



Health
Recovery
Solutions



Telehealth Reimbursement Advancements

Presented By:

Charika Wilcox-Lee, Vice President of Revenue Cycle Management

Reimbursement Models

1. 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 35 states for RPM services

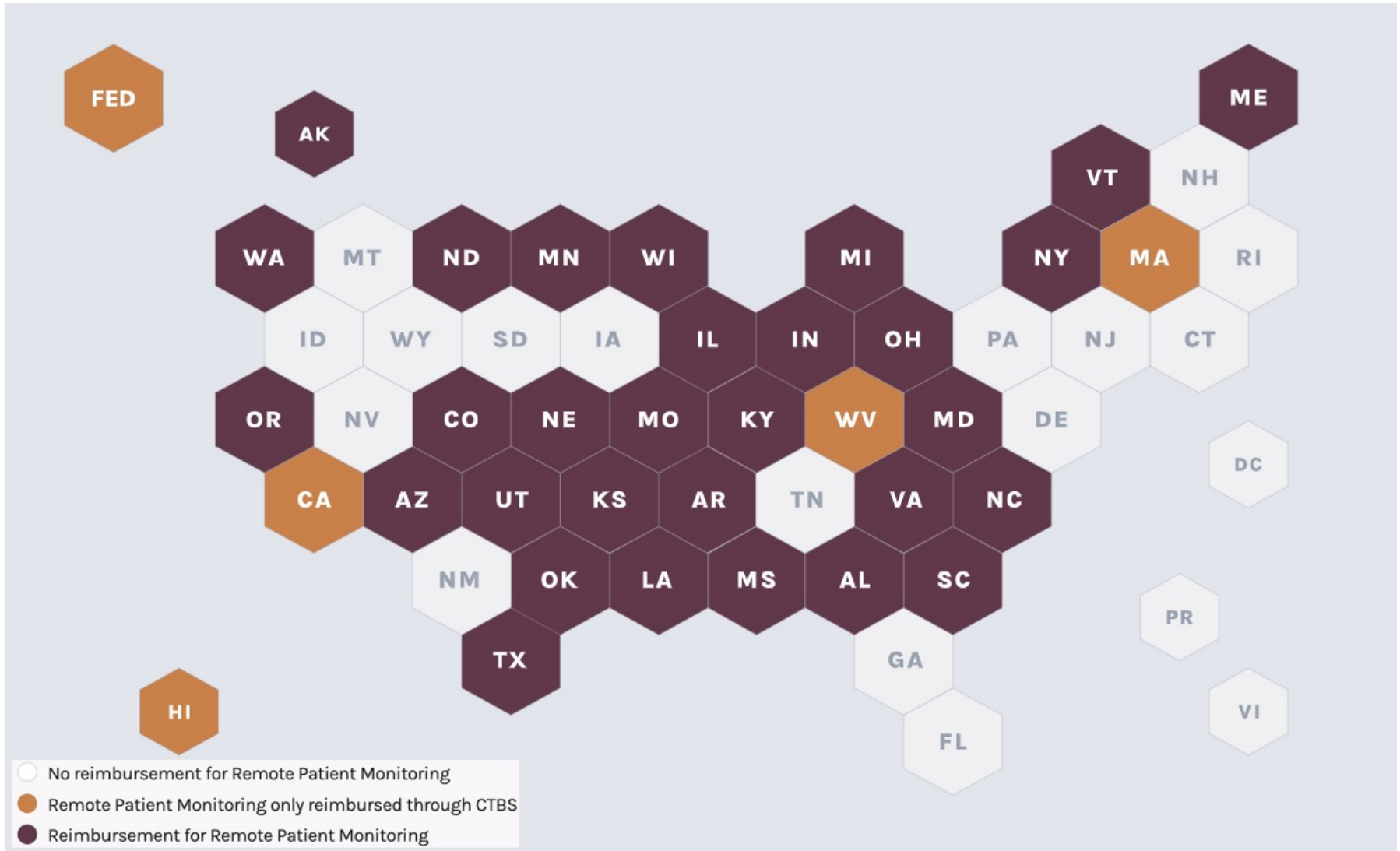
Benefits

- 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
- No standalone reimbursement for Rural Health Clinics (RHC) or Federally Qualified Health Clinics (FQHC) because they are included in the RHC AIR (All-Inclusive Rates) or FQHC PPS payment (Prospective Payment Systems)

Medicaid RPM Reimbursement (By State)



2. Physician Group Partnerships

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

3. Commercial Payor VBP

Commercial Payors

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 care costs and utilization of health care services 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

4. Private Pay Programs

Commercial Payors

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

- Create 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



HRS offers a sample private pay agreement to support your organization in launching the new model — please contact your Account Manager for details.



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)

Remote Patient Monitoring CPT Codes

| CPT Code | Description | Reimbursement |
|----------|---|---------------|
| 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 |

RPM Billing Guidelines

99453

- One-time billable code - (life of RPM episode of care)
- Requires 16-day of reported Bluetooth active days
- During PHE: 2-days of reported Bluetooth active days for a COVID DX

99454

- One unit is billable every 30-days
- Requires 16-day of reported Bluetooth active days
- During PHE: 2-days of reported Bluetooth active days for a COVID DX

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****

RPM HHA G-Codes

2023 Important Dates

- January 1, 2023 (Voluntary)
- July 1, 2023 (CMS Mandate)

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

RTM 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

****General Supervision Rules Apply****

Reimbursement Report

Sample Reimbursement Report

| 1 | Unique ID | Patient First Name | Patient Last Name | Patient ID | Enrollment | Applicable Date Range | Date Enrolled | Enrollment | Bluetooth A | Total Time | CPT-99453 | CPT-99454 (Device) | CPT-99457 (1st 20 mins) | CPT-99458 (Add'l 20 mins) | CPT-99458 Count |
|----|-----------|--------------------|-------------------|------------|------------|-----------------------|---------------|------------|-------------|------------|-----------|--------------------|-------------------------|---------------------------|-----------------|
| 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 | 555555555 | 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 | 777777777 | 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 | 999999999 | 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 |

Questions?