HRS | Health Recovery Solutions

Telehealth Manual

The Telehealth Manual is designed to be your go-to guide for all things reimbursement. Whether partnering with a physician group, billing through CMS, or launching a private pay program, HRS' Telehealth Manual can support you and your team.

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CMS Reimbursement: RPM and CCM

Introduction

The Centers for Medicare and Medicaid Services allows qualified providers to bill for the supply of remote patient monitoring technology and for monitoring the physiologic data reported by patients. Additionally, if patients have two or more chronic medical conditions that are expected to last a minimum of 12 months, qualified providers can submit bills for a separate set of CPT codes for Chronic Care Management (CCM).

Remote patient monitoring services may be billed for the same patient in the same month as CCM services, provided the time billed for CPT code 99457 is in addition to the time billed under CPT codes 99490, 99487, and 99489.

An overview of each RPM and CCM CPT code is outlined below, along with the national averages for reimbursement.

> "Proper billing for telehealth and RPM reimbursement requires precise records for the amount of time spent reviewing patient health data. Through our partnership with HRS, our Client Success Manager is able to pull this information on our behalf and send us detailed reports."
>
> **Yvette Valentine**
> Director of Operations,
> Ohio Living

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

Complex Chronic Care Management CPT Codes		
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		
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

Description of Remote Patient Monitoring CPT Codes

CPT Code 99453: One-time billing code used to cover the initial set-up of monitoring technology and education of the patient/caregiver on the monitoring system

CPT Code 99454: Used for the monthly remote monitoring of the physiological parameters including weight, blood pressure, blood oxygen, or respiratory flow rate, among others. Covers the supply of the devices used by patients to monitor and record physiological data.

CPT Code 99457: Designed to provide reimbursement for care coordination and physician-patient interaction. Requires at least 20 minutes of interactive, virtual communication during one calendar month.

CPT Code 99458: Covers each additional 20 minutes of interactive, virtual communication provided during one calendar month.

Description of Chronic Care Management CPT Codes

CPT Code 99487: This code may be used by medical professionals who offer chronic care management for at least 60 minutes per non face-to-face consultation. Treatment includes advanced medical care planning and monitoring. A recognized electronic record (EMR) system ensures a smooth care transition between primary care providers and specialists. The 60 minutes scheduled should cover ongoing oversight, direction, and management of care plans. This code can be used by only one medical professional per patient, per billing cycle. The claim for CPT code 99487 can be submitted once a month.

CPT Code 99489: This code must be with CPT 99487. With this code, medical care providers can bill for every additional 30 minutes of consultation provided to the chronic care patient. This additional time may be used to establish a care plan or substantially revise an existing plan. A care plan should include a complete assessment of patient needs considering the physical, functional, psychological, and environmental conditions of the patient.

CPT Code 99490: This code may be used to bill for at least 20 minutes of non face-to-face consultation during which medical care providers may monitor patient vitals, check care plan compliance, and assess effectiveness of the ongoing treatment. This time can also be used to establish a new care plan. Only one medical professional can bill using this code per month, per patient. To claim reimbursement for care provided to the patient, the claim must be submitted once a month by the professional who provided the care that month. Medical practitioners should also use a recognized EMR system to access the patient records remotely.

Adjusting to Meet CMS Requirements

Staffing is a common challenge among providers aiming to bill for telehealth and RPM services through CMS. Providers frequently adjust to CMS restrictions in one of two ways: adding a nurse practitioner to staff or partnering with a physician group practice.

Nurse Practitioner Oversight

Both NPs and MDs can bill CMS for RPM services rendered. **The NP or MD does not have to monitor patients directly** (a lower-level QHCP may perform this task), but they must provide general supervision. Providing general supervision requires any alerts received during the monitoring process should be escalated to the supervising QHCP. Based upon the alert received, the supervising QHCP may need to coordinate with the referring physician to make the appropriate alterations to the patient's care plan.

HRS recommends providers considering adding an NP to their organization, first evaluate patient census to determine patient participation and onboard an NP per diem to assess the return of investment.

"For our palliative care patients…we were able to hire an NP who monitors patients daily and performs monthly phone calls with patients to review their data. The NP then follows up with their physicians to review changes."
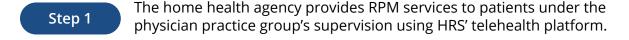
Donna Turlington
Vice President of HomeCare and Post-Acute Services,
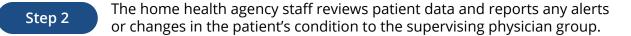Liberty HomeCare and Hospice Services
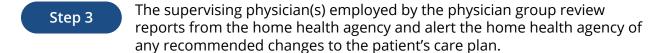
Physician Group Partnership

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 provide monitoring services to patients, reviewing data and reporting alerts and/or changes in the patient's condition back to the physician group.
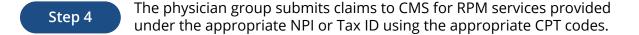
The physician group then pays the telehealth provider for their monitoring services and coordinates any changes to patients' care plans. Finally, the physician group submits claims to CMS under the appropriate NPI or Tax ID and appropriate codes.
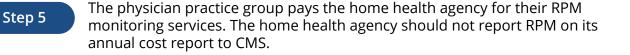
HRS recommends physician group partnerships to healthcare organizations that work closely with or are part of an ACO. Through these partnerships, significant ROI can be established for the treatment of high-risk Medicare Advantage patients. The workflow below provides an example of how a home health agency can provide remote patient monitoring services and bill in partnership with a physician group.

Step 1   The home health agency provides RPM services to patients under the physician practice group's supervision using HRS' telehealth platform.

Step 2   The home health agency staff reviews patient data and reports any alerts or changes in the patient's condition to the supervising physician group.

Step 3   The supervising physician(s) employed by the physician group review reports from the home health agency and alert the home health agency of any recommended changes to the patient's care plan.

Step 4   The physician group submits claims to CMS for RPM services provided under the appropriate NPI or Tax ID using the appropriate CPT codes.

Step 5   The physician practice group pays the home health agency for their RPM monitoring services. The home health agency should not report RPM on its annual cost report to CMS.

HRS' Reimbursement team can assist your organization in negotiating with physician groups and provide sample contracting to establish a partnership.
Contact the HRS Reimbursement Team

Commercial Payer Partnerships

Introduction

Health Recovery Solutions recommends partnering 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 care quality. These organizations can adjust CMS guidelines to meet their organizational structure and programs for various lines of business, and can use different billing codes for reimbursement.

The following information should be presented to potential partners:

- The top three to five insurance carriers insuring your patient population
- Time period and number of MCO/ACO members on enrolled on telehealth and RPM services
- Patient population breakdown by disease management group: CHF, COPD, AFib, diabetes, or others
- Utilization comparison between patients enrolled on telehealth and RPM services and those not receiving telehealth and RPM services, including utilization data for hospital readmissions and ED visits
- Outline of the gaps in care for each disease management group included in the telehealth and RPM program—highlighting benefits of care to telehealth and RPM recipients
- Detailed overview explaining how telehealth and RPM are incorporated into patient care plans across each disease management group

HRS' Clinical Services and Reimbursement team have extensive experience working with and for MCOs and can assist your organization in developing a presentation and compiling utilization data.

HRS can provide the following resources:

- Specialty reimbursement consultations and planning sessions
- Marketing support to develop payer-facing presentations, documentation, flyers, and more
- Compilation and analysis of Strategic Healthcare Programs (SHP) data

Private Pay Telehealth Program

Introduction

Telehealth and RPM platforms are designed to engage patients in their care and build relationships between patients and their providers. Patients who have established relationships with their clinicians and developed healthy habits are often hesitant to give up telehealth equipment when discharged.

Through a private pay program, patients or their families pay the provider organization to keep their telehealth equipment and often maintain a level of oversight in their care. This cheatsheet outlines the benefits of a private pay program and walks through how to deploy a private pay program.

Benefits of a Private Pay Program

The purpose of a private pay program is to offer telehealth care to patients that have come to rely on the telehealth program and oversight offered, or who prefer the additional support of telehealth. Though not every patient will have the financial resources to pay out-of-pocket for telehealth services, private pay is an affordable option when compared to the cost of a nursing home or independent living facility.

A private pay program offers peace of mind to telehealth patients and their families, but has additional benefits for provider organizations, including financial benefits.

Private pay programs help providers to:

- Create revenue stream to fund telehealth and other care services
- Increase patient and caregiver satisfaction by providing flexible options
- Identify exacerbations and prevent repeat hospitalizations and ED visits
- Differentiate between competitors to secure and expand referrals

> "Cost to the patient was at the forefront of our minds as we worked to build this program. When determining price, we worked with HRS to analyze staffing costs, patients' insurance coverage, and equipment fees, including hardware, software, and shipping."
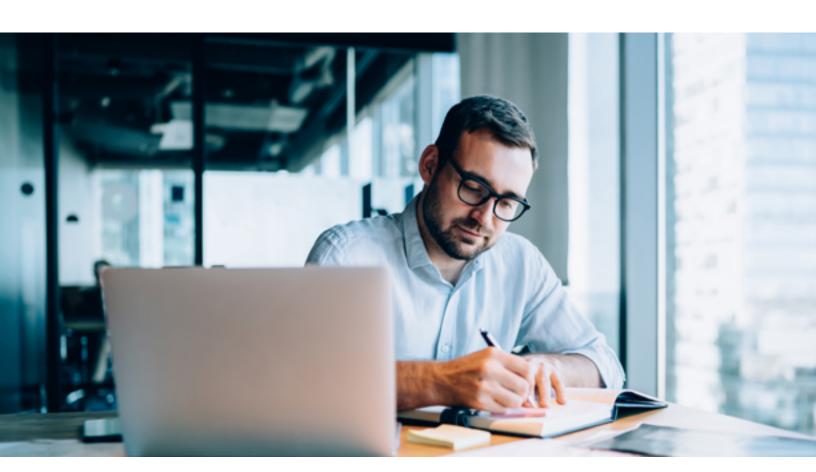>
> **Travis Tomulty**
> Regional Telehealth Manager,
> Eden Health

Launching a Private Pay Program

Step 1   **Create a Consent Form:** Inform patients of the new program and enable enrollment in the program.

Step 2   **Outline a Billing Structure:** Determine rates and services to be offered. Confirm rates and billing process to collect payment for services.

Step 3   **Market you Private Pay Program:** Create a brochure that describes the offering and pricing. Share the flyer with patients during initial enrollment.

Step 4   **Secure Doctors' Orders:** All patients will require a doctor's order to be enrolled in the program.

CMS Reimbursement: RTM

Introduction

To complement the remote physiological monitoring CPT codes and chronic care management CPT codes, the CMS introduced a series of remote therapeutic monitoring (RTM) CPT codes. The new codes expand the potential for health care providers to receive reimbursement for the monitoring of non-physiologic data transmitted through telehealth and RPM platforms.

Remote Therapeutic Monitoring CPT Codes		
98975	Initial set-up and patient education on use of equipment for respiratory system status and musculoskeletal system status.	$19.32
98976*	Supply of RTM device(s) with scheduled recording and/or programmed alert transmission to monitor musculoskeletal system for each 30 day period. (Respiratory)	$50.15
98977**	Supply of RTM device(s) with scheduled recording and/or programmed alert transmission to monitor musculoskeletal system for each 30 day period. (Musculoskeletal)	$50.15
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.	$49.48
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.	$39.65

*Device monitoring respiratory system status

**Device monitoring musculoskeletal system status

About Health Recovery Solutions (HRS)

Ranked #1 by KLAS for Remote Patient Monitoring in 2020, 2021, 2022, and 2023. HRS empowers the nation's largest providers and payers to deliver advanced telehealth and remote patient monitoring solutions improving patient satisfaction, reducing readmission, and optimizing clinician workflow.

To learn more, visit us at healthrecoverysolutions.com.