



Remote Patient Monitoring Implementation Guide

bodysite

How does RPM Increase Practice Revenue?

There are two ways to generate revenue with RPM:

1. **Direct Cash Fee from Patient**
2. **Reimbursement from Medicare or Insurance.**

Whatever devices you use to monitor patient biometrics, there are opportunities to charge the patient a cash fee or to seek insurance or Medicare reimbursement. These payment methods can be used separately or in some cases, you may be able to use both to make RPM more affordable for your patients and more profitable for your practice.

Disclaimer: We cannot offer any legal advice on proper billing, documentation or reimbursement procedures. However, we have gathered data and information about best practices to consider when billing for RPM through our internal research and consultation with experts and providers already leveraging these methods. For auditing purposes and legal advice, you'll want to consult an expert about how to properly document and file for reimbursement in your practice and in your jurisdiction.

Option #1: Charge the Patient a Cash Fee

Charge as much as \$1,499 for a Remote Care Box

Like any other service, product or offering in your practice, you can directly charge the patient a cash fee for providing a boxed offering that enables remote patient monitoring. For example, providing patients with a consumer-facing boxed care solution like a "Healthy Lifestyle Kit" that includes biometric devices, additional wellness components or supplements and an accompanying digital educational program like those provided by a Remote Care solution like bodysite.com (BodySite), creates a compelling offering you can monetize for a cash fee. Many providers leverage a digital program like the 12-Week Weight Loss Roadmap on BodySite as the driving protocol behind a Weight Loss in a Box offering but also use the Weight Loss Roadmap as the default program for the Healthy Lifestyle Kit. Whereas a weight loss box might focus primarily on a remote connected scale, a broader lifestyle kit or chronic illness box may include blood pressure and activity tracking.

For example, some providers who want to closely monitor blood pressure and physical activity during a weight loss program in addition to weight, fat and other body composition measurements may use the Healthy Lifestyle Kit rather than the Weight Loss Box because the Healthy Lifestyle Kit includes not only a connected scale, but also an integrated blood pressure cuff and integrated activity tracker bracelet.

These Bluetooth devices make the box a powerful solution for remote monitoring, but when coupled with a digital program like the Weight Loss Roadmap, DashDietRx, a Ketogenic eating plan or any other program available on an educational platform like BodySite.com, the result is in a useful solution patients will pay cash for. When presented in a consumer-friendly package, rather than overtly clinical package, it can really drive revenue directly from cash fees.

In addition to the high tech devices and related lifestyle components included in the box and the resulting increased accountability from their provider, patients are getting a detailed program to support them with lifestyle modifications that they seek. On average, providers can charge at least \$499 for just the box or kit and the companion digital program, giving the practice a minimum profit of \$200-\$350 per unit, depending on which boxed care solution they're selling to the patient.

Business savvy providers can also couple the packaged offer with monthly or bi-weekly coaching sessions or calls, telemedicine sessions, supplements, or other wellness/care components to make the offering even more valuable to the patient. With a more robust package, providers charge \$599 or up to \$1,499, depending on what's being included.

Option #2: Insurance or Medicare Reimbursement

Earn about \$1,500 per patient per year.

The Centers for Medicare Services (CMS) have established CPT codes for remote patient monitoring that allow your practice to bill Medicare (also honored by some private insurance payers), for a set up fee and monitoring fees every month for each patient to whom you assign RPM as part of your care. These codes and their average reimbursement amounts are set forth in more detail in our CPT Codes section on page 12, but here is a quick summary of the 4 most common codes:

CPT Code 99453 offers reimbursement for the work associated with onboarding a new patient onto an RPM service, including setting up the equipment and educating the patient on using the equipment. The average national Medicare payment for these services is \$18.77 (one time).

CPT Code 99454 offers reimbursement for onboarding the patient to use a RPM device that transmits the physiologic data from the device to the practice. This can be billed every month. The average national Medicare payment for this code is \$62.07 monthly.

CPT Code 99457 offers reimbursement for 20 minutes time monitoring the patient data combined with interactive patient communication with clinical staff each month. The average national Medicare payment for these services is \$51.54 monthly.

CPT Code 99458 can be billed for an extra 20 minutes beyond the initial 20 minutes for RPM. The average national Medicare payment for this code is \$40 monthly.

Example of 12-Month Revenue for 100 Patients			
CPT Code Reimbursements	Amount	# of Patients	Total Revenue
CPT Code 99453 - one time	\$18.77	100	\$1,877
CPT Code 99454 - per month/per patient	\$62.07	100	\$74,484
CPT Code 99457 - per month/per patient	\$51.54	100	\$61,848
CPT Code 99458 - per month/per patient	\$40	100	\$48,000
Total Revenue			\$186,209
Total Revenue per Patient			\$1,862

For more information on the available CPT codes and details on how to decide which code to use for each patient, how to combine codes and more, visit the CPT Codes section on page 12.

A few practical notes are in order in terms of billing and reimbursement. If a patient **just has Medicare**, you don't need to call to get approval. If the patient has Medicare AND a supplemental insurance, both are billed. You don't necessarily have to call the insurance companies to check coverage because the supplement provider will work out what is covered by Medicare and what is covered by the supplement.

However, if younger, **non-medicare** patients would like to participate in RPM, no matter their insurance provider, you'll want to call to confirm coverage on the codes. Coverage for each patient will vary plan to plan. For example, the CPT codes for Margie, a 60-year old woman with Medicare, may be covered in full whereas Sally, a 45-year old woman who has Aetna, may just owe a copay of \$30, and the rest will be billed to her insurance. You'll want to check on and bill for this just like you would for other services you're billing insurance for. Some insurance companies may not reimburse yet.

So, in the example of Sally, a private insurance patient, your practice might pay a boxed care solutions provider (like BodySite) a wholesale box cost of \$149 for a Weight Loss Box or \$299 for a Healthy Lifestyle Kit. If Sally pays a \$30 copay to your practice, you would thereby offset the initial cost of the box with the copay and then begin earning reimbursements for Sally from Aetna the first month and each month thereafter—potentially as much as \$160 per month (see details and limitations in the CPT Codes section on page 12).

If you're only billing insurance and not charging a cash price for the products or goods being provided, you can ask for the RPM devices to be returned if/when the patient stops participating in RPM. This is your choice. Providers billing for the RPM CPT codes can earn between around \$160 per month per patient in insurance reimbursements, earning back the cost of the box in just a month or two, plus more in some cases. You can bill out for these CPT codes through your electronic medical record (EMR) and your EMR will submit the codes to your billers.

Option #3: Cash Price AND Reimbursement?

You may be able to charge a cash price for a remote care box and accompanying digital program even if you're seeking reimbursement from Medicare or insurance, as long as you're offering an additional service or product that is not covered by Medicare. That's why setting up RPM as a patient friendly offering and not just a device is a good approach to

revenue. (This is an area where you'll want to rely on a reimbursement expert to make sure you don't run afoul of the rules.)

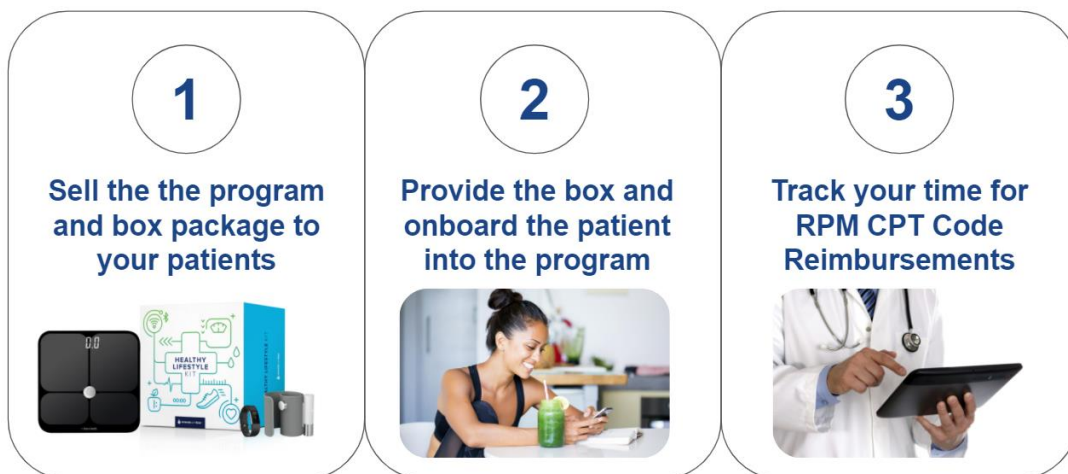
The additional product or services may include things that are part of the broader boxed care offering, like:

1. The digital education program
2. The water bottle and protein shaker
3. Stretch band and measuring tape
4. Supplements
5. Coaching

Some of providers choose to implement cash AND reimbursement to help offset the upfront cost of providing the patient with a complete boxed care solution. They may charge the patient something as small as \$99 to help offset the cost of the box and its non-reimbursable components, and then will bill using the CPT codes described in option #2. This may be able to be done because there are services, goods and products being provided outside of the device and monitoring (and not covered by Medicare or Insurance). In this paradigm, the up front cost to your practice to buy the Weight Loss Box would be reduced to just \$50 and the Healthy Lifestyle Kit would be reduced to \$200 by the cash payment. But then you'll immediately begin to earn up to \$160 monthly in insurance reimbursements, immediately giving you the ability to generate more revenue and earning back the cost of the box or kit in just over a month. And in a year, that reimbursement could add up to over \$1,500 per patient.

If the patient's insurance provider does not cover any portion of the RPM CPT codes, you should determine a cash pay price that you'll use for those types of patients.

It's easy as 1, 2, 3...





**For more information about
implementing remote patient
monitoring in your practice,
please contact us.**

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