



A Guide to Medicare’s New Remote Patient Monitoring Program

Here’s how to implement this into your practice.

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Introduction

This article explains remote patient monitoring (RPM), how to implement it into podiatry practices, and reviews how well a trial worked for a group of patients and practices. Remote patient monitoring is a new Medicare program that takes advantage of advanced technology to improve the way care for chronic disease is delivered. It offers podiatrists a way to leverage our role as experts in lower extremity care and to stay at the forefront of healthcare reform.

Change in healthcare is being ac-

celerated by an unprecedented aging of our population. America is on the verge of a demographic tsunami that is driving a transformation in our traditional fee-for-service approach to healthcare. The percentage of the US

ed a strategic approach for healthcare policy for communities and organizations ever since.² Goals of these principle are articulated as a “Triple Aim”:

- Improving the individual experience of care,

Change in healthcare is being accelerated by an unprecedented aging of our population.

population over 65 is to increase from 13% in 2010 to 21% in 2050. The number of people age 65 and over is expected to more than double from 40 million in 2010 to nearly 84 million in 2050.¹ Recognizing the need for healthcare reform, researchers at the Institute for Healthcare Improvement (IHI) in 2008 developed an organizing principle that influenced the creation of Obamacare in 2010 and has provid-

- Improving the health of populations,
- Reducing the per capita costs of care for populations.

The transformation of Medicare is driving a focus on preventative care, particularly given the high percentage of costs associated with the treatment of chronic disease. Remote patient monitoring is likely to help accelerate this change.

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What Is Remote Patient Monitoring (RPM)?

Remote patient monitoring is the use of digital technologies to collect physiological health data from patients in one location and electronically transmit that information securely to healthcare providers in a different location for assessment and recommendations. RPM services include establishing, implementing, revising, and monitoring a specific patient treatment plan related to a chronic condition. RPM may be used to promote patient self-care, monitor patients' key measures, and allow providers and patients easy access to information about patient health issues.

Remote patient monitoring aims to allow more of physician office time to be used for visits that require more complex intervention. Many RPM technologies have not had enough reimbursement attached to them to make financial sense for most physicians—until now. CMS is betting that affordable new monitoring devices will help seniors stay in their homes longer and out of the hospital. Such an approach makes sense given the rapid growth in Medicare and Medicaid spending, totaling almost \$1.3 trillion in 2017.³ RPM offers most podiatry practices the potential to earn over \$100,000 additional annual revenue. While creating an entirely new revenue stream for practices, it's CMS' belief that preventing costly complications associated with chronic disease will result in a reduction of total healthcare costs.

Considerations for Adopting RPM

Effective remote patient monitoring programs target the right conditions, promote patient adherence to data collection, and ultimately direct behavior to prevent avoidable high-cost healthcare use such as emergency room visits or hospitalizations. When considering remote patient monitoring, factors to consider include the program's effectiveness at measuring and communicating about a physiological parameter, the ease of workflow to implement into the practice and lastly, how com-

pelled patients will be to continue using the program, in some instances, indefinitely.

Bringing on RPM entails determination of the physiologic parameter that makes the most sense for the practice to monitor. The condition must be common in the practice and the reason for monitoring must be accepted by patients. The best devices will be the ones that are easy for patients to use. Onboarding entails instructing patients how to use a device and obtaining their commitment to working together to improve their long-term health. There also needs to be commitment by the practice to en-

cians to focus on providing in-person care when most warranted.

Devices

Once a physician determines which parameter to measure, he/she needs to compare different devices that can be used. The primary considerations should be:

- Patient ease of use,
- The likelihood of patient compliance,
- Accuracy of measurement,
- Cost to physician.

Medicare doesn't have specific requirements for device-proven ac-

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sure that measurements are reviewed and patients communicated with to make called-for changes.

Parameters

Measure what matters. The first consideration in employing a remote patient management program is deciding what to measure. The Medicare guidelines state that monitoring entails "physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate)". The parameter must be within the practitioner's scope of practice. There has not, as of yet, been more specific guidance beyond the provided examples as to what other conditions Medicare considers acceptable.

By 2050, half of all seniors are predicted to be obese. These 42 million people will either have diabetes or, by definition, be pre-diabetic. At \$43 billion per year, the cost of diabetic limb complications is more expensive than any form of cancer.⁴ Remote monitoring technology exists that can prevent ulceration, reduce healing time, and keep healed ulcers "in remission". RPM offers the promise of fundamentally changing the current approach to diabetic foot care by connecting patients to their risk level in real time and allowing physi-

curacy or reliability, only that devices comply (though not necessarily be registered) as an FDA device. The FDA defines RPM equipment as "wireless medical devices" that utilize wireless radio-frequency (RF) communication (like Wi-Fi, Bluetooth, and cellular/mobile phone networks) to support the delivery of healthcare."

When comparing RPM devices, practitioners will discover that some devices need to be plugged in, some charged by patients every day, and some don't need to be charged at all. There are devices that last for years while some have to be replaced every few months. Some devices send measurements via Bluetooth to a patient's cellphone, and some to a provided communication hub. Some devices send information directly to a cloud platform via WiFi, some use cellular transmission.

Medicare requires that the cost of the device be borne by the physician. Device cost should be taken into consideration with what RPM companies charge as a monthly fee. Some companies charge less for devices up front and then bill more each month for as long as the patient is using the device; some devices are more

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expensive but this is offset by lower monthly fees.

Patient Onboarding

Patient onboarding includes education about the parameters, the significance of monitoring it on a daily basis and the mechanisms for making adjustments when there is determination of what being monitored is out of sorts. Onboarding can be done in the physician's office if the device is provided on-site; sometimes it's done by the device provider remotely if the device is shipped directly to the patient.

Gaining patient trust to use RPM depends largely on the provider's level of comfort with the technology and his/her relationship with the patient. Providers need to understand how to use the RPM device prior to encouraging its use. When patients see providers struggling to use the technology, it can cause uncertainty in patients about its value in the delivery of their care.

The key to engaging patients with RPM is to make it easy. Devices work best if they require little prior knowledge about technology, easily connect to patients' smart phones or other communication devices, and seamlessly integrate into patients' daily lives. Patients will be most receptive to adopting RPM if the patient's family members are included in the engagement/education process.

Platform/Dashboard

The RPM platform allows someone the physician employs, potentially off-site and possibly a contracted vendor, to manage patients through a single comprehensive dashboard. The dashboard should offer analytic tools to report on and assess patient data, and allow the physician to integrate reports into their EHR. The dashboard should track the amount of time spent reviewing patient data, accessing other documents, and providing patient communication. HIPAA security requires separate log-ins by individuals accessing the platform.

Communication Strategy

Nudge theory contends that indirect suggestions and positive re-

inforcement can influence people's actions. The simple act of being reminded, or "nudged," to respond to reported measures on a consistent, unobtrusive basis can elicit positive health behaviors. While relevant patient-reported data capture and revenue enhancement are the primary goals of an RPM program, an ancillary benefit is stronger pa-

ers and business models to use the technology.

CPT code 99453: Patient education and set up

"Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment."

The RPM platform allows someone the physician employs, potentially off-site and possibly a contracted vendor, to manage patients through a single, comprehensive dashboard.

tient engagement. Programs will be most successful when patients have a single point of contact for technical and clinical issues. It is through the relationship building that occurs with monthly communication that patients become willing to accept RPM as a way to achieve better outcomes.

Every RPM company must fine-tune its communication strategy to not send too many alerts that are false positives nor miss significant findings by creating false negatives. Too many warnings that are not truly urgent risk patients becoming irritated and even worse, choosing to withdraw from the program. Too little communication and patients might fail to value the merit of their continued participation.

Medicare Program Overview

Remote patient monitoring became covered by Medicare in January 2018. It's significant that the new CPT codes 99457 and 99458 can be billed "incident to" and under "general supervision" rather than "direct supervision". General supervision means the service can be furnished under the billing practitioner's overall direction and control, but the billing practitioner is not required to be physically present or even within the same office building as the practice associate providing the care. The "incident to" revision aims to expand RPM reimbursement by allowing more provid-

CPT 99453 offers reimbursement for the work associated with onboarding a new patient onto an RPM service, setting up the equipment, and educating the patient on using the equipment. The 2020 national Medicare payment for these services is \$18.77.

- Patient must opt-in for the service
- Patient cannot be charged for the device.
- Device must meet the FDA's definition of medical device and capture physiological data.
- Physician must order the device.
- Anyone on staff can perform the set up and education.
- Monitoring must be for at least 16 days.
- No RVUs, a technical code
- Documentation should be based upon the provider's clinical judgment of the patient's condition and include:
 - Nature and severity of condition
 - Detailed history of condition
 - Medical necessity and clear rationale for monitoring
 - Goals to be achieved by RPM
- CMS does not reference a face-to-face requirement associated with RPM, despite having previously imposed such a requirement for CPT 99091. This omission supports the interpretation that CMS does not intend to carry forward the consent and face-to-face visit requirements for the new RPM codes.

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CPT code 99454: Device and transmission of data

“Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.”

CPT 99454 offers reimbursement for providing the patient with an RPM device for a 30-day period. 99454 can be billed each 30 days. The 2020 national Medicare payment is \$64.15.

- Device must be supplied for at least 16 days to be applied to a billing period.
- The service must be ordered by a physician or other qualified health-care professional.
- Data must be wirelessly synced where it can be evaluated
- No RVUs
- May be used with either CPT 99091 or 99457.
- There is no minimum number of measurements that must be collected each day.

CPT code 99457: Interpretation and Management

“Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month, first 20 minutes.”

CMS will reimburse for clinical staff time that contributes toward monitoring and interactive communication which includes phone, text, and email. It’s significant that in January 2020, Medicare changed the rules to allow RPM services to be delivered by auxiliary personnel who are not under direct supervision of the physician. Auxiliary personnel can be in a different location from the supervising physician. These changes permit technology vendors and other third parties who have not historically been involved in the delivery of direct patient care to engage in RPM arrangements that

support physicians and other care providers. The 2020 national Medicare payment for these services is \$51.61.

- Report once each 30 days.
- Do not report in conjunction with CPT99091.
- Do not count any time on a day when the physician reports an evaluation/management service.
- May be billed as an “incident to” service.
- Does not require live face-to-face or voice communication.

Services billed as “incident to” must be an integral, though incidental, part of the billing practitioner’s service in the course of the patient’s diagnosis or treatment. This means the practitioner submitting the bill must furnish an initial service (e.g., an E/M visit) to which the subsequent RPM services are integral and incidental, establishing the patient relationship prior to furnishing RPM. During the COVID-19

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TABLE I:
Annual Revenue per Patient

	1st Month	Month 2-12	Annual Total
Setup (99453)	\$19		\$19
Equipment + Data Transmission (99454)	\$62	\$62	\$744
Viewing Data, Communicating with Patient— Initial 20 Minutes (99457)	\$52	\$52	\$624
Viewing Data, Communicating with Patient— Additional 20 Minutes (99458)	\$42	\$42	\$252*
	\$175	\$156	\$1,639

Annual revenue opportunity of approximately \$1,500 per year per patient, or higher**

*Assumes spending additional 20 minutes for 50% of monthly communication

**Does not include cost of equipment or software

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crisis, E&M visits can be performed via telehealth.

CPT code 99458: Interpretation and Management, additional 20 minutes

“Add-on code for patients who receive an additional 20 minutes of RPM services in a given month (i.e., 40 minutes of RPM services).”

CPT 99458 allows for the physician or clinical staff, under general supervision, to provide, when the complexity of the patient’s condition warrants it, additional interactive communication beyond the initial 20 minutes. The 2020 national Medicare payment for these services is \$42.22 (each calendar month per patient).

CPT code 99091: Collection and interpretation of physiologic data

“Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digital-

ly 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, each 30 days.”

When patients with chronic conditions are remotely monitored and the physiological data indicates nothing abnormal and thus no modification of the care plan needed, it would be appropriate to bill using chronic care management code CPT 99091, “Data collection and interpretation”.

CMS will reimburse for professional time dedicated to monitoring services and does not require interactive communication like CPT 99457 to bill. However, it requires the physician to perform these services, and requires 30 minutes of time every 30 days to bill. CPT 99457 and 99091 cannot be billed concurrently. The average 2020 Medicare payment for these services is \$59.19.

How Podiatrists Can Implement RPM

Select Parameter

Physicians should focus on chronic conditions that they commonly see in their practice and that a plan of care would fall under their scope of practice. For most podiatrists, diabetic foot ulceration is the chronic condition most frequently seen that can be improved via on-going monitoring. The parameters that have been validated and that device manufacturers addressing DFUs have thus far focused on are foot temperature, plantar pressure, and patient adherence.

Identify Patients

As every state has a different Medicare carrier and because the program is so new, there are instances of some payors not recognizing these new codes. It’s expected that Medicare Advantage plans and private payors will be soon coming on board and paying

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for RPM as well. Patients have to opt-in to remote patient monitoring programs and are responsible for applicable co-payments. It makes sense to work with patients who are capable of working with new, easy-to-use technology, and who will be receptive to frequent reminders. It doesn't pay to spend much time trying to convince patients to participate if they are not enthusiastic about a program of self-care and demonstrate a likelihood of dropping out.

Select Device

Companies will be competing based on how easily they make it for practices to onboard their patients and how easy their devices are for patients to use. The best devices will easily integrate into patients' routines, will be easy to keep charged, and will work with minimal hassle. A number of companies have recently launched that offer a complimentary approach for improving diabetic foot care. They feature:

- Sensor impregnated socks that track foot temperature as a means of detecting impending ulceration,
- An innovative, adjustable boot that tracks patient activity and patient compliance for healing plantar wounds, and
- Custom diabetic inserts that incorporate sensors that measure foot temperature, pressure, and patient adherence.

Develop Office Protocols

Practices will potentially have hundreds of patients that they can enroll in remote patient monitoring. Focusing on the people implementing and using the technology, rather than the technology itself, will make all the difference in developing a successful program that incorporates a sustainable, new model of care.

Your EHR should be used to flag patients with the selected parameter and qualified payer. There should be a mechanism to remind clinicians to promote RPM to qualified patients, to educate them about its benefits and obligations, and to get their consent to participate. Some devices can be stocked and dispensed that same day, some devices need to be individually

ordered. Some devices can be shipped to patients with patients on-boarded remotely; some programs require the patients to return to the office.

The practice must spend a minimum of 20 minutes communicating with each patient every 30 days in order to bill Medicare. Twenty and sometimes forty minutes spent, per patient, per month will become a substantial time

- Improved patient self-management
- Improved access to care
- Improved use of clinical resources
- Increased practice revenue

Implementation is unfortunately far more complicated than simply providing devices, collecting patient foot information, and creating practice revenue. RPM success will be

A successful RPM program has the potential to improve the health of hundreds of patients in each practice and creates an opportunity for most offices to earn \$100,000 or more.

requirement for practices once hundreds of patients are enrolled. While Medicare reimbursement can easily cover the cost of office personnel doing the monthly follow-up, many offices will recognize the benefit of delegating this responsibility to an outside vendor.

Develop Metrics

You cannot manage a program if you cannot measure it. A successful RPM program has the potential to improve the health of hundreds of patients in each practice and creates an opportunity for most offices to earn \$100,000 or more (Table 1). The physician overseeing the program should, on an ongoing basis, track:

- # Patients enrolled
- # Patients monitored
- # Patients dropping out
- Revenue collected
- Average time to heal ulceration
- Average time of re-ulceration

It would also be valuable to do periodic surveys to assess patient satisfaction and audits to ensure that proper billing and documentation practices are being followed.

Summary

Remote patient monitoring is rapidly evolving and stands to become an increasingly vital part of how podiatrists practice. Opportunities include:

- Reduction of diabetic foot ulceration
- Reduction of overall cost of care

achieved by practices planning and starting in a limited fashion, making adjustments along the way, and slowly and steadily enrolling patients. It would not be unrealistic to start with a test group as small as 5-10 patients to get a good understanding of issues that will be encountered. Once issues are identified and addressed, practices will be much better able to streamline protocols, improve patient outcomes and make more money. **PM**

References

¹ Pritzger, P, Gallagher P, 65+ in the United States: 2010, U.S. Department of Commerce issued 2014, pp 23-2014.

² The Triple Aim: Care, Health, and Cost. Berwick DM, Nolan TW, Whittington J, Health Aff (Millwood). 2008 May-Jun; 27(3):759-69

³ <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet>

⁴ American Diabetes Association, Boulton, Armstrong, D., 'Diagnosis and Management of Diabetic Foot Complications', 2018.



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