The Next Phase of Medicare: Telemedicine Reimbursement

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As a follow up to the prior alert on the 2019 proposed Physician Fee Schedule and Quality Payment Program from CMS, attention should be given to the significant changes in reimbursement for remote patient management and store and forward telehealth. Comments to the proposed rules as noted in the prior Health Alert are due by September 10, 2018, with a final ruling expected in November.

Not to be ignored in the proposed rulemaking is the attention being paid to the remote monitoring of patients. Included are three new Remote Physiologic Monitoring (RPM) codes retitled "Chronic Care Remote Physiologic Monitoring". The codes are CPT 990X0, 990X and 994X9. These new codes differ from the old code (CPT 99091) in several substantial respects.

- Less treatment time is required to qualify for reimbursement. CPT 994X9 requires only 20 minutes per calendar month versus 30 minutes under the old code.
- The new code offers separate reimbursement for work associated with bringing a patient on board, setting up the RPM equipment and training the patient. This is intended to incentivize providers to use these technologies.
- CPT 99091 is limited to Physicians and qualified health professionals. The new code allows RPM services to be performed by clinical staff. The old number required "incident to" billing which among other things required auxiliary personnel to be under direct supervision of a physician. Under the new code, physicians do not have to be in the building at the same time and the physician can exert general supervision via telemedicine.

Physicians should take the time to understand the Medicare billing requirements. Included in that effort should be the model business to business RPM contract addressing technology, support issues or a combination of both.

Related Services

Health Care

Health Care Industry Team

If a company is interested in RPM they should take the time to submit comments. For those already providing CCM services, attention should be given to expanding the business lines into RPM. CCM and RPM can be provided and billed for the same patient.

There are also new Virtual Care Codes. Included in these new codes are services to be provided under specific conditions:

- Virtual check-ins, officially titled "Brief Communication Technology-Based Service".
- Asynchronous Images and Video officially titled "Remote Evaluation of pre-recorded Patient Information; and
- Peer-to-Peer Internet Consults officially titled "Interprofessional Internet Consultation".

These new codes do not require the patient be located in a rural area or a specific qualifying site. The use of interactive audio or face to face video is not required and store and forward – i.e. the use of asynchronous telemedicine is allowed.

One caution and perhaps a basis for comment is that some of the proposed codes can only be used with established patients. Although reimbursement is low, practitioners should consider whether they would like to comment on this aspect of the proposed rule to suggest that use with new patients might be appropriate. There are also frequency limitations with some codes. Sometimes these limitations are frustrating and may also be discerning of a comment.

Telemedicine Bandwagon

CMS by these changes are being supportive of telemedicine as an efficient and effective approach to care in many circumstances. Providers should become familiar with these proposed new codes and determine if they wish their practice to adopt the use of telemedicine or expand its use. The time for telemedicine, although long in use, appears to have arrived.

Comments to the Proposed Rule are being accepted electronically or by mail through September 10, 2018. If you are interested in submitting comments, Butzel Long healthcare attorneys can assist in preparing your submission.

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