



# Medicare Remote Patient Monitoring & Telehealth Reimbursement Opportunities

January 25, 2018

# AGENDA



**Introduction to the  
Alliance for  
Connected Care**



**Previous remote  
monitoring regulatory  
framework**



**New developments in  
RPM reimbursement**



**New developments in  
telehealth**

# ALLIANCE FOR CONNECTED CARE

## Members



# ALLIANCE ADVISORY BOARD

- Alliance for Aging Research
- Alzheimer's Foundation of America
- American Academy of Family Physicians
- American Nurses Association
- American Academy of Physician Assistants
- American Heart Association
- American Language-Speech-Hearing Association
- American Osteopathic Association
- Association for Behavioral Health and Wellness
- Children's Mercy Hospitals and Clinics
- Digestive Disease National Coalition
- Evangelical Lutheran Good Samaritan Society
- Infectious Diseases Society of America
- HealthCare Chaplaincy Network
- Indiana University Health
- Mental Health America
- National Alliance on Mental Illness
- National Association of ACOs
- National Association of Chain Drug Stores
- National Association of Homecare & Hospice
- National Council for Behavioral Health
- National Council of State Boards of Nursing
- National Health IT Collaborative for the Underserved
- National Multiple Sclerosis Society
- National Organization for Rare Disorders
- Parkinson's Action Network
- Population Health Alliance
- Stanford Health Care
- United Spinal Association
- Visiting Nurse Associations of America



# DEFINITIONS



Telemedicine is umbrella term for tools that enable clinicians to reach and engage patients outside of institutional settings, expand access to care, improve population health management and increase care coordination.



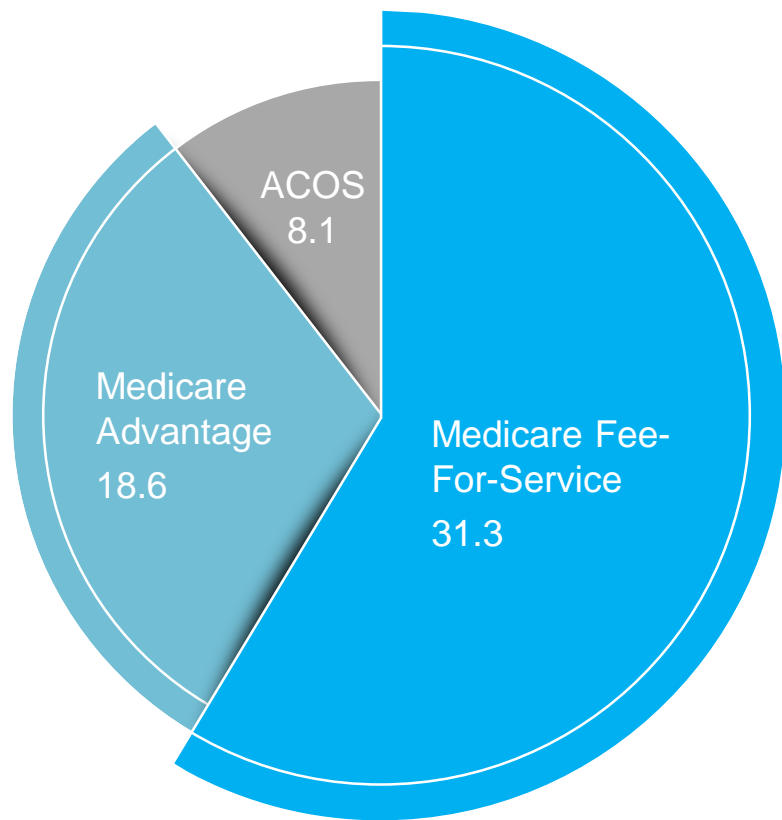
Remote Patient Monitoring is asynchronous monitoring of patient biometric data.



Telehealth is a real-time virtual visit between a provider and a patient, mainly by video.

# MEDICARE

Medicare Beneficiaries, 2017 (millions)



58 Million beneficiaries



18.6 Million in MA



10,000 seniors newly eligible per day



25% of new members join Medicare Advantage



# **REMOTE PATIENT MONITORING**

# PREVIOUS RPM REGULATORY FRAMEWORK



Confusing variety of codes



No discernable regulatory vision from CMS



Intense focus on evidence, utilization assumptions

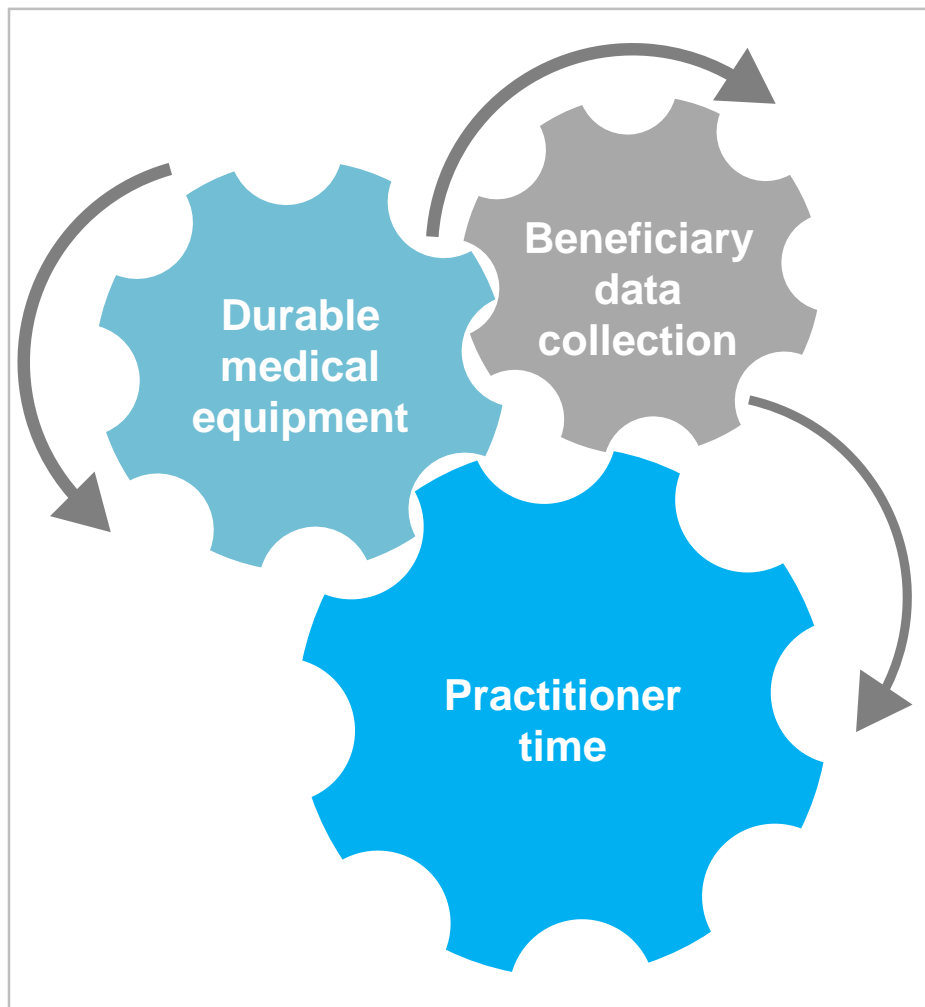


Confusion for Medicare Advantage plans



No incentives for clinicians to use it

# CLARIFYING REIMBURSEMENT STREAMS



There is no, or limited reimbursement available for:

- Beneficiary data collection
- Smart devices that complement existing DME devices.



Reimbursement is primarily for practitioner time.



CMS does not reimburse for smartphones or devices as DME. ("Smart devices like tablet computers, laptops and smartphones are non-covered by Medicare because they do not meet the definition of DME. That is because they're not primarily and customarily used for a medical purpose, one of the tests for DME.")



**NEW DEVELOPMENTS IN RPM PAYMENT  
IMPACT STARTING 2018 & 2019**

## NEW CONTINUOUS GLUCOSE MONITORING CODE



Physicians paid between \$80-\$300 for reviewing glucose data that is remotely gathered.



In January, CMS established “therapeutic CGMs” that can bill claims for two different components of reimbursement:

- The DME component
- An all-inclusive supply allowance



Dexcom and Abbott devices are currently only therapeutic CGMs



Medicare does not cover “smart devices” (phones and tablets) as medical devices, so if any part of the supplies covered by the supply allowance are for a smart device, the entire supply allowance would be disallowed



## AMA DIGITAL MEDICINE PAYMENT ADVISORY GROUP



“In order to ensure physicians are not deterred from integrating these important modalities into care delivery because clinical services utilizing new modalities do not have a clear path to payment, a comprehensive strategy was deployed to address the sometimes complex interplay between coding, valuation, and coverage guided by expert opinion, literature, and health care system data on digital medicine deployment.”



Assembled in January 2017



Consists of integrated health systems like Kaiser, Cleveland Clinic, Health Partners and UPMC. Also, technology companies like Qualcomm, and Washington associations like the App Association, and cross-enterprise AMA staff.



## PROPOSED NEW RPM CODES



AMA's DMPAG submitted **three remote monitoring codes** to the CPT panel in September. All three were approved.



The codes will be included in the CPT code set and made available to all healthcare professionals starting on January 1, 2019.

- 990X0: set-up and patient education on use of equipment;
- 990X1: device supply with daily recordings or programmed alerts transmission;
- 994X9: remote physiologic monitoring treatment management services.

# PROPOSED NEW RPM CODES



RVS Update Committee (RUC)  
met last week to value to codes.



RUC will decide by late  
spring/early summer



CPT handbook  
published in August



Physician Fee Schedule Process  
for Medicare reimbursement.  
Proposed Rule in July,  
Final rule in November.

# IN THE MEANTIME....

## CMS ISSUED RFI IN PFS

### 6. Comment Solicitation on Remote Patient Monitoring

In addition to the broad comment solicitation regarding Medicare telehealth services, we are also specifically seeking comment on **whether to make separate payment for CPT codes that describe remote patient monitoring**. We note that remote patient monitoring services would generally not be considered Medicare telehealth services as defined under section 1834(m) of the Act. Rather, like the interpretation by a physician of an actual electrocardiogram or electroencephalogram tracing that has been transmitted electronically, these services involve the interpretation of medical information without a direct interaction between the practitioner and beneficiary. As such, they are paid under the same conditions as in-person physicians' services with no additional requirements regarding permissible originating sites or use of the telehealth place of service code.



# IN THE MEANTIME....

## CMS ISSUED RFI IN PFS

We are particularly interested in comments regarding CPT code 99091  
**(Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time).**  
This code is currently assigned a procedure status of B (bundled). As with many other bundled codes, we currently assign RVUs for this code based on existing RUC recommendations, even though we have considered the services described by the code to be bundled with other services. In addition to comments on the payment status and valuation for this code (the RUC-recommended value, specifically) we are seeking information about the circumstances under which this code might be reported for separate payment.



# FINAL PFS RULE ALLOWED RPM

Response: “We agree with commenters that monitoring services can be a significant part of ongoing medical care and that we should recognize these services for separate payment as soon as practicable....

We believe that activating CPT code 99091 for separate payment under Medicare for 2018 will serve to facilitate appropriate payment for these services in the short term.”





## SUMMARY OF 99091 CODE



Reimbursement starts January 1, 2018



Allows practitioners to be paid \$56.80 per month



Cumulative of 30 minutes reviewing biometric data digitally transmitted by the patient or patient's caregiver



Code includes time spent accessing the data, reviewing or interpreting the data, and any necessary modifications to the care plan that result, includes communication with the patient and/or her caregiver and any associated documentation.



Requires annual exam by physician who is managing patient care



Requires consent by patient

A person is seen from the back, sitting at a desk and using a laptop. The laptop screen displays a video call with a male doctor wearing glasses and a white lab coat, sitting at a desk with a stethoscope. The word "TELEHEALTH" is overlaid in blue capital letters within a white rectangular frame on the screen.

# TELEHEALTH

# CURRENT STATUTORY & REGULATORY BARRIERS TELEHEALTH

Medicare payment for telehealth is limited.



Section 1834(m) of Social Security Act limits telehealth reimbursement to **rural areas**, and can only be conducted from approved “**originating sites**” to “**distant sites**” with a physician present.



Telemedicine defined as “interactive 2-way telecommunications system (with real-time audio and video).”



Annual process for securing telehealth modifiers on Part B Codes

# LIMITED MEDICARE PART B MODIFIERS

This table provides the CY 2017 list of Medicare telehealth services  
**CY 2017 Medicare Telehealth Services.**

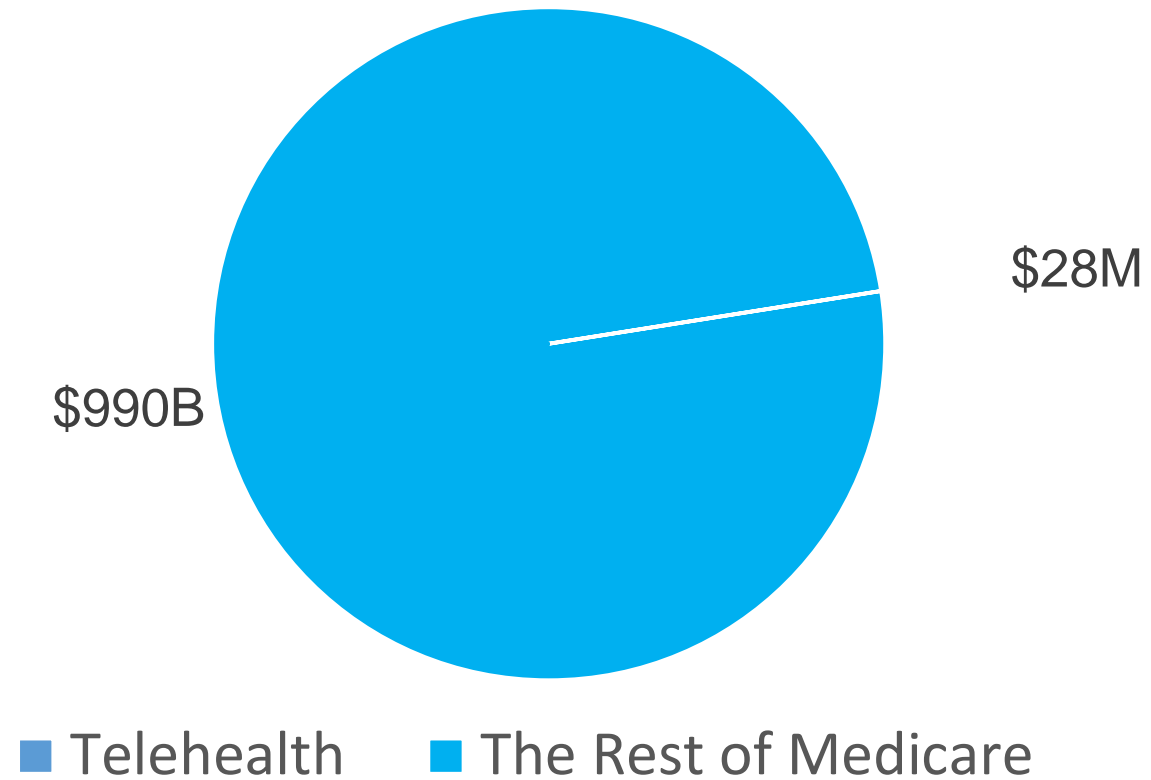
Services	HCPCS/CPT code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425—G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406—G0408
Office or other outpatient visits	CPT codes 99201-99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231-99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30-days	CPT codes 99307-99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150-96154
Individual psychotherapy	CPT codes 90832-90834 and 90836-90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90965



## IMPACT OF STATUTORY RESTRICTIONS

- **No coverage** for about 80% of Medicare beneficiaries who live in the 1,200 metropolitan counties not included in the definition of “rural.”  
.....
- **No coverage** for services originating from a beneficiary’s home (even for the “homebound”), a hospice and other common non-medical locations from which a beneficiary seeks service.  
.....
- **No coverage** for most health procedure codes.  
.....
- **No coverage** for virtual physical therapy, occupational therapy, speech-language pathology, audiology.

# MEDICARE TELEHEALTH EXPENDITURES 2016



# CHANGING 1834(M) LEGISLATIVE VEHICLES



21<sup>st</sup> Century  
Cures, 2015



MACRA,  
2015



Chronic Care  
Act 2017



Medicare  
“Extenders”

# FINALLY...THE BBA!



Allowing telehealth to be in the basic benefit of a Medicare Advantage plan



Paying for telestroke



Allowing dialysis patients to consult their physicians through telehealth, either at home or in a dialysis center.

# Section 11 of CONNECT for Health Act & HR 3482



Provides 1834(m) waiver authority to Secretary of HHS



CMS Actuary must certify cost reduction or quality improvement



Use of PFS process annually

# Evidence-Based Telehealth Expansion Act

115TH CONGRESS  
1ST SESSION

## H. R. 3482

To amend title XVIII of the Social Security Act to expand the use of telehealth under the Medicare program, and for other purposes.

---

IN THE HOUSE OF REPRESENTATIVES

JULY 27, 2017

Mr. JOHNSON of Ohio (for himself and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

# Evidence-Based Telehealth Expansion Act

115TH CONGRESS  
1ST SESSION

## H. R. 3482

To amend title XVIII of the Social Security Act to expand the use of telehealth under the Medicare program, and for other purposes.

---

IN THE HOUSE OF REPRESENTATIVES


JULY 27, 2017

Mr. JOHNSON of Ohio (for himself and Ms. MATSUI) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned


# PATIENT ACCESS TO MEDICAL CLAIMS DATA




## BLUE BUTTON INITIATIVE



Blue Button 2.0 will allow “approved” apps to tap into Medicare claims data via API.



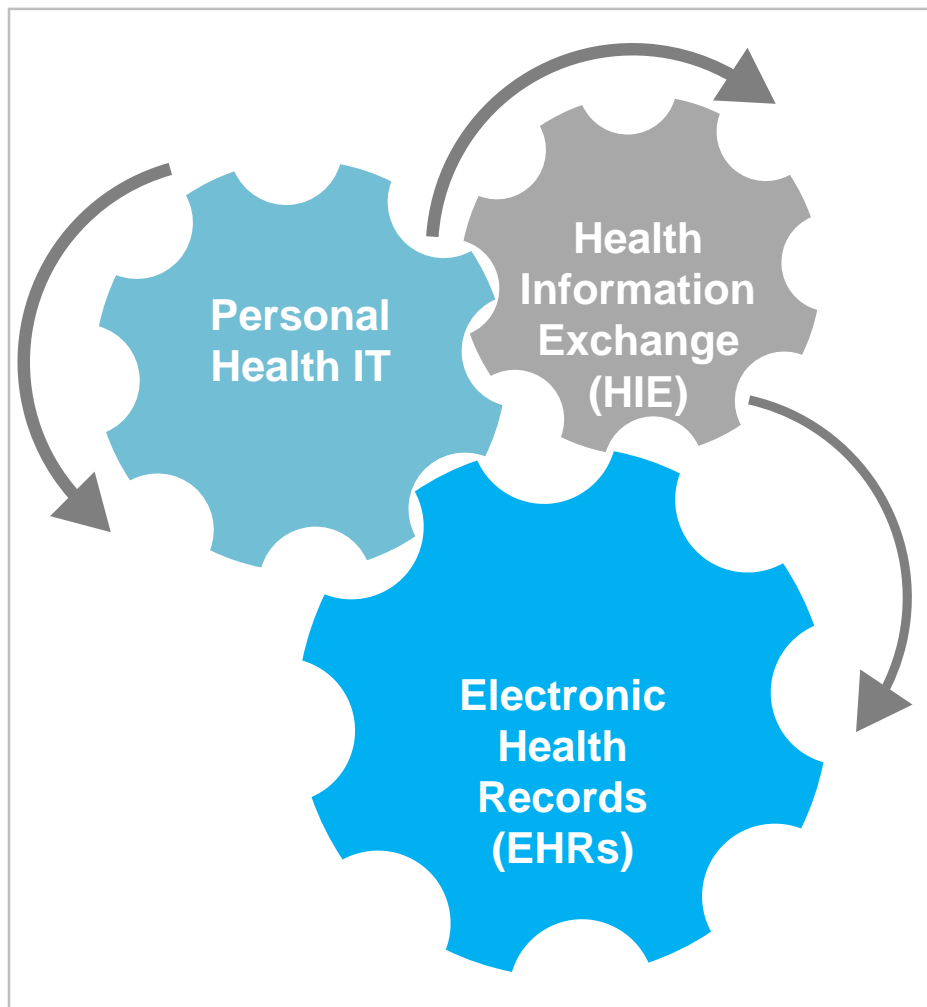
Key challenges include increasing the # of Medicare patients with a MyMedicare.gov account, and communicating to beneficiaries about the available data and Blue Button tools.



CMS priorities for ongoing work include:

- Giving health care providers proxy access rights so that they can access data on behalf of their patients.
- Encouraging and possibly requiring MA plans to adopt a Blue-Button like feature for MA beneficiaries (signaled in CY 2019 MA call letter/rate notice).

# ADVANCING INTEROPERABILITY



21<sup>st</sup> Century Cures Act defines interoperability as “*health IT that enables the secure exchange of electronic health information with, and use electronic health information from, other health IT without special effort on the part of the user, and allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law.*”



Primary regulatory vehicles for encouraging interoperability are MACRA (for clinicians) and Meaningful Use (for hospitals).



HHS OIG has ability to levy penalties up to \$1 million per instance of “information blocking.” Forthcoming regulations will define what constitutes information blocking (likely this summer).



HHS is implementing a new voluntary, trusted exchange framework whereby participants will be able exchange data if they agree to be governed by principles outlined by HHS. HHS solicited comment on draft principles; stakeholder reaction was mixed.

# QUESTIONS

**KRISTA DROBAC**

Executive Director  
Alliance for Connected Care  
[Krista.drobac@connectwithcare.org](mailto:Krista.drobac@connectwithcare.org)  
202-415-3260