealthcare follows Centers for Medicare & Medicaid (CMS) guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT® codes 99453, 99454, 99457, 99458, 99473, 99474 and 99091 eligible for reimbursement, according to the CMS Physician Fee Schedule.

- For Medicare Advantage, remote patient monitoring will be covered per Medicare guidelines.
- For Individual and Fully Insured Group Market health plans, remote patient monitoring will be covered according to the member's benefit plan and UnitedHealthcare's standard telehealth reimbursement policy.
- For Medicaid plans, UnitedHealthcare will follow each state's Medicaid guidelines for CPT® codes 99453, 99454, 99457, 99458, 99473, 99474 and 99091. These codes are eligible for reimbursement.

However, 98975 is mentioned in its outpatient payment policy:

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Outpatient-Medical-Visits-Policy-Facility.pdf>

Where's it all heading?

- Some say – Value Based Care
 - Optimize patient care – minimize costs
 - Providers are incentivized to focus on preventive care, early detection and treatment of chronic conditions, and reducing unnecessary medical procedures and hospital admissions. **This is achieved through the use of data analytics and performance metrics to measure patient outcomes**, identify areas for improvement, and implement best practices.
 - All leading to the right care at the right time
- https://www.mckinsey.com/industries/healthcare/our-insights/investing-in-the-new-era-of-value-based-care?mkt_tok=Njl3LUNQSy0xNjIAAAGlzz0DIRCd77I2YuHoAjNCT1ErKWb9TsJatLtBQ0fgZAYLteGU1UJ227Z4HnNls0VAKJasemt7vFaC03-QNj6pT6RJnpTWaKjTGxDLD8lt

Update/Facts re the end of the Public Health Emergency

Now and May 2023: End of Telehealth & RPM Copayment Waivers

During the PHE the U.S. Department of Health and Human Services (HHS) Office of Inspector General (OIG) issued a [policy statement](#) and [FAQ](#) notifying health care providers that they will not be subject to administrative sanctions under the federal Anti-Kickback Statute or the Civil Monetary Penalty and exclusion laws for reducing or waiving cost-sharing amounts (like copayments and deductibles) for telehealth services or remote patient monitoring (RPM) services furnished to Medicare beneficiaries during the PHE.

The guidance documents expressly tie this waiver to the duration of the PHE. Thus, unless the OIG issues additional guidance or an extension, after May 11, health care providers offering telehealth or RPM services to Medicare beneficiaries may no longer reduce or wave any cost-sharing obligations that patients may owe for such services. Digital health companies without payment and collection mechanisms for these payments will need to act swiftly to operationalize new process to ensure these amounts are charged and collected.

<https://www.foley.com/en/insights/publications/2023/02/public-health-emergency-ends-may-11-telehealth>

Now and May 2023: Established Pts, only

- When the PHE ends, CMS will require that RPM services be furnished only to established patients. After the PHE the physician must first conduct a new patient evaluation and management service before rendering RPM to such patient.
- "Established" means a patient has been seen within a practice during the past 3 calendar years

Telehealth – Now and May 2023

During PHE – thru May 11, 2023	Day After PHE Ends thru to Dec 31, 2024
<p>Video Visits</p> <p>Home Video Visits for CMS beneficiaries: okay!</p> <p>Geographic limitations waived</p> <p>Billing requirements: E/M+95 mod; POS 11, 19, 22</p>	<p>Video Visit allowances:</p> <p>Home Video Visits for CMS beneficiaries: still okay!</p> <p>Geographic limitations: still okay!</p> <p>Billing requirements:</p>
<p>Payment Parity:</p> <p>G0463, Facility Fee (provider on site; patient at home)</p> <p>Q3014, Orig Site Fee Reimb (provider and patient at home)</p>	<p>Payment Parity for Providers and Non-Facilities only</p> <p>G0463, Facility Fee (provider on site; patient on site)</p> <p>Q3014, Orig Site Fee Reimb (patient on site and [provider at home])</p>
<p>Virtual supervision of residents allowed</p>	<p>Not in a Metro area;</p>
<p>Telephone call CPTs allowed</p> <p>99441, 99442, 99443</p>	<p>Telephone call CPTs allowed</p> <p>99441, 99442, 99443</p>

Behavioral Health – Now and May

During PHE – thru May 11, 2023	Day After PHE Ends thru to Dec 31, 2024
Home telehealth 95 mod; regular clinic POS	Home telehealth Billing change but nothing operationally
No in-person rqmt	In-person rqmt. on hold until 12/31/24
Virtual supervision FR mod	Psych Virtual supervision (regular) resumes – no modifier required
Audio only Bill as if in clinic	Audio only Mod 93, POS 10 (home telehealth)

PTs, OTs, SLPS: Now and May 2023

During PHE – thru May 11, 2023	Post-PHE
Eligible under Hospitals Without Walls, established during the PHE	Non-facility locations: providers eligible to bill thru to 12/31/24 Facility location: it ends
Behavioral Health – Facility-based providers eligibility via HWWs	Per statute – LCSWs can provide facility-based home behavioral health: In terms of the policy, finalized in the CY 2023 OPPS rule, to pay for mental health services furnished to beneficiaries in their homes through communication technology, this was actually done on a regulatory basis and was unaffected by statutory changes made by the CAA 2023.

A Favor from our friends at ACPA / RAC Relief

Respected Colleagues,

The American College of Physician Advisors (ACPA) is conducting its 4th bi-annual membership survey. We are asking all our Community Members to spend a few minutes filling out the questionnaire and help us create the most cumulative database in the field of Physician Advisors: <https://www.surveymonkey.com/r/TQCHDLT>

This year's survey again consists of two parts. The first covers numerous aspects of our work, while the second addresses the health and wellbeing of our Members. There are new updated questions included in Part 1, with Part 2 being the same, so we can trend it.

On behalf of the American College of Physician Advisors, thank you very much for your support!

Al
Alvin Gore, MD
Member, ACPA BOD

Resources: Dig, Dig, and Dig!

General CMS Fact Sheet:

<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>

The Rest of the Story:

<https://www.cms.gov/coronavirus-waivers>

Scroll halfway down the page and Provider and Hospital Fact sheets can be found – with others!



Special Thanks to Amanda Buonocore, Northwell Health

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Your opinion is valuable to us.
Please participate in this brief evaluation and find
the code number and instructions for today's
session to log your attendance for CME credit.

<https://www.surveymonkey.com/r/CMEMar30ATPSWTRC>

This webinar is made possible through funding provided by Health Resources and
Services Administration, Office for the Advancement of Telehealth (U1U42527).

One last Reference

<https://www.cchpca.org/2023/03/MEDICARE-TELEHEALTH-POLICIES-POST-PHE-AT-A-GLANCE-FINAL-MAR-2023.pdf>

- CCHP put together a chart which is easy to read – check it out!

policy may appear in multiple fact sheets, but the At-A-Glance may only reference it in one fact sheet as the status of that policy post-PHE does not change from fact sheet to fact sheet. The information for this chart was pulled from the CMS fact sheets dated February 24, 2023. Keep in mind that CMS may provide future updates to these documents.

COVID POLICY	PERMANENT ¹	ENDS WITH PHE	ACTIVE THROUGH 2023 ²	EXPIRES 12/31/24 ³	FACT SHEET PAGE
FACT SHEET: PHYSICIAN & OTHER CLINICIANS					
Allowing all eligible Medicare providers to provide services via telehealth.				X	5
Temporarily continue to allow the use of audio-only to provide certain services.				X	5, 8
Temporarily waive site requirements such as patient needing to be in a rural area or in a specified health care site when receiving services via telehealth.				X	5
Temporarily suspend in-person visit requirement for delivery of mental health services via telehealth when patient is not located in a geographically and/or site eligible location.				X	5

¹ Source of change: Physician Fee Schedule

² Source of change: Physician Fee Schedule

³ Source of Change: Consolidated Appropriations Act of 2023.