SPECIAL

# webinar

## RPM and RTM:
## What to do Now and the Possibilities for 2022

**September 22, 11am-12pm EST**

**Presenter:**

**Carol Yarbrough, MBA, CCA, CPC, OCS, CHC**

*This webinar is being recorded.*

*The webinar recording and presentation will be available after the webinar.*

MUSC Health
Medical University of South Carolina

SOUTH CAROLINA Telehealth ALLIANCE

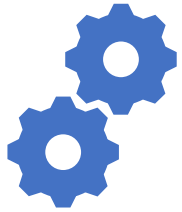
SOUTHEASTERN telehealth RESOURCE CENTER

PALMETTO CARE CONNECTIONS™
technology. broadband. telehealth.

# RPM and RTM: What to do Now and the Possibilities for 2022

Carol Yarbrough, MBA, CCA, CPC, OCS, CHC

Sept 22, 2021, 11am-12pm



MUSC Health
Medical University of South Carolina

SOUTH CAROLINA Telehealth ALLIANCE

SOUTHEASTERN telehealth RESOURCE CENTER

PALMETTO CARE CONNECTIONS
technology. broadband. telehealth.

# 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.
- My dogs have their own opinions particularly about FedEx, UPS and the USPS delivery personnel and may contribute to the content of today's webinar.

# Educational Goals

- The Basics
  - Non-Facility (Physician Clinic) versus Facility (Hospital Based)
  - Incident-To
- Remote Physiological Monitoring
  - Care Management
    - Or “The Front of the Book”
- Remote Therapeutic Monitoring
  - Medicine Service
    - Or “The Back of the Book”
- How to Plan? What’s Next?

# The Basics

# Non-Facility vs Facility

- Non-Facility or Physician Based Clinic
  - All services billed on CMS 1500 (including practice expenses)
- Facility or Hospital Based Clinic
  - Two invoices
    - Physician Service billed on CMS 1500
    - Facility Service billed on UB-04

| CPT[1]/ HCPCS | Mod | Status | Not Used for Medicare Payment | Description | Work RVUs[2] | Non-Facility PE RVUs[2] | Facility PE RVUs[2] | Mal-Practice RVUs[2] | Total Non-Facility RVUs[2] | Total Facility RVUs[2] |
|---|---|---|---|---|---|---|---|---|---|---|
| 71045 | | A | | X-ray exam chest 1 view | 0.18 | 0.55 | NA | 0.02 | 0.75 | NA |
| 71045 | TC | A | | X-ray exam chest 1 view | 0.00 | 0.48 | NA | 0.01 | 0.49 | NA |
| 71045 | 26 | A | | X-ray exam chest 1 view | 0.18 | 0.07 | 0.07 | 0.01 | 0.26 | 0.26 |

# 26 and TC-Modifiers

- 26: professional service (i.e., interpretation)
- TC: Technical component procedures are institutional and cannot be billed separately by the physician when the patient is:
  - Inpatient
  - Outpatient
  - In a covered Part A stay in a skilled nursing facility (SNF) location
  - So … never.

# Incident-To

- Direct supervision
  - ”Immediately available" means the supervising physician is in the office suite
- Employment means that the auxiliary personnel are paid wages or salary by the physician/nonphysician practitioner practice and the individual is considered to be employed for Social Security and Federal and State income tax purposes.
- Incident to billing is paid at 100% of the physician fee schedule, whereas the qualified practitioners billing under their own billing numbers are paid at 85% of the physician fee schedule.

# Remote Physiological Monitoring

# 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 an animated narrative 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,

r(s)

ss

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.

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.

# 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

# The RPM Codes

| CPT # | Description | Who | RVUs (Non-facility based, Nat'l) | Payment (Nat'l) |
|---|---|---|---|---|
| 99453 | Initial set-up and patient education on use of equipment | Clinical staff | 0.55 | $19.19 |
| 99454 | Device(s) supply with daily recording and transmission of data for each 30 days | Clinical Staff | 1.81 | $63.16 |
| 99457 | 20 minutes a month of monitoring and interactive communication; includes phone, text and email | MD, NP and clinical staff | 1.46 | $50.94 |
| 99458 | Add-on code for an additional 20 minutes of RPM services in a given month | MD, NP and clinical staff | 1.18 | $41.17 |

# 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

# 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.)

# Billing

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

# CMS 2019 Data – Avg Payments by Practice

| Codes | Top Practices | Avg Amt per Bene |
|---|---|---|
| 99453 | Internal Med, Fam Practice, Cardiology | $1,314; $754; $675 |
| 99454 | Internal Med, Fam Practice, Cardiology | $3,976; $2,166; $1,639 |
| 99457 | Internal Med, Cardiology, Fam Practice | $3,404; $1,681; $1,451 |
| 99458 – No Data | | |

Caveat: The amt of data is large and all data might not have downloaded

https://data.cms.gov/provider-summary-by-type-of-service/medicare-physician-other-practitioners/medicare-physician-other-practitioners-by-provider-and-service

# Remote Therapeutic Monitoring

# AMA Prefatory Language

- Remote therapeutic monitoring services (e.g., musculoskeletal system status, respiratory system status, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.
- Codes 98975, 98976, 98977 are used to report remote therapeutic monitoring services during a 30-day period. To report 98975, 98976, 98977, the service(s) must be ordered by a physician or other qualified health care professional.
- Code 98975 may be used to report the setup and patient education on the use of any device(s) utilized for therapeutic data collection. Codes 98976, 98977 may be used to report supply of the device for scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmissions. To report 98975, 98976, 98977, the device used must be a medical device as defined by the FDA.
- Codes 98975, 98976, 98977 are not reported if monitoring is less than 16 days. Do not report 98975, 98976, 98977 with other physiologic monitoring services (e.g., 95250 for continuous glucose monitoring requiring a minimum of 72 hours of monitoring or 99453, 99454 for remote monitoring of physiologic parameter[s]).
- Code 98975 is reported for each episode of care. For reporting remote therapeutic monitoring parameters, an episode of care is defined as beginning when the remote therapeutic monitoring service is initiated and ends with attainment of targeted treatment goals.

# The Codes

| | |
|---|---|
| **98975** | Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment |
| **98976** | device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days |
| **98977** | device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days |
| **98980** | Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes |
| **98981** | each additional 20 minutes (List separately in addition to code for primary procedure) |

# The Differences

| RPM | RTM as defined by the AMA | RTM as imagined by CMS |
|---|---|---|
| Monitored: Vitals type data | Monitored: Non-Vitals type data | Monitored: Non-Vitals type data |
| Not limited to body system | Limited to respiratory or musculoskeletal | Expand beyond two systems |
| Time-specified for collection in order to bill (16 days) | Time-specified for collection in order to bill (16 days) | Time-specified for collection in order to bill (16 days) |
| Device: FDA defined | Device: FDA defined | Device: seeking comments |
| Data: auto-uploaded | Data: auto-uploaded or self-reported | Data: auto-uploaded or self-reported |
| Who can order: MDs, NPs (codes are in “E&M Section” of AMA CPT code book) | Who can order: MDs, NPs (codes are in the “Medicine Section” of AMA CPT book | Who can order: MDs, NPs (codes are in the “Medicine Section” of AMA CPT book |
| Who can perform and bill: combined minutes of MDs, NPs, clinical staff (fulfilling incident to) | Who can perform and bill: combined minutes of MDs, NPs, clinical staff (fulfilling incident to) | Who can perform and bill: clinical staff, therapists, and billing is done by anyone who can bill Medicare |

# Comments

- Overall, 35,807 comments were submitted
- 14,408 were submitted regarding $ conversion factor decrease - 40%
- In comparison, 1,495 submissions were specific to RTM – 4%
  - https://www.regulations.gov/document/CMS-2021-0119-0053/comment?filter=RTM
  - And 54 submissions caught on the incident-to ‘thing’

# Let’s talk about Incident-To, again

- CMS stated, "[b]y modeling the new RTM codes on the RPM codes, 'incident to' services became part of the [RTM codes] … as a result, the RTM codes as constructed currently cannot be billed by, for example, physical therapists."
  - Plus – Medicine “section” codes cannot be billed under incident-to guidelines
  - So – no general supervision, no incident-to

# FDA-Defined Device

- Many potential applications of RTM rely on patient reports of signs and symptoms provided via text, image or video.  Collection of these types of data does not require and is not suited to standalone medical devices and is instead best done through online tools such as mobile applications, secure web sites, and patient portals.  These tools will not meet the FDA definition of a device.

# To Navigate the Issues, Many Commenters Suggested Use of G Codes

- *98980—Remote therapeutic monitoring treatment management services, **clinical staff**/physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the month; first 20 minutes*
- *98981—Remote therapeutic monitoring treatment management services, **clinical staff**/physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the month; each additional 20 minutes*

# How to Plan? What’s Next?

# What happened 2 weeks ago? 400 what?!

According to Becker's Review – there are five things to know:

1. The AMA made 405 changes in CPT, including 249 new codes, 63 deletions and 93 revisions. The changes will take effect Jan. 1.
2. 43 percent of editorial are tied to new technology services described in Category III CPT codes and the expansion of the proprietary laboratory analyses code set.
3. There is a series of 15 vaccine-specific codes to report and track immunizations and administrative services.
4. AMA created five CPT codes to report therapeutic remote monitoring. Those codes are: 98975, 98976, 98977, 98980 and 98981.
5. It also created codes for principal care management. The codes are: 99424, 99425, 99426 and 99427.

# Care Management Services

**TABLE 12: CY 2022 CCM/CCCM/PCM Proposed Values**

| CPT Code | Short Descriptor | Current Work RVU | RUC-recommended Work RVU | CMS Propos Work R |
|---|---|---|---|---|
| 99490 | CCM clinical staff first 20 min | 0.61 | 1.00 | 1.00 |
| 99439 | CCM clinical staff each add 20 min | 0.54 | 0.70 | 0.70 |
| 99491 | CCM physician or NPP work first 30 min | 1.45 | 1.50 | 1.50 |
| 99X21 | CCM physician or NPP work each add 30 min | new | 1.00 | 1.00 |
| 99487 | CCCM clinical staff first 60 min | 1.00 | 1.81 | 1.81 |
| 99489 | CCCM clinical staff each add 30 min | 0.50 | 1.00 | 1.00 |
| 99X22 (currently G2064) | PCM physician or NPP work first 30 min | new | 1.45 | 1.45 |
| 99X23 | PCM physician or NPP work each add 30 min | new | 1.00 | 1.00 |
| 99X24 (currently G2065) | PCM clinical staff first 30 min | new | 1.00 | 1.00 |
| 99X25 | PCM clinical staff each additional 30 min | new | 0.71 | 0.71 |

- https://www.federalregister.gov/d/2021-14973/p-601

# Principal Care Management

- A qualifying condition for Principal Care Management (PCM) services may be expected to last between three months to one year or until the death of the patient. The initiation of a PCM service will typically be triggered by an exacerbation of the patient's chronic condition or recent hospitalization. (30 min per month)
- CCM is expected to last at least 12 months. (20 min per month)

# Questions