Remote Patient Monitoring Implementation Guide

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Contents

# An Introduction to Remote Patient Monitoring

Quite simply, RPM should be used in your practice to improve patient care and increase practice revenue with less effort and no additional practice time.

For years, medical and wellness providers have watched income decline as the landscape of healthcare has forced them to see an increasing number of patients even as lower reimbursements and greater competition have **lowered revenue.** Higher insurance premiums, high-deductible plans, value-based care and other factors have created a cycle that many doctors feel trapped in. **Seeing more patients** in less time or increasing office hours just aren't reasonable solutions. Shorter time with patients puts the focus on reactive care rather than on wellness and no one benefits. More sick patients means more volume but no increase in profit margin. And that leads to **practice burn out.**
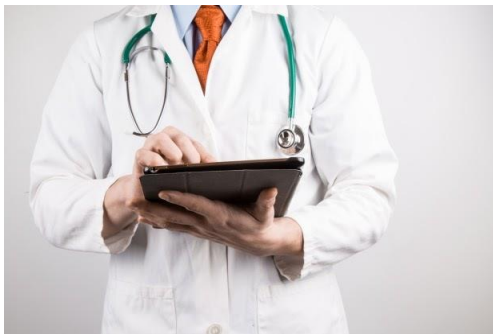
Working smarter, rather than harder, is the only way out of this cycle. Now more than ever, it is vital for your practice to focus on your patients' care beyond the four walls of the office in a way that multiplies the time you spend to the greatest benefit for the patient—and for your bottom line. After an encounter with a patient, how do you know they are keeping up with your guidance, and how often do patients actually follow what their health care provider tells them? Low patient adherence leads to less than optimal patient outcomes and ultimately puts the patient back into the doctor's office costing you and your practice more time and money.

Many digital and tele-health tools available today allow your practice to not only improve the level of care you bring to your patients, but also **generate new revenue**. One such tool is **Remote Patient Monitoring (RPM)**, which gives providers the ability to remotely monitor and guide patient care automatically with very little onboarding and at a cost that not only pays for itself, but increases practice revenue with very little effort.

New CPT codes related to RPM and the devices that are used to facilitate RPM, allow your practice to benefit from your patient's participation in using connected scales, blood pressure cuffs, pulse oximeters, activity trackers and so much more. In many cases, patients would be using these anyway. But when YOU provide these connected devices, you leverage a unique opportunity to benefit from a part of the patient cycle that healthcare providers were previously not as involved in. Administering care between visits can be

done automatically with no additional time and effort in your practice and have vastly **positive outcomes** for both you and your patients. More importantly, this efficient use of technology multiplies your time so **you can make more money.**

Remote Patient Monitoring for Chronic Condition Management

Chronic conditions account for 90% of healthcare costs in the United States but many of them are preventable or can be better managed by addressing patient behaviors. Possibilities with RPM include catching out-of-range values that can be dangerous and noticing trends that can indicate a need to change the care regimen. Such benefits can increase when combined with health-promoting care programs and support. If RPM helps patients keep measurements such as blood pressure within range, risks for serious and costly emergency situations, such as severe hypertension, may decrease.

Chronic conditions cost the U.S. over $3 trillion annually, but improved management of chronic conditions can prevent or delay many costly events such as emergency room visits and hospitalizations.

With RPM, patients have the knowledge that their data is being transmitted to their provider and they receive feedback as their data is collected. Because of this, they may better understand that someone is actively monitoring them who cares about their health, ultimately improving patient accountability. The choices patients make have a major effect on the course of their chronic conditions and health risks so with this increased accountability, patient behaviors may benefit.

RPM allows providers to receive more data about how their patients are doing, which offers them the opportunity to provide feedback where they may not otherwise have done so. Knowing patient-generated data and values and how to manage them can help patients hit their targets.

What is RPM?

This might already be obvious to you but remote patient monitoring (RPM) is a technology to enable monitoring of patients outside of conventional clinical settings, such as in a home, office or in a remote area where access to care may be limited and healthcare delivery costs may prevent necessary care. So instead of managing patient biometrics in a way that requires patients to actually come into the clinic for weight, blood pressure, blood sugar, pulse oximetry, etc., you can do all of this remotely and automatically, and get paid for it.

Growing research indicates that incorporating RPM in both lifestyle change and chronic-disease management can significantly improve care, outcomes and an individual's quality of life, by allowing the patient to maintain independence, prevent complications, and to minimize personal costs in participating in their care management. RPM makes these goals attainable by remotely monitoring and analyzing physiological parameters through the use of devices that the patient uses at home (like connected scales, blood pressure cuffs, glucose monitors) that transmit physiological parameters to the provider from wherever the patient is located.

Automated alerts to the provider about those metrics combined with remote telecommunications enable early detection and intervention when patients are not monitoring their parameters or when parameters are not in range or otherwise in need of further intervention; thereby reducing emergency department visits, hospitalizations, and the duration of hospital stays.

In response to this paradigm and to encourage adoption, the Centers for Medicare Services introduced multiple new CPT codes in 2019 that allow for reimbursement for the use of RPM. The CPT codes to use and the amounts to bill are discussed below. In addition to billing insurance, the use of RPM in a cash-pay fee for service paradigm is also a very attractive option for providers where the demographic is receptive to this.
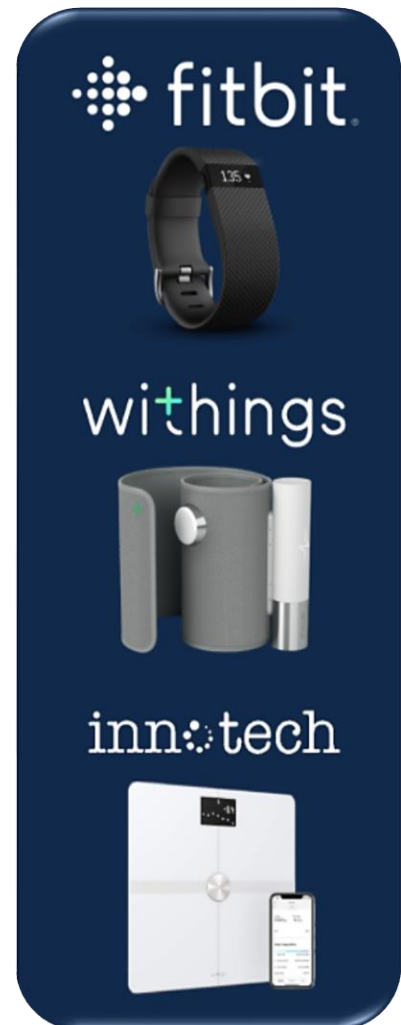
During the COVID-19 pandemic in 2020, health systems rapidly adopted remote patient monitoring technology. Within the next 5 years, the RPM market is expected to double in size. There are many companies and systems offering varied solutions but most RPM technologies follow a general architecture that consists of four components.

1. DEVICE - A device (or devices) enabled to measure and wirelessly communicate physiological parameters.
2. DATA - Data storage on a patient's smart phone or computer that interfaces with the devices and with the data repository of a healthcare provider or other platform.
3. REPOSITORY - Centralized repository to store data sent from the device.
4. SOFTWARE - A platform or application software that displays data for analysis and which generates intervention alerts and/or recommendations based on the analysis of collected data.

Depending on the disease and the parameters monitored, there are many combinations of devices, storage and applications that can be deployed to accomplish the particular objective. Physiological data such as blood pressure and subjective patient data are collected by sensors on peripheral devices. Examples of peripheral devices are: blood pressure cuff, pulse oximeter, and glucometer. The data are transmitted to healthcare providers or third parties via wireless telecommunication devices. The data are evaluated for potential problems by a healthcare professional or via a clinical decision support algorithm, and patient, caregivers, and health providers can be immediately alerted if a problem is detected. The resulting timely intervention can ensure better patient outcomes.

A complete RPM platform application should also provide education, reminders, alerts, and a means of communication between the patient and the provider.

One example of applying RPM is in diabetes management, which requires control of multiple parameters: blood pressure, weight, and blood glucose. The real-time delivery of blood glucose and blood pressure readings enables immediate alerts for patient and healthcare providers to intervene when needed. There is evidence to show that daily diabetes management involving RPM is just as effective as usual clinic visits every 3 months.

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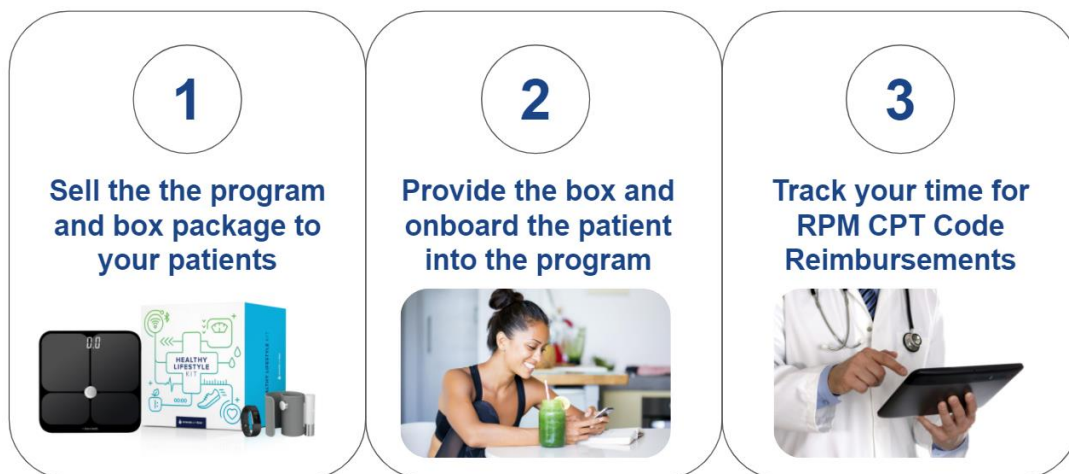
The additional product or services may include things that are part of the broader boxed care offering, like:

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…

1 Sell the the program and box package to your patients

2 Provide the box and onboard the patient into the program

3 Track your time for RPM CPT Code Reimbursements

RPM Reimbursement / CPT Codes

While trying to weigh all of your options for billing and reimbursement surrounding an RPM solution in your practice, it is important to remember that whether you choose to be reimbursed or have your patients pay cash, an RPM solution in your practice is well worth the effort for both you and your patients.

Thanks to an overhaul of remote patient monitoring CPT codes, RPM has become one of the more lucrative Medicare and Insurance care management programs. The vast majority of RPM services are now billed under four CPT codes: 99453, 99454, 99457, and 99458. There is a small payment for initial patient enrollment into an RPM program, and then a monthly base payment for management of the device and patient readings. Finally, there is an optional service for every 20 minutes of care management — which can be provided by clinical staff — up to 60 minutes total. When added together, each RPM patient can earn your practice around $160 per month (or more).

CPT code 99091
Originally, all remote patient monitoring was primarily covered under a single Current Procedural Technology (CPT®) code: 99091. This code covered "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 healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time." As a result, a recent Spyglass report shows that 88% of physicians have now invested in or are evaluating investments in it.

Code 99453
can only be used once per episode of care, which makes sense because there will only be one instance of the set-up of devices and instruction on how to use them. The average national Medicare payment for these services is $18.77. CPT Code 99453 offers reimbursement for the work associated with onboarding a new patient onto a RPM service, including setting up the equipment and educating the patient on using the equipment.

Code 99454
can be used once for each 30-day period the approved devices for monitoring and transmission of data to the contact center are in use. Each device should be coded separately. This CPT code offers reimbursement for providing the patient with a RPM device that supplies daily recordings to the provider for monitoring. The average national Medicare payment for this CPT code is $62.07 monthly.

Code 99457

covers the first 20 minutes each month that clinical staff, the physician or other qualified healthcare professionals spend communicating with the patient or caregiver about the RPM program or specific services within it. It pays the same amount regardless of how many parameters are being monitored. The average national payment for CPT code 99457 is $51.54 non-facility and $32.84 facility based physiologic monitoring services.

Code 99458

If your patient(s) require more time during the month, there is great news. A new CPT code, 99458, took effect on January 1, 2020. This code proposes paying approximately $40 for up to two additional 20-minute blocks of time in a calendar month spent on treatment management services. This new code reflects the realities of RPM and the amount of time required to optimize health outcomes and patient management. The caution is that providers must remember to bill against 99457 for the first qualifying 20 minutes each month, then use 99458 in subsequent 20-minute blocks that month.

There are additional codes that may be used specifically for Chronic Care Management such as CPT Code G2058 and CPT Code 99490. These are not as common as codes 99453, 99454, 99457, and 99458. 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.

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

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