

Reimbursement for Remote Patient Monitoring Services in 2019

September 20, 2019 – *Dorsey Health Law*

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Medicare reimbursement for remote patient monitoring has taken a number of steps forward throughout this year. New and proposed rules from the Centers for Medicare and Medicaid Services both expand the billing options available to health care providers and also build in additional flexibility in the provision of remote patient monitoring in order to further the health industry's push to value-based care.

Remote patient monitoring ("RPM") is a form of digital health in which medical data from individual patients is collected in one location and electronically transmitted to health care providers in a different location for assessment and recommendations. RPM differs

from other digital health services in that there is not necessarily a live, or "real-time", interaction between the patient and their health care provider. Instead, RPM is used by health care providers to monitor various aspects of their patient's vital signs, including: weight, blood pressure, blood sugar, heart rate, and oxygen levels. RPM is not only a useful tool for health care providers to use during a patient's hospitalization, but it is also useful in reducing the number of hospitalizations altogether. For example, RPM can be used to allow older or disabled individuals to live at home longer and avoid having to move into skilled nursing facilities, since their vitals can be monitored without having to see a health care provider in person.

Until this year, Medicare reimbursement for RPM services was difficult to come by. While Medicare previously offered reimbursement for RPM services billed under CPT code 99091, the code did not take current technology and staffing models into account (likely because the language from the code dates back roughly 16 years). In order to address



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this issue and further incentivize health care providers to use RPM, the Centers for Medicare and Medicaid Services (“CMS”) finalized three new RPM billing codes that were effective January 1, 2019 (“Final Rule”). The new codes are titled, “Chronic Care Remote Physiologic Monitoring” and included the following descriptions:

- CPT code 99453: “Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.”
- CPT code 99454: “Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.”
- CPT code 99457: “Remote physiologic monitoring 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.”

Finalization of these new codes did not come without fair criticism and disparate interpretations of the level of required supervision. In creating the codes, CMS stated that RPM could not be delivered “incident to” a practitioner’s professional services. Therefore, RPM services could not be reimbursed if the services were furnished by auxiliary personnel (individuals acting under the supervision of a physician). Following backlash of this conclusion, CMS issued a technical correction to the Final Rule on March 14, 2019, that allows “incident to” billing of RPM services by auxiliary personnel if they are under *direct* supervision. This was overall a win for RPM reimbursement; however, through separate codes (CPT 99487, 99489, and 99490), CMS allows reimbursement for Chronic Care Management under *general* supervision. The difference being that *general* supervision does not require a physician to be in the same building at the same time as the auxiliary personnel delivering the services. This contradictory treatment resulted in commentators arguing that CMS’s approach hinders, rather than increases, a patient’s access to digital health services by limiting where a physician may be located during the supervision of such services.

CMS seems to be addressing this concern in the proposed 2020 Physician Fee Schedule that was published August 14, 2019 (“Proposed Rule”). The Proposed Rule would allow “incident to” RPM services to be reimbursed under *general* supervision rather than limiting reimbursement to *direct* supervision. By way of example, this means RPM could be reimbursed when the auxiliary personnel use RPM with patients who are in a hospital while the auxiliary personnel are supervised via other telemedicine modalities by a physician at their home. This change would greatly improve a patient’s access to RPM by enabling physicians to bill for such services delivered in a more flexible manner.

In addition to this change, the Proposed Rule revises CPT code 99457 and adds yet another code to allow for additional reimbursement for each 20-minute interval that RPM services are provided. This is in contrast to the Final Rule’s version of CPT code 99457, which allowed only one reimbursement for RPM services delivered for 20 minutes or more.

CMS is accepting comments on the Proposed Rule until September 27, 2019. If you would like to submit comments or have any questions, one of the authors or your regular Dorsey attorney would be happy to assist you.