

Telehealth and Remote Patient Monitoring with InPen

What is Remote Patient Monitoring:

Beneficiary uses FDA-defined digital device* that allows their physiological data to be both collected and wirelessly transmitted to healthcare team. The healthcare team then uses virtually sent patient-generated health data (PGHD) to provide ongoing monitoring, assessments and 1-way virtual care plan guidance (via telephone, email) to beneficiary outside of in-office visit.

This resource guide was developed based on the 2020 CMS Physician Schedule.

Remote Patient Monitoring CPT Codes:

99453 Product Training

Remote monitoring of physiologic parameters initial set-up and patient education on use of equipment. The Medicare unadjusted 2019 rate is \$19.46 for facility and non-facility. The patient must be diagnosed with a chronic disease for the benefit. The patient is responsible for 20% of the geographically adjusted reimbursement rate and the deductible is applied.

99454 Wireless Data Transmission/Data Collection /Alerts & Messaging

Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days, when at least 16 days have data. The Medicare unadjusted 2019 rate is \$64.15 for facility and non-facility. The patient must be diagnosed with a chronic disease for the benefit. The patient is responsible for 20% of the geographically adjusted reimbursement rate and the deductible is applied.

99457 & 99458 Patient Management

RPM treatment management services. 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month. Code 99458 allows for an additional 20 minutes above the initial 20 minutes. The Medicare unadjusted 2019 rate is \$32.44 for facility and \$51.54 non-facility. The patient must be diagnosed with a chronic disease for the benefit. The patient is responsible for 20% of the geographically adjusted reimbursement rate and the deductible is applied.

Who Can Order and Bill for Remote Patient Monitoring?

- Ordering Providers: MD, DO, NP, PA, CNS, Clinical Nurse Midwife
- Billing Providers: MD, DO, NP, PA, CNS
- Furnishing Providers (varies by state laws and scope of practice): NP, PA, CNS, Clinical nurse midwife, clinical staff employed by the billing provider or under contract with: RDN, RN, PharmD, CDE

Other Factors to Consider with RPM:

- Require an initial face to face visit to be eligible to bill these codes.
- ABN required for Medicare patients
- Patients may have a copay
- Minimum of 16 days of data required
- There are certain codes that can/can't be billed together.
- Reimbursement will vary by region. It's best to work with billing dept. to determine how best to implement codes

What is Telehealth?

Telehealth can refer specifically to remote clinical services, such as full healthcare provider visits, which may use audio only or audio and video technology that allow the patient and the healthcare provider to speak/be seen during the visit. Regulations vary by state. The terms Telehealth and Telemedicine may be used interchangeably. Additionally, some may use the term Telehealth as the umbrella term for all telecommunication driven patient interactions.

Telehealth Visit Billing Abbreviated for Diabetes Providers:

COVID-19 1135 Waiver Information Listed Separately, Many Requirements for Telehealth are Waived

CPT 99201 – 99215 can be used for telehealth visits. The visit code would be billed with the appropriate modifier to indicate the visit took place via telehealth.

Patient and Location: the originating site (location of the beneficiary) must be outside of a Metropolitan Statistical Area or in a rural Health Professional Shortage Area located in a rural census tract and can be any of the following (in most cases): Physician/practitioner offices, hospitals, critical access hospitals, federal qualified health centers, hospital-based or CAH-based renal dialysis centers (including satellites), skilled nursing facilities, community mental health centers. Of note, the originating site is eligible to bill for providing the space.

Provider Location: indicated by the modifier used with billing (see list below)

Eligible Billing Providers: MD, DO, NP, PA, Clinical Nurse Midwives, CNS, CRNA, RD, Nutrition Professionals, Clinical Psychologists & Clinical Social Workers (may not bill E/M services or for psychiatric diagnostic interviews)

Eligible Telehealth Platforms: Telehealth platforms that are HIPAA compliant are required and it is encouraged that the telehealth platform company will enter into a business associate agreement (BAA). The following companies are examples of companies (not all inclusive) that meet this criteria: Skype for Business/Microsoft Teams, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco Webex Meetings/Webex Teams, Amazon Chime, GoToMeeting, Spruce Health Care Messenger.

Modifiers to Use Based on Place of Service (POS): These are the place of service codes used on professional claims to specify the entity where service(s) were rendered. Check with individual payers for reimbursement policies regarding these codes. Typically, the POS 02 Modifier would be used, but some payers may request that the distant location (location of provider) be indicated instead of the Telehealth POS 02 modifier. For a complete list of POS modifiers visit:

www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

- **Telehealth POS 02:** The location where health services and health related services are provided or received, through a telecommunication system. If payer is unfamiliar with this modifier, inquire about modifier GT, which was replaced by POS 02 by CMS in 2017.
- **On Campus Outpatient Hospital POS 22:** A portion of the hospital's main campus which provides services to sick/injured persons who do not require hospitalization or institutionalization.
- **Office POS 11:** The location, other than hospital/SNF/military/public health clinic/intermediate care facility where the health professional routinely provides health exams, diagnosis and treatment of illness or injury on an ambulatory basis.
- **Inpatient Hospital POS 21:** A facility, other than psychiatric which primarily provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.

COVID-19 CMS 1135 Waiver Details Abbreviated for Diabetes Healthcare Professionals:

- The waiver was enacted on 3/6/2020. The conclusion date of the waiver has not been announced.
- Lifts the location requirement for the beneficiary to allow for the beneficiary to receive telehealth services in the home.
- Eliminates CMS audits of Telehealth Services during the timeframe that the waiver is in place.
- Allows for the billing of DSME HCPCS codes G0108-G0109 and Medical Nutrition Therapy HCPCS codes G0270 and CPT codes 97802-97804.
- The patient does not have to be established with the provider to be able to receive telemedicine services while 1135 waiver is in effect.
- The HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime, Facebook Messenger video, Zoom, Google Hangouts, or Skype, during the COVID-19 nationwide public health emergency. It is not required that the video platform be HIPAA BAA compliant.
- Providers may not use public facing video communication apps to conduct telehealth visits such as Facebook Live, Twitch, Tik Tok and similar programs.

**FDA to provide further guidance on devices*

***Must be conducted by the billing provider (MD, DO, PA, NP, CNS, CNM, Clinical Psychologist, LCSW, RD). RNs and Pharmacists are considered axillary staff.*

This resource guide was developed based on the 2020 CMS Physician Schedule and is intended to be used as a resource for discussion with your billing/coding department. It is not a guarantee of proper billing/coding or reimbursement.

References and Additional Resources:

CMS Place of Service Codes

www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

Health and Human Services Notification of Enforcement Discretion for Telehealth

www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretiontelehealth/index.html

Medicare Learning Network Booklet: Telehealth Services

www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

ADCES COVID-19 Resource Page

<https://www.diabeteseducator.org/practice/practice-tools/app-resources/covid-19-information>

CMS List of Payable Telehealth Services during the Public Health Emergency

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medicaid Telemedicine Resource

<https://www.medicaid.gov/medicaid/benefits/telemedicine/index.html>

HIPAA Information Regarding Waiver 1135

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Medicare Guidelines for RPM

<https://mhealthintelligence.com/news/cms-finalizes-new-reimbursement-rules-for-remote-patient-monitoring>

CMS Fee Schedule

<https://www.cms.gov/apps/physician-fee-schedule/license-agreement.aspx>



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