RPM & CCM

A high-level overview

Remote Patient Monitoring (RPM)

- **What is RPM?**
  - The use of remote technology to track and assess a patient's health condition(s) and improve health outcomes
  - Allows patient care to extend beyond your office

- **Typical Devices**
  - Pulse Oximeter
  - Glucometer
  - Blood Pressure Monitor
  - Weight Scale

RPM Guidelines

- **Patient Relationship**: Requires an established patient relationship

- **Condition Monitoring**: Must monitor an acute or chronic condition

- **16-Day Requirement:** At least 16 days of data within a 30-day period

- **Billing**: Only one practitioner can bill for RPM per patient in 30 days

- **Care Management Services**: Can be billed with CCM, TCM, BHI, PCM, CPM if time and effort are not double-counted

- **Device Requirements**: Must use FDA-approved medical devices with secure data upload

- **Patient Consent**: The provider must obtain the patient's written or oral consent before billing for the program

RPM Reimbursement

On average, Medicare pays $65 per patient per month

$65 x 200 patients =
$13,000 in <u>monthly</u> revenue

$13,000 x 12 months =
$156,000 <u>yearly</u> revenue

CPT code	Description	Time
99091	Monthly review of data	30 min
99453	RPM device set up	N/A
99454	Monthly review of RPM data	16 or more days over a 30-day period
99457	Patient-provider communication related to RPM data	20 min
99458	Patient-provider communication related to RPM data	Additional 20 min

Note that CMS uses the term "remote physiologic monitoring" in their coding and billing language

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Chronic Care Management (CCM)

What is CCM?

- Coordinated care services offered to Medicare beneficiaries with two or more chronic conditions expected to last for at least 12 months or longer

Examples of chronic conditions monitored through CCM:

- Arthritis
- Cancer
- Depression
- Diabetes
- High blood pressure

- **Benefits of CCM**
  - Increased patient compliance
  - Can decrease emergency department visits, falls or worsening health

Services may include:

- Personalized care plan in a certified EHR and a copy provided to patient
- 24/7 patient access to a member of the care team for urgent needs
- Enhanced non-face-to-face communication between patient and care team
- Management of care transitions

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CCM Reimbursement

On average, Medicare pays $50 per patient per month

$50 x 200 patients =
$10,000 in <u>monthly</u> revenue

$10,000 x 12 months =
$120,000 <u>yearly</u> revenue

While services may be provided by a clinical staff person, the service must be billed under one of the following:

- Physician
- Clinical nurse specialist (CNS)
- Nurse practitioner (NP)
- Physician assistant (PA)
- Certified nurse midwife

CPT Code	Description	Time
99490	**Non-complex** CCM is a 20-minute timed service provided by clinical staff to coordinate care across providers and support patient accountability.	20-minutes
99439	Each additional 20 minutes of clinical staff time spent providing **non-complex** CCM directed by a physician or other qualified health care professional (billed in conjunction with CPT code99490)	Each additional 20 minutes
99487	**Complex** CCM is a 60-minute timed service provided by clinical staff to substantially revise or establish comprehensive care plan that involves moderate- to high-complexity medical decision making.	60-minutes
99489	Each additional 30 minutes of clinical staff time spent providing **complex** CCM directed by a physician or other qualified health care professional (report in conjunction with CPT code 99487; cannot be billed with CPT code 99490)	Each additional 30 minutes
99491	CCM services provided personally by a physician or other qualified health care professional for at least 30 minutes.	At least 30 minutes