Reimbursement Overview 2024

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2024 Final Rules

2024 CMS Final Rules Changes

16-day Billing Guideline

- Data collection of at least 16 in a 30-day period (episode of care days, NOT calendar month days) for CPT codes 99453 and 99454
- The 16-day data collection rule does not apply to time spent codes 99457 or 99458
- The two-day Covid rule during the Public Health Emergency is exhausted

Time Spent Billing Guideline

- CMS clarified time spent codes 99457, 99458, 98980, and 98981. 16-day data collection does not apply to these codes, as time spent is defined as **treatment management.**
- These codes have a billing guideline of a 30-day calendar month

FQHCs and RHCs

- FQHCs and RHCs will be eligible to bill for two remote health monitoring services under G-code G0511

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2024 CMS Final Rules Changes

Practitioner Guidelines

- RPM Device CPT codes 99453 and 99454, or RTM codes 98975, 98976, and 98977, are only able to be billed by ONE practitioner in a 30-day period (episode of care, NOT calendar month).

  (This means that if a patient and another provider bill for RPM or RTM services in the same month, the provider whose claim is submitted first will be adjudicated, and all other provider claims will be denied.)

Concurrent billing and other services

- RPM and RTM can not be billed together in the same month, but the following services can be billed with RPM or RTM concurrently:

  - Chronic Care Management (CCM)
  - Transition Care Management (TCM)
  - Behavioral Health Integration (BHI)
  - Principal Care Management (PCM)
  - Chronic Pain Management (CPM)

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Reimbursement Models

Reimbursement Models – CMS Reimbursement

CMS Reimbursement Part B

- Part B providers can bill Medicare for reimbursement
- HHA with a Palliative care program could potentially obtain reimbursement for telehealth and RPM services
- Medicaid coverage in 38 states for RPM services
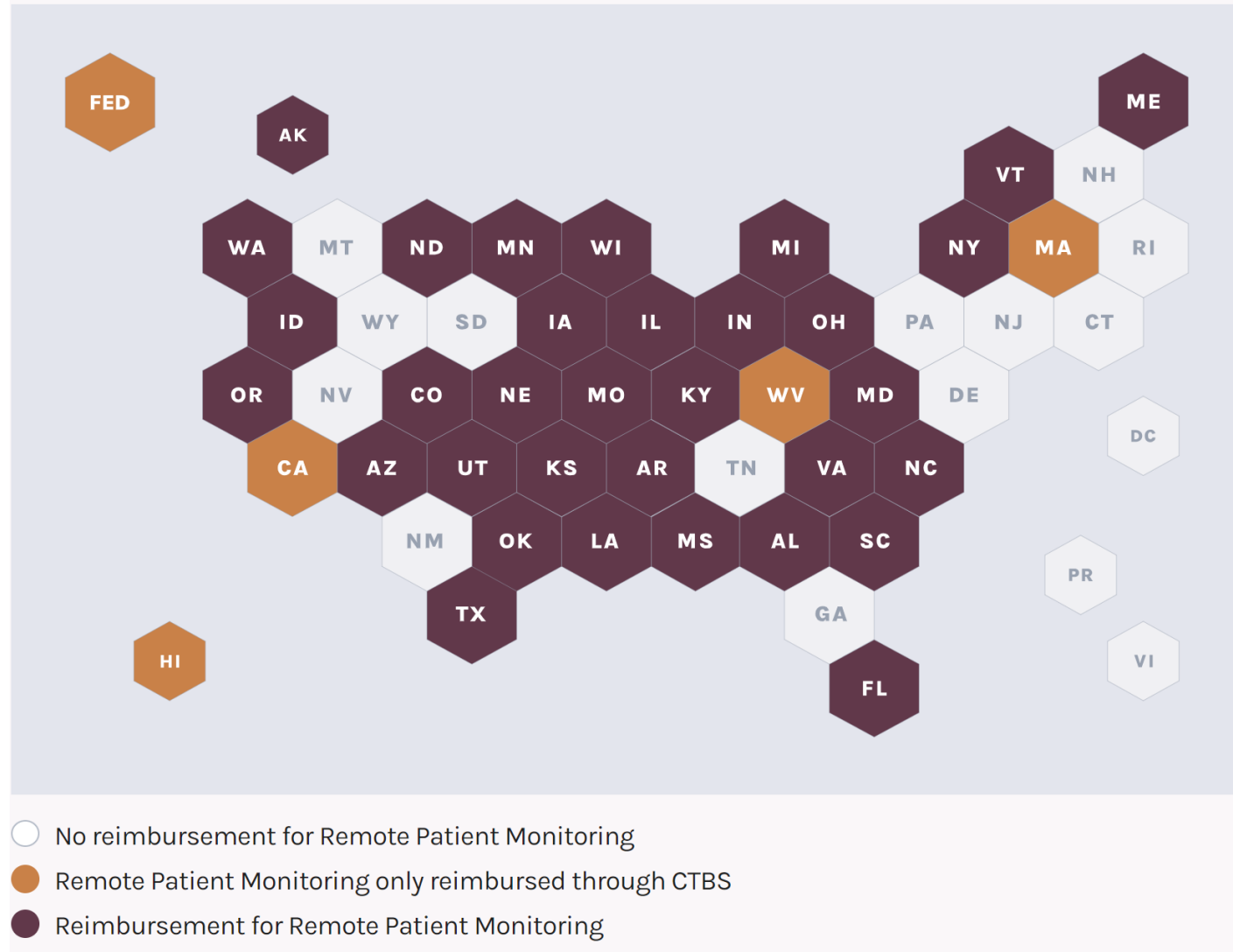- RHCs and FQHCs are eligible to bill for RPM services with Care Management code G0511

Benefits:

- Revenue stream reimbursement through CMS
- Large population of patients covered based on population
- Wide array of programs cover Telehealth, CCM, RPM, and RTM

Challenges:

- Medicare reimbursement for Part B providers only. Part A is not covered
- HHAs are unable to receive direct reimbursement from CMS for RPM and RTM services if they do not bill Medicare Part B services or have a palliative care program

Medicaid RPM Reimbursement – by State (03/2024)

- ○ No reimbursement for Remote Patient Monitoring
- ● Remote Patient Monitoring only reimbursed through CTBS
- ● Reimbursement for Remote Patient Monitoring

Reimbursement Models – Physician Group Partnership

Physician Group Partnership:

Partnering with a physician group allows healthcare providers to obtain reimbursement for telehealth and RPM services while avoiding additional staffing costs. With a physician-group partnership, telehealth staff provides monitoring services to patients, reviewing data and reporting alerts and/or changes in the patient's condition back to the physician group.

The physician group then pays the telehealth provider for their monitoring services and coordinates any changes to patients' care plans. Finally, the physician group submits claims to CMS under the appropriate NPI or Tax ID and with the proper billing codes.

Benefits:

- Opportunity for part-A-only Home Health Agencies to potentially receive reimbursement

Challenges:

- Physician group willingness to participate
- Anti-kickback statute - verbiage needed within the provider contract to eliminate risk

The Anti-Kickback Statute (42 U.S.C. § § 1320a-7b) is a federal law that prohibits persons from directly or indirectly offering, providing or receiving kickbacks or bribes in exchange for goods or services covered by Medicare, Medicaid and other federally funded health care programs. These laws prohibit someone from knowingly or willfully offering, paying, seeking or receiving anything of value ("remuneration") in return for referring an individual to a provider to receive services, or for recommending purchase of supplies or services that are reimbursable under a government health care program

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Reimbursement Models – Commercial Payor

Commercial Payers

Partner with a managed care organization (MCO) or accountable care organization (ACO) to pursue reimbursement opportunities for telehealth and remote patient monitoring services. MCOs and ACOs are focused on reducing healthcare costs and utilization while retaining or enhancing the quality of care. These organizations can adjust CMS guidelines to meet their organizational structure and programs for various lines of business.

Benefits:

- Commercial payers potentially have higher reimbursement rates than Medicare
- Providers may have the option to negotiate rates with payers
- HHAs have the opportunity to obtain reimbursement for CCM, RPM, and RTM services from an MCO and ACO

Challenges:

- Having proper documentation to support payor mix, case mix, utilization, the volume of kits, and census
- Detailed clinical documentation outlining how telehealth and RPM are incorporated into patient care plans

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Reimbursement Models – Private Pay/Concierge

Private Pay

Through a private pay program, patients or their families pay the organization to keep their telehealth equipment to maintain a level of oversight in their care.

Benefits:

- Creates revenue stream to fund telehealth and other care services
- Increases patient and caregiver satisfaction by providing flexible options
- Identify exacerbations and prevent repeat hospitalizations and ED visits

Challenges:

- This model may not be a viable option for many patients and their families due to the cost

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Reimbursement Codes
and Billing Guidelines

Chronic Care Management – CCM

Complex Chronic Care Management CPT Codes		
CPT Code	**Description**	**Reimbursement**
99487	Minimum 60 cumulative minutes over a 30-day period of non-face-to-face consultation time establishing or monitoring a care plan	$133.18
99489	To be billed with CPT 99487 for every additional 30 minutes of non-face-to-face consultation	$70.49

Chronic Care Management CPT Codes		
CPT Code	**Description**	**Reimbursement**
99490	Minimum 20 cumulative minutes over a 30-day period of non-face-to-face time monitoring the care plan	$62.69
99439	Subsequent 20 minutes, clinical staff	$47.44
99491	Initial 30 minutes, physician, or non-physician practitioner (NPP)	$85.06
99437	Subsequent 30 minutes, physician or NPP	$59.98

Remote Physiological Monitoring – RPM

CPT Code	Description	Reimbursement
	Remote Patient Monitoring CPT Codes	
99453	Initial set-up & patient education on equipment (one-time fee)	$19.32
99454	Supply of devices, collection, transmission, and report/summary of services to the clinician	$50.15
99457	Remote physiologic monitoring services by clinical staff/MD/QHCP first 20 cumulative minutes of RPM services over a 30-day period	$48.80
99458	Remote physiologic monitoring services by clinical staff/MD/QHCP for an additional cumulative 20 minutes of RPM services over a 30-day period	$39.65
99091	Collection and interpretation of data by physician or QHCP, 30 minutes	$54.22

Remote Physiological Monitoring – Billing Guidelines

99453

- One-time billable code - (life of RPM episode of care)
- Requires 16-day of reported Bluetooth active days

99454

- One unit is billable every 30 days
- Requires 16-day of reported Bluetooth active days

99457

- Requires 20 minutes of care management and interactive communication.
- One unit is billable every 30 days

99458

- Additional 20 minutes increments of care management and interactive communication
- It cannot be billed as a stand-alone code, and it must be billed with 99457

**** Incident to rules apply – General Supervision for RPM services****

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FQHCs and RHCs – Care Management CPT Code

- FQHCs and RHCs will be eligible to bill for two remote health monitoring services under G-code G0511 at a rate of $72.98/month

- FQHCs and RHCs can provide and bill for both of the following services to the same patient for the same month

  - CPT 99454: Reimburses for the use of smart-enabled remote patient monitoring systems that transmit biometric readings to a digital platform. The patient must transmit at least 16 days of readings in a 30-day period.

  - CPT 99457: Reimburses for 20 minutes of clinical staff time spent monitoring and coordinating care for an RPM patient, including live interaction with the patient.

- FQHCs and RHCs can bill G0511 multiple times per month for the same patient for all subcategory codes

Remote Physiological Monitoring – HHA G Codes

G0320: Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system

G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system

G0322: The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)

Remote Therapeutic Monitoring – RTM

Remote Therapeutic Monitoring CPT Codes		
98975	Initial set-up and patient education on use of equipment for respiratory system status and musculoskeletal system status.	$19.38
98976*	Supply of RTM device(s) with scheduled recording and/or programmed alert transmission to monitor musculoskeletal system for each 30 day period. (Respiratory)	$55.72
98977**	Supply of RTM device(s) with scheduled recording and/or programmed alert transmission to monitor musculoskeletal system for each 30 day period. (Musculoskeletal)	$55.72
98980	First 20 minutes of RTM services provided by clinical staff, MD, or QHCP over a 30-day period. Requires at least one interactive communication within the calendar month.	$50.18
98981	Each additional 20 minutes of RTM services provided by clinical staff, MD, or QHCP during a 30-day period. Requires at least one interactive communication within the calendar month.	$40.84

*Device monitoring respiratory system status

**Device monitoring musculoskeletal system status

Remote Therapeutic Monitoring – Billing Guidelines

98975
- One-time billable code
- Requires 16-day of collected data/measures *does not require Bluetooth report data; data can be self-reported*

98976 (Respiratory)
- One unit is billable every 30 days
- Requires 16-day of collected data/measures *does not require Bluetooth report data; data can be self-reported*

98977 (Musculoskeletal)
- One unit is billable every 30 days
- Requires 16-day of collected data/measures *does not require Bluetooth report data; data can be self-reported*
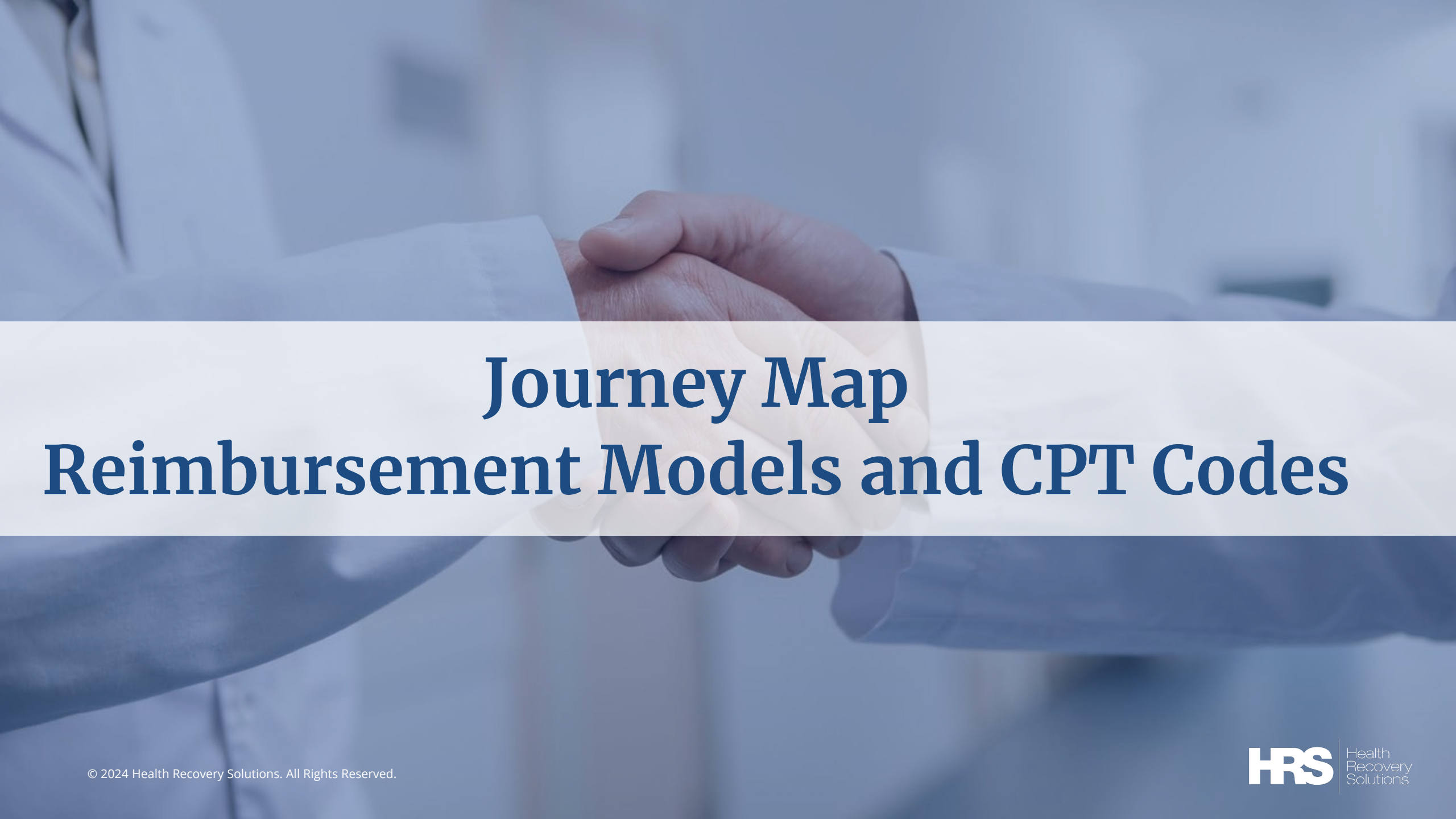
98980
- Requires 20 minutes of care management and interactive communication.
- One unit is billable every 30 days

98981
- Additional 20 minutes of care management and interactive communication (increments).
- It cannot be billed as a stand-alone code; it must be billed with 98980

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Journey Map
Reimbursement Models and CPT Codes

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Hospitals |Health Systems

Reimbursement Models

| Medicare B CMS | Medicaid (dependent on state guidelines) | Commercial Payers | ACOs | Private Pay/Concierge |

Billable CPT Codes

| 99453 (Initial Set-up and Education) | 99454 Monthly device code | 99457 First 20 minutes | 99458 Additional 20 minutes increments (per unit) |

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Ambulatory Services

Reimbursement Models

| Medicare B CMS | Medicaid (dependent on state guidelines) | Commercial Payers | ACOs | Private Pay/Concierge |

Billable CPT Codes

| 99453 (Initial Set-up and Education) | 99454 Monthly device code | 99457 First 20 minutes | 99458 Additional 20 minutes increments (per unit) |

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FQHCs & RHCs

Reimbursement Models

- Medicare B CMS
- Medicaid (dependent on state guidelines)
- Commercial Payers

Billable CPT Codes

- G0511

Home Health Part–A Only

| Reimbursement Models | Medicaid (dependent on state guidelines) | Commercial Payers | | |

| Physician Group Partnership | | | | |

| **Billable CPT Codes** | 99453 (Initial Set-up and Education) | 99454 Monthly device code | 99457 First 20 minutes | 99458 Additional 20 minutes increments (per unit) |

| **Information HCPCs G:codes** | G0320 Video communication | G0321 Audio Communication | G0322 RPM Services | |

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Home Health with Palliative Care

Reimbursement Models	Medicare B CMS	Medicaid (dependent on state guidelines)	Commercial Payers

Billable CPT Codes	99453 (Initial Set-up and Education)	99454 Monthly device code	99457 First 20 minutes	99458 Additional 20 minutes increments (per unit)

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Reimbursement Report

Sample Reimbursement Report

	Unique ID	Patient First Name	Patient Last Name	Patient ID	Enrollment I	Applicable Date Range	Date Enrolled	Enrollment I	Bluetooth Ac	Total Time §	CPT-99453	CPT-99454 (Device)	CPT-99457 (1st 20 mins)	CPT-99458 (Add'l 20 mins)	CPT-99458 Count	C
2	XXXXXXX	John	LastName	111111111	151 to 180	07/04/22 - 08/02/22	2/4/2022	1	30	59.00		99454	99457	99458	1	
3	XXXXXXX	Claude	LastName	222222222	31 to 60	07/06/22 - 08/04/22	6/6/2022	1	27	65.00		99454	99457	99458	2	
4	XXXXXXX	James	LastName	333333333	91 to 120	07/13/22 - 08/11/22	4/14/2022	1	30	53.00		99454	99457	99458	1	
5	XXXXXXX	Vivian	LastName	444444444	61 to 90	07/30/22 - 08/28/22	5/31/2022	1	30	54.00		99454	99457	99458	1	
6	XXXXXXX	Jean	LastName	55555555	1 to 30	07/12/22 - 08/10/22	7/12/2022	1	30	116.00	99453	99454	99457	99458	2	
7	XXXXXXX	Eugene	LastName	666666666	31 to 60	08/01/22 - 08/30/22	7/2/2022	1	30	65.00		99454	99457	99458	2	
8	XXXXXXX	Esther	LastName	77777777	91 to 120	07/13/22 - 08/11/22	4/14/2022	1	0	21.00			99457			
9	XXXXXXX	Edwin	LastName	888888888	61 to 90	07/11/22 - 08/09/22	5/12/2022	1	30	72.00		99454	99457	99458	2	
10	XXXXXXX	Janet	LastName	99999999	61 to 90	07/05/22 - 08/03/22	5/6/2022	1	29	72.00		99454	99457	99458	2	
11	XXXXXXX	Isaac	LastName	100000000	241 to 270	07/22/22 - 08/03/22	11/24/2021	1	1	27.00			99457			
12	XXXXXXX	Patricia	LastName	110000000	121 to 150	07/23/22 - 08/21/22	3/25/2022	1	28	50.00		99454	99457	99458	1	
13	XXXXXXX	John	LastName	120000000	91 to 120	07/05/22 - 08/03/22	4/6/2022	1	29	41.00		99454	99457	99458	1	
14	XXXXXXX	Betty	LastName	130000000	121 to 150	07/14/22 - 08/12/22	3/16/2022	1	22	42.00		99454	99457	99458	1	
15	XXXXXXX	Wilson	LastName	140000000	91 to 120	07/06/22 - 08/04/22	4/7/2022	1	26	49.00		99454	99457	99458	1	
16	XXXXXXX	Brian	LastName	150000000	31 to 60	07/09/22 - 08/07/22	6/9/2022	1	30	81.00		99454	99457	99458	2	
17	XXXXXXX	Helen	LastName	160000000	91 to 120	07/10/22 - 08/08/22	4/11/2022	1	18	91.00		99454	99457	99458	2	
18	XXXXXXX	Margaret	LastName	170000000	181 to 210	07/27/22 - 08/12/22	1/27/2022	1	16	29.00		99454	99457			
19	XXXXXXX	Nina	LastName	180000000	61 to 90	07/25/22 - 08/23/22	5/26/2022	1	30	115.00		99454	99457	99458	2	
20	XXXXXXX	Dyett	LastName	190000000	181 to 210	07/17/22 - 08/10/22	1/18/2022	1	7	11.00						
21	XXXXXXX	Gloria	LastName	200000000	121 to 150	07/07/22 - 08/05/22	3/9/2022	1	30	51.00		99454	99457	99458	1	
22	XXXXXXX	Ruby	LastName	210000000	61 to 90	07/19/22 - 08/17/22	5/20/2022	1	28	58.00		99454	99457	99458	1	
23	XXXXXXX	Jose	LastName	220000000	121 to 150	07/30/22 - 08/28/22	4/1/2022	1	16	19.00		99454				
24	XXXXXXX	Jose	LastName	230000000	151 to 180	08/29/22 - 08/29/22	4/1/2022	1	0	0.00						
25	XXXXXXX	Wavery	LastName	240000000	61 to 90	07/23/22 - 08/21/22	5/24/2022	1	28	34.00		99454	99457			
26	XXXXXXX	Wavery	LastName	250000000	91 to 120	08/22/22 - 08/29/22	5/24/2022	1	3	11.00						
27	XXXXXXX	Jacqueline	LastName	260000000	31 to 60	07/22/22 - 08/20/22	6/22/2022	1	25	59.00		99454	99457	99458	1	
28	XXXXXXX	Nikki	LastName	270000000	61 to 90	07/19/22 - 08/03/22	5/20/2022	1	8	31.00			99457			
29	XXXXXXX	Raymond	LastName	280000000	31 to 60	07/24/22 - 08/22/22	6/24/2022	1	30	75.00		99454	99457	99458	2	
30	XXXXXXX	Elaine	LastName	290000000	61 to 90	07/30/22 - 08/28/22	5/31/2022	1	30	76.00		99454	99457	99458	2	
31	XXXXXXX	Muriel	LastName	300000000	151 to 180	07/29/22 - 08/27/22	3/1/2022	1	30	55.00		99454	99457	99458	1	
32	XXXXXXX	Audrey	LastName	310000000	91 to 120	07/21/22 - 08/19/22	4/22/2022	1	28	83.00		99454	99457	99458	2	
33	XXXXXXX	Michael	LastName	320000000	1 to 30	08/01/22 - 08/30/22	8/1/2022	1	28	40.00	99453	99454	99457	99458	1	

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