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The ULTIMATE Guide to Remote Patient Monitoring Success

Part 1: Billing

WHICH OF YOUR PATIENTS ARE ELIGIBLE?

Traditional Medicare, Medicare Advantage/Replacement Plans, Commercial PPO Plans, **and which of those plans to avoid... for now!**

Given Remote Monitoring is a Medicare Part B service; Traditional Medicare will reimburse fee for service for eligible patients. Nearly all commercially managed Medicare Advantage/Replacement plans reimburse with parity to Medicare's Physician Fee Schedule. When forecasting initiating visits with your patients, you want to focus on **Traditional Medicare and any Medicare Advantage/Replacement plans.**

However, not all commercial plans are made equal. For now, you'll want to avoid referring patients with Commercial PPO plans and Medicare Advantage plans with capitated reimbursements. Make sure you sign up to Accuheatlh's monthly newsletter to get updates on the latest commercial plans accepting RPM codes state by state.

❯ **99453** is for the initiating visit and patient setup. This is only billed once and does not recur month over month. The Medicare allowed rate is approximately $20 in your locality.

❯ **99454** Is for making sure your patient has workable medical device(s) that synchronously transmit their readings into a software capable of ingesting and reporting the data to the referring provider. This code may be billed once every 30 calendar days and the Medicare allowed rate in your locality ranges from $60 to $70; however, CMS has clarified that when Covid-19 PHE is announced to be over, patient's will be required to successfully transmit at least one reading each day for 16 out of every 30 days to be eligible for reimbursement.

❯ **99457** is for the initial 20min of interactive time spent providing remote monitoring services to your patient each calendar month. If 20 or more minutes of clinical interaction, which includes both live two-way patient interaction (such as phone calls, video calls, or Text) as well as non-face-to-face care management services (such as responding to abnormal readings, reviewing the monthly vital report, making changes to the patient's health plan or medication protocol, amongst others). This code may be billed once every calendar month and the Medicare allowed rate in your locality is approximately $45.

❯ **99458** is the exact same as 99457, and allows for billing additional units of 20min of interactive time over the calendar month, capped at two units. This means that if more than 40minutes but less than 60minutes of interactive time is spent, you can bill one unit of 99458; however if 60 minutes or more time is spent, you can bill 2 units of 99458. It is recommended that you never exceed 2 units of 99458 in any given month to maintain a healthy Medicare RPM program for years to come.

IMPORTANT FACTORS TO CONSIDER

EMR Integration

Look for an RPM service provider that can integrate with your EMR, such that your patient's readings are automatically uploaded into their chart daily, and reports are automatically uploaded into the patient chart weekly or monthly.

Copays may apply

As a Medicare Part B service, depending on your patient's primary and secondary insurance, monthly copays may apply, so make sure to have that discussion with your patient during the initiating visit, a small monthly copay for this level of concierge medical service is definitely a bargain.

Value Based Care

Is a consideration for all Doctors in 2021, and remote patient monitoring is one of the best mechanisms of proactive care that can significantly reduce avoidable and costly health insurable events, like hospitalizations and ER Visits. Make sure you include RPM in your clinics value based metrics.

Remain on schedule with your billing

Submit claim to Medicare every month as Medicare and Commercial MA plans generally adjudicate claims after 14 days. Monitor your EOBs and keep track of any denials so you can look to avoid any insurances not reimbursing for these services. Look for an RPM service provider that can auto generate your claims from your EMR, this increases accuracy and significantly improves your revenue cycle management. If your RPM service provider can't auto generate your claims, make sure they have suitable billing support to help your internal biller when needed.

Remote Monitoring is quickly becoming a staple medical service for nearly every Internal/Family Medicine practice and for most Specialty Practices that monitor heart health, diabetes, pulse ox, and weight. The clinical benefits are transparent; the patient/provider experience is truly unparalleled. I hope this guide inspires you to start your RPM program right away.

Remember, there are three essential components to running a successful Remote Patient Monitoring program at your clinic. Keep an eye out for Part 2 and Part 3 of The ULTIMATE webinar series to improve patient engagement and generate more revenue at your practice, for free.

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