PKG - RPM Reimbursement & Billing Guide Outline

RPM Overview

Remote Physiologic Monitoring, or sometimes referred to as Remote Patient Monitoring (RPM), is a service utilizing a medical device as defined by the FDA to monitor and capture physiological and other health data. The service must be ordered by a physician or other qualified healthcare professional and transmit (via Bluetooth or cellular) data to a health care professional for assessment. RPM provides the patient with more control of their health, and a provider an opportunity to care for their patient outside of their regularly scheduled appointments.

RPM Codes

CPT Code	CPT Code Description	Clinic Activity	When can code be billed?	CMS Reimbursement National Average*,[1]
99453	Initial patient set-up, enrollment, and education of use of equipment.	• Clinic staff has identified patients and introduces PKG to patient.	One time for set-up only.	$19.03
99454	Supply of PKG device, data collection, transmission, and report/summary services to the clinician.	• Patient wears PKG Watch & uploads data via cellular-enabled docking station weekly for a minimum of 16 days within a 30-day period.	Billed once every 30 days after a minimum 16 days of recording in a 30-day period.	$55.72
99457	RPM services by clinical staff/MD/ QHCP for the first 20 min of interactive communication.	• Clinic staff downloads PKG report from portal. • MD interprets PKG for care plan. • QHP reviews meds w/ patient & updates care management plan (nutrition, mental health, PT, PKG, etc.).	First 20 min of care management.	$50.18
99458	RPM services by clinical staff/MD/QHCP that exceeds first 20 min of interactive communication with patient; up to 2x.		Additional 20 min (Up to 2x) of care management.	$40.84

*The CMS amounts listed are just the Average National Medicare Reimbursement but do not reflect MAC pricing by state or commercial reimbursement.

RPM Codes Billing Process

99453	99454	99457	99458
This code is a one time billing code and used to bill for initial setup along with the patient education on the use of device.	This code is used to bill for monthly remote monitoring of physiological parameters including supply of device for patient use. Code does require a minimum of 16 days of device readings within a 30 day period.	This code is used to bill for the first 20 min of interactive management**.	This code can be used to bill for additional 20 min of interactive communication spent with patient up to 2x for a total of 60 min.
ONE TIME ONLY	BILLED MONTHLY*	BILLED MONTHLY*	BILLED MONTHLY*

* If monthly requirements are fulfilled within a 30 day period.
**Interactive management is any time spent on inter-service work or two-way synchronous time spent during the month.

Billing Requirements

Documentation for RPM services:

- When documenting code 99453, include the following:
  - » A physician's order for the use of the monitoring device.
  - » The medical reason and necessity for which the patient is being monitored.
  - » A signed patient's consent form for RPM services that includes device information, date of delivery and date when device training was provided.
  - » Patient's signed paper, verbal or electronic consent must be documented in patient's medical record to be compliant.
- For time-based codes 99457 & 99458, patient's medical record needs to be documented for time spent on each.

- A sample of a patient consent form and letter of medical necessity are attached at the end of this document.

Information needed to support the need for PKG device:

- Proof of medical necessity for patient's treatment is important for reimbursement.
- Medical records should include patients' medical history of treatment along with supporting diagnosis code(s).

- In reference to the ICD-10-CM official guidelines for coding and reporting, Parkinson's is referenced in Chapter 6-10: Diseases for the Nervous System (G00-G99) under codes for Extrapyramidal and Movement disorders (G20-G26)[2]. The primary DX code for Parkinson's is G20 which is a billable code but, can't be billed as a stand-alone code.
- Just as with any other medical condition, a correct billable primary diagnosis code needs to be selected with additional supporting diagnosis codes, making sure any unclassified or un-billable codes are not billed as they are not billable for reimbursement.

Types of tasks/interactions that are considered billable for RPM services: 99457 & 99458[3,4]

- Time spent in real time two-way synchronous interaction via video, face-to-face, or other kinds of data transmission.
- Time spent in non-face-to-face care management services within a 30-day period.
- Includes work related to remote physiologic monitoring such as report review, analysis, and interpretation.
- Includes any time spent in developing a patient treatment plan and treatment communication with patient/caregiver.

Documenting time-based RPM services:

- An electronic medical record's time stamp feature allows providers/QHCP/clinical staff in keeping track of time spent in "interactive communication" allowing for the cumulative time to be billed in 20 min increments; 99457 for first 20 min and 99458 for additional 20 min up to 2x for a maximum of 60 min.
- When a medical record is accessed to note prescription changes, report discussions, treatment management updates, or when a PKG report is uploaded the time counter helps to keep track of billable time spent.
- If there's no EMR system available MD/QHCP/clinical staff can document the start time and end time of the interactive communication in patient's chart.

The four areas to focus on with regards to RPM audits:

1. Basic coding rules need to be properly followed when coding and billing RPM codes. Any upcoding or down coding can lead to problems.
2. Compliance should be part of a physician's office program workflow.
3. Another area of focus for RPM rules is the number of data transmission days required, which is a minimum of 16 days of recorded data within a 30-day period.
4. Regarding "interactive communication", as defined by CMS in 2021 has been defined as a conversation that occurs in real time and includes synchronous, two-way interactions that can be enhanced with video or other kinds of data[5]. This includes time spent in non-face-to-face care management.

1. https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=4&HT=0&CT=0&H1=99453&M=5
2. https://icdlist.com/icd-10/index/extrapyramidal-and-movement-disorders-g20-g26
3. https://www.foley.com/en/insights/publications/2020/12/2021-remote-patient-monitoring-cms-final-rule
4. https://www.foley.com/en/insights/publications/2020/08/ten-medicare-remote-patient-monitoring-faqs-2021
5. https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1

FAQs

Q. Who is allowed to order or bill for RPM services?

A. Physicians and other qualified healthcare professionals can order and bill for RPM services.

Q. Can multiple providers bill for RPM services for a patient at the same time?

A. No, only one provider can bill for one device at a time during a 30-day period, regardless of whether multiple devices or services used.

Q. Do patients need to provide consent to receive RPM services?

A. Yes, a provider must secure a consent from the patient to receive RPM services prior to initiating services. The consent must include the patient's responsibility for co-pays or deductibles associated with RPM services.

Q. Can my RPM interaction be combined with a regular office visit (E&M Visit) or does it need to be a separate interaction?

A. Your RPM interaction cannot be combined with a regular office visit (E&M Visit) or billed on the same day as an E&M visit. Time for your RPM interaction must be a specific and separate interaction, and billed separately.

Q. Is there any potential out of pocket costs for each patient per month or for the term of the RPM program?

A. For Medicare beneficiaries: Yes, as RPM services are covered under their Part B benefit and are subject to a 20% copay. However, these services may also be covered if patient has a supplemental or Medicaid plan. Potential out of pocket cost for commercial plans is dependent on each patient's unique situation and insurance providers. Please check with the primary and secondary insurance providers to find out their specific coverage policies related to RPM.

Q. Should I be billing by calendar month or on a rolling 30-day period?

A. You should be billing on a rolling 30-day period, as the RPM codes are not to be reported for a patient more than once in a 30-day period regardless of the number of modalities performed.

Q. Do I need to do a prior authorization for the RPM Codes if the payer is a private payer?

A. RPM Codes are being reimbursed by an increasing number of private payers. Please check with the specific payer to see if prior authorization is required for the respective RPM codes.

Q. May Chronic Care Management (CCM) codes be used on conjunction with RPM (99453 & 99454) servicing codes?

A. Yes, both may be used. The RPM service codes 99453 and 99454 may be used to bill for the supply and training of the PKG system/device. The CCM interaction codes may be used to bill for time a physician, QHCP or clinical staff has spent interacting with a patient within a 30-day period. The only requirements for utilizing CCM codes for reimbursement would be that each patient is required to have a minimum of two qualifying chronic health conditions for codes to be eligible for billing[6].

Q. When should the 16 days of monitoring within a 30-day period be billed?

A. You are eligible to bill code 99454 when there has been a minimum of 16 days of monitoring within a 30-day period. CMS states and has clarified that the RPM codes are not to be reported for a patient more than once during a 30-day period.

Q. What CPT codes are used to bill for treatment management services?

A. Services billed under CPT 99457 for initial 20 minutes of service and CPT 99458 for each subsequent 20-minute increments up to a maximum of 60 min.

Q. What type of provider and patient interaction is required to bill for 99457 & 99458?

A. Physicians can use both codes when billing for two-way synchronous interaction as well as any time spent in non-face-to-face care management services every 30-days. Therefore, each 20-min code can be comprised of chart review, care planning, patient messaging as well are real-time audio communication.

Q. Are there any requirements when billing code 99453?

A. Code 99453 is used to bill for the initial patient set up and education of the PKG system but, only when there has been a minimum of 16 days of monitoring data collected within a 30-day period, under code 99454.

Q. Who is considered a Qualified Health Care Professional (QHCP)?

A. A Nurse Practitioner (NP), Certified nurse specialist (CNS) or a Physician Assistant (PA) are considered to be a qualified health care professional.

Q. Who is considered Clinical Staff and what services can they perform?

A. Anyone who is under the supervision of a physician or other qualified healthcare professional to assist in specified professional services who is “licensed” are considered “clinical staff”[7].

6. www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf
7. www.acoi.org/practice-management/coding/defining-clinical-staff-and-other-qualified-health-care-professionals#:~:text=A%20clinical%20staff%20member%20is,not%20individually%20report%20that%20professional

Samples of Letters

PKG-Sample Letter of Medical Necessity

[Physician's Letterhead]

10/20/2021

PD Clinicians
Dr. Jane Doe
Medicare
1234 E Iowa Ave
Colonial, ST, 99999

RE: Coverage for PKG Watch

Patient: Samuel Doe
Date of Birth: 99/99/1999
Diagnosis: [Diagnosis], [ICD-10-CM]
Group/Policy Number: [Number]
Policyholder: [Policyholder Name]

Dear [Pharmacy Director/Payer Contact Name]:

I am writing on behalf of my patient, Samuel Doe, to document the medical necessity to treat their DX Code with PKG Watch.

This letter serves to document my patient's medical history and diagnosis and to summarize my treatment rationale. Please refer to the [List any Enclosures] enclosed with this letter.

Summary of Patient's Medical History and Diagnosis
[Patient Name] is [Age] years old and was initially diagnosed with [Diagnosis] [ICD-10-CM] on [Date]. [Patient Name] has been in my care since [Date].

[Provide a discussion of the patient's clinical history, current symptoms and condition, any potential contraindications, and any relevant laboratory test results, highlighting the factors leading you to recommend use of the product]

Rationale for Treatment
[Include your clinical rationale and reasons for prescribing the product]

In summary, [PKG Watch] is medically necessary and reasonable to treat [Patient Name's] [Diagnosis], and I ask you to please consider coverage of [Product Name] on [Patient Name's] behalf. Please refer to the enclosed supporting documents for further details, and do not hesitate to call me at [Phone Number] if you have any questions or if you require additional information.

Thank you for your attention to this matter.
Sincerely,
[Prescribing Physician Name and Credentials]
[NPI Number]
Enclosures: [List any Enclosures, such as: Prescribing Information, Medication Guide, and Clinical Notes and Records]

PKG-Remote Patient Monitoring (RPM) SAMPLE Consent Form

I understand that:

- I am the only person who should be using the remote monitoring device as instructed. I will not use the device for reasons other than my own personal health monitoring. I understand that I can only participate in this program with one Medical Provider at a time.
- I will not tamper with the RPM device. I understand that I am responsible for any fees associated with misuse of the device or out of pocket expenses associated after insurance.
- I understand the device is only designed for the PKG program.
- The device is meant to collect vital readings as prescribed by my Physician and transfer those readings to an on-line service. I understand that RPM is NOT AN EMERGENCY RESPONSE UNIT. I understand that I must call 911 for immediate medical emergencies.
- I am aware that my readings will be transmitted from RPM device to a software platform in a safe and secure manner. I can withdraw my consent to participate in this program, and revoke service at any time by returning the device.
- I will do my best to take my readings every day. I am aware that a Remote Patient Monitoring Qualified Health Professional will view my readings. I will be contacted, by phone, or SMS to remind me to take my readings, review and discuss my results and progress.

I, _____ (Print your name), have read and understood the information and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid if I'm in possession of the RPM device(s).

Date: _____ (dd/mm/yyyy)

_____ Signature of Patient or Authorized Person

_____ (Relationship of Authorized Person)

pkg
by Global Kinetics

Caution: Federal law restricts this device to sale by or on the order of the physician.

The Personal KinetiGraph (PKG) is intended to quantify kinematics of movement disorder symptoms in conditions such as Parkinson's disease, including tremor, bradykinesia and dyskinesia. It includes a medication reminder, an event marker and is intended to monitor activity associated with movement. The device is indicated for use in individuals 46 to 83 years of age.

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