

# CyMedica Orthopedics Remote Patient Monitoring Billing Guide

## Introduction

The Center for Medicare & Medicaid Services (CMS) recognizes that the Medicare population is starting to grow across the country. As the population grows the number of Medicare recipients over the age of 65 is also growing which will cause strain on healthcare and how it is delivered. To better handle the increase of Medicare age recipients CMS has recognized the expansion of Remote Patient Monitoring (RPM). CMS is covering new billing codes under the Physician Fee Schedule to reimburse providers for care administered via the reviewing of data collected from communication technologies.

Remote Patient Monitoring (RPM) uses digital technologies to gather physiologic data from patients in one location (e.g., their home) and transmit that information to healthcare providers in another location (e.g., their doctor's office) for analysis. RPM devices can collect various forms of health data, including vital signs, blood pressure, heart rate, and electrocardiograms, among others. Providers can use this data to monitor patients' health conditions, provide recommendations, and/or make changes to a patient's care plan. RPM can help physicians and health care facilities reduce the overall number of hospitalizations, readmission rates, and patients' length of stay. All of these factors can help reduce the overall cost of care. CyMedica Orthopedics provider portal allows for the monitoring of the patients progress daily and allows the provider to ensure patients are being compliant with their NMES sessions.

## Remote Patient Monitoring (RPM) vs. Telehealth

Telehealth according to HealthIT.gov is "the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration."<sup>1</sup>

Remote Patient Monitoring (RPM) can be defined as the collection of health data by a patient, from nontraditional care settings and it transmitted securely to a provider which is used to monitor care, progress, and adherence to a member's treatment plan. Remote Patient Monitoring is not subject to the same restrictions that currently govern reimbursement of general telehealth services under Medicare (telehealth code 99091). Specifically, reimbursement for RPM services is not limited by geography to rural or medically underserved areas, nor is there any "originating site" restriction for RPM services. In fact, RPM services can be provided anywhere the patient is located, including at the patient's home.

## CyMedica e-vive System and Portal

CyMedica e-vive™ Neuromuscular Electrical Stimulation (NMES) is the world's first personalized closed loop muscle activation system created to deliver wireless, app-controlled NMES therapy individualized for each patient's comfort and convenience. The unique combination of three superior products simplifies the delivery of at-home NMES

<sup>1</sup> <https://www.healthit.gov/topic/health-it-initiatives/telemedicine-and-telehealth>

All codes supplied in this guide are for information purposes only and represent no statement or guarantee by CyMedica Orthopedics®, Inc. that these codes will be appropriate for every patient or payer, or reimbursement will be made in a particular situation.

treatment and actively motivates patients with their rehabilitation while also providing more visibility and predictable outcomes for physicians through a cloud-based provider portal.

In addition to the electrical stimulation therapy, the e-vive app is designed to engage the patients with their therapy and connect them with their healthcare providers. To achieve these goals, the following data is collected by the e-vive system and displayed on the CyMedica provider portal.

- 1- Capability to collect and display knee flexion, extension, and range of motion by two integrated accelerometers in the knee garment
- 2- Capability to collect and display patient's pain/ VAS
- 3- Capability to collect and display patient's activity level or steps
- 4- Capability to collect and display patient's reported outcomes including KOOS/KOOS JR surveys
- 5- Capability to collect and display electrical stimulation treatment duration and treatment intensity

These data is collected and stored real-time and securely into the CyMedica web-based provide portal for healthcare provider's remote access.

With an advanced technology of CyMedica e-vive system and remote patient monitoring tools patients are empowered to take control of their own health and gain peace of mind knowing their data can reach their health care team round-the-clock.

### **The Remote Patient Monitoring (RPM) Codes**

New Remote Patient Monitoring codes became available January 1<sup>st</sup>, 2019. These CPT codes include 99453, 99454, and 99457. The new codes are in response to the healthcare industry requesting codes that accurately describe the role of remote patient monitoring at practices that have the technological ability to collect such data.

#### **Patient Set-Up and Education**

**CPT Code 99453 (\$21\*):** *Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.*

**Note:** Do not report 99453 more than once per episode of care and the episode of care must be greater than 16 days. May be used with CPT 99457.

#### **Device and Transmission of Data**

**CPT Code 99454 (\$69\*):** *Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days*

**Note:** CPT code 99454 may not be applicable for billing and reimbursement of CyMedica e-vive system if the device is previously covered and paid under the DME HCPCS and office setup codes. This code is typically applicable to the devices provided by a provider to the patient. Episode of care must be greater than 16 days. May be used with CPT 99457.

**Interpretation and Management**

**CPT Code 99457 (\$54\*):** *Remote patient monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.*

**Note:** Reported **once** each 30 days. **Do not** use in conjunction with CPT 99091. Also, **do not** count any time on a day when the physician or qualified health care provider reports and evaluation/management (E&M) service.

*\*Amounts listed are approximate values. Reimbursement varies among MAC localities.*

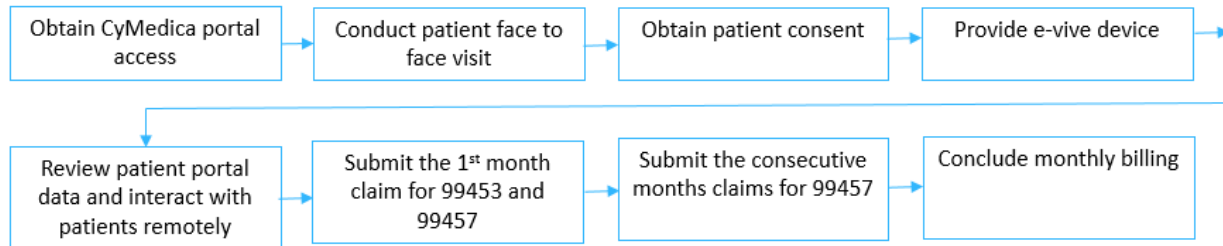
**RPM Monthly Billing Example**

The following table represents an example of Medicare fees for a monthly billing for remote patient monitoring.

CPT Code	Month 1 fee	Month 2 fee	Month 3 fee	Month 4 fee	Month 5 fee	Month 6 fee
99453 <i>(initial; set-up and patient education on use of equipment)</i>	\$21	N/A	N/A	N/A	N/A	N/A
99457 <i>(Remote monitoring for 20 min)</i>	\$54	\$54	\$54	\$54	\$54	\$54
<b>Monthly Total</b>	\$75	\$54	\$54	\$54	\$54	\$54
<b>Six months total</b>						<b>\$345</b>

## Portal Use and Documentation for Billing

The following flowchart represents the suggested steps to conduct RPM billing using CyMedica e-vive portal.



### Schedule patient face to face visit

For new patients or patients not seen by the billing practitioner within 1 year prior to billing CPT code 99457, CMS requires initiation of the service during a face-to-face visit with the billing practitioner. This face-to-face visit should be billed separately and may be an Annual Wellness Visit, an Initial Preventive Physical Exam, Levels 2-5 E/M visit, or the face-to-face visit included in Transitional Care Management services (CPT Codes 99495 and 99496).

### Obtain patient consent

For existing and new patients' consent is obtained prior to the review and billing of RPM CPT's. Patients must understand that their progress, demographics, and the data received from the provider's app will be uploaded and reviewed by their provider for monitoring and treatment program purposes. Please see the example of a patient consent form included in this guide.

### Provide e-vive system to the patient

Provide CyMedica e-vive NMES system to your patients. Each device is identified with a unique Device ID documented on the back of the e-vive NMES controller. For record retention purposes, patient sticker chart labels are provided in each e-vive box including device ID information. Device ID is needed to identify patients in the portal. Patient facing e-vive mobile app needs to be downloaded from the app stores and paired with the e-vive controller. Patients are encouraged to create a profile in the app so they can be identified easier using the e-vive portal.

### Obtain CyMedica e-vive portal access

An access to the CyMedica e-vive portal can be obtained by signing up using the following link <https://secure.cy-motion.com/>. Please contact CyMedica Customer Service [CustomerService@cymedicaortho.com](mailto:CustomerService@cymedicaortho.com) to request an access to the portal. Once User's credentials is set and a portal Business Associate Agreement (BAA) is signed, a portal account will be created.

### Review patients portal data

The data available for review includes patient’s basic demographics data (if a profile is created by the patient using e-vive app), daily electrical stimulation duration, intensity, knee flexion, extension, range of motion, pain, steps (activity), and KOOS JR. scores.

#### Prepare documentation required for billing

CMS has not issued any special guidance with respect to billing CCRPM codes. Providers should follow current billing practices and ensure that all the requirements for each code are met, such as documenting patient consent in the medical record.

#### Suggested billing practices related to RPM

Maintain a record of e-vive device ID, portal data reviewed, interactive communications with the patients, and time spent per patient.

#### Conclude monthly RPM billing

Remote Patient Monitoring billing can be conducted as long as the patient is willing and using the e-vive device and generating the data that a provider would consider necessary for assessment of health outcomes. A patient can opt-out of RPM monitoring at any time for any reason.

#### **Practice Workflow Impact**

We recommend implementing a practice workflow for RPM billing that would maximize your efficiency accessing the portal, reviewing the data, and interacting with the patients. For example, a designated and trained clinical staff at your practice can access the portal on a specific day of the week and review the data for all the patients in the portal. Patient communications can be made upon the completion of portal review. A single monthly billing submission for all the RPM related claims can be conducted accordingly.

### **Remote Patient Monitoring Frequently Asked Questions**

#### **Chronic Care Remote Physiologic Monitoring (CCRPM)**

##### ***1. Are the CCRPM Codes only available for patients with chronic conditions?***

No. Despite their name, CPT Codes 99453, 99454, and 99457 are not limited to patients who qualify for Chronic Care Management (CCM) services and are not considered CCM services under Medicare.

##### ***2. Are there patient co-pays for the new CCRPM CPT Codes 99453, 99454, and 99457 (the “CCRPM Codes”)?***

Yes. As with all Medicare services, patients are responsible for all applicable co-payments and cost-sharing amounts. Medicare Part B beneficiaries are typically responsible for a 20% co-pay each time a code is billed.

**3. *Is there a recommended billing format for the CCRPM Codes?***

As of the date of this memo, CMS has not issued any special guidance with respect to billing CCRPM codes. Providers should follow current billing practices and ensure that all the requirements for each code are met, such as documenting patient consent in the medical record.

**4. *Is CPT Code 99453 reimbursed per device or per patient? For example, if a patient has two devices that require two separate education and setup appointments, is reimbursement available for both sessions? Example includes CyMedica e-vive for bilateral patients.***

CPT Code 99453 can only be reported *once per patient per episode of care*, regardless of how many devices are used to monitor the patient for that episode of care. For purposes of RPM and CCRPM, an “episode of care” begins when the service is initiated and ends when targeted treatment goals are attained. If another device is used at some point for the same patient but relating to a different episode of care, setup and education for that device would be separately reimbursable.

**5. *Is CPT Code 99454 reimbursed per device or per patient? For example, if a patient has a condition or conditions that require two separate monitoring devices for the same episode of care, is separate reimbursement available for the supply of each device?***

CPT Code 99454 can only be billed *once per patient each 30 days*, regardless of whether the patient is using one device or multiple devices.

**6. *If a patient has multiple conditions, can we provide separate devices for each condition and receive reimbursement for the monitoring of each?***

No. Billing practitioners can only report CPT Codes 99454 and 99457 once every 30 days regardless of the number of parameters monitored or devices used.

**7. *Do the new CCRPM codes require an initiating face-to-face visit?***

Yes. For new patients or patients not seen by the billing practitioner within 1 year prior to billing CPT code 99457, CMS requires initiation of the service during a face-to-face visit with the billing practitioner. This face-to-face visit should be billed separately and may be an Annual Wellness Visit, an Initial Preventive Physical Exam, Levels 2-5 E/M visit, or the face-to-face visit included in Transitional Care Management services (CPT Codes 99495 and 99496).

**8. For purposes of billing CPT Code 99457, can the billing practitioner use time spent by clinical staff that are outsourced and located overseas?**

When a billing practitioner reports clinical staff time, the billing practitioner bills contributing clinical staff members' time on an "incident-to" basis. In general, services provided on an incident-to basis must be performed under direct supervision of the billing practitioner, meaning the billing practitioner must be in the same physical office location as the clinical staff. Therefore, if a billing practitioner reports CPT Code 99457 for clinical staff time, the billing practitioner would have to be in the same office location as the clinical staff member(s).

Though the Rule states that CPT Code 99457 describes only professional time and "therefore cannot be furnished by auxiliary personnel incident to a practitioner's professional services," CMS released a Technical Correction in March 2019 stating that message was in error and that services under 99457 can indeed be provided and billed on an incident-to basis. Notably, CMS allows for CCM incident-to services to be performed under general supervision rather than the more strict direct supervision, but has yet to make the same exception for CCRPM. When questioned, CMS has acknowledged that they plan to release guidance updating the supervision requirement for CCRPM to allow for general supervision rather than direct supervision.

**9. If a billing practitioner and/or care team bills CPT Code 99453 and 99454 for a device or devices, should the billing practitioner report CPT Code 99457 or 99091?**

It depends on the services provided. CPT Codes 99457 and 99091 are similar, but they differ in some important ways. For example, clinical staff cannot provide services billable under CPT Code 99091, and CPT Code 99457 requires live, interactive communication between the individual performing the services and the patient. CPT Code 99091 requires an aggregate of 30 minutes of time by a physician or QHCP during a 30-day time period, while CPT Code 99457 requires an aggregate of 20 minutes of time by clinical staff, physician, or QHCP during the calendar month. The billing practitioner should carefully review the requirements for each and use his/her professional judgment to determine which code the provided services fall under.

## Telehealth and Remote Patient Monitoring Frequently Asked Questions

**1. Can we use CPT Code 99091 in conjunction with CPT Code 99457 for the same patient?**

No. The 2019 American Medical Association CPT Manual (the "CPT Manual") states that CPT Codes 99457 and 99091 cannot be billed in conjunction with each other. Do not bill CPT Code 99091 and CPT Code 99457 for the same patient within 30 days of each other.

**2. Can CPT Code 99091 be billed in conjunction with CPT Codes 99453 and 99454?**

The CPT Manual indicates that CPT Codes 99453 and 99454 can be used for patient education, setup, and supply of monitoring devices that are used to provide RPM services billable under CPT Code 99091. However, time spent providing services billable under CPT Code 99453 and/or 99454 cannot also be counted as time spent providing services billable under CPT Code 99091.

**3. *If a billing practitioner clocks 30 minutes providing RPM services in a calendar month, can that time be recorded for both CPT Code 99457 and 99091?***

No. Time spent providing services billable under either code can only be counted once. Counting the same time twice would constitute duplicative billing, which is not allowed.



### Example of Remote Patient Monitoring (RPM) Consent Form

- I acknowledge that I received a CyMedica e-vive™ system (e-vive) with the associated device ID # \_\_\_\_\_ • The e-vive device provides electrical stimulation therapy and transfers e-vive app-based collected data such as your compliance with the electrical stimulation therapy, intensities, pain data, range of motion data, and KOOS survey information to the CyMedica e-vive healthcare provider website. My healthcare provider has access to this data and may monitor my progress daily and bill my insurance company monthly for their time monitoring. It is **NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORED 24/7**. I understand I must call 911 for immediate medical emergencies.
- I am the only person who will be using the CyMedica e-vive™ system (e-vive) device as instructed. I will not use the device for reasons other than my own personal health progress and monitoring. I understand that I can only participate in this program with one Medical Provider at a time.
- I am aware my daily collected data will be transmitted from the e-vive app to the CyMedica e-vive healthcare provider website. I can withdraw my consent to participate in this program, and revoke service at any time. (Name of healthcare professional) will securely and confidentially store my collected data, and may record and store my data into my Electronic Medical Record.
- I will do my best to conduct daily electrical stimulation therapy sessions, range of motion test, answer pain questions, and take the clinical surveys when guided by the e-vive app. I am aware that a Remote Patient Monitoring Qualified Health Professional will only view my readings every 30 days, and that this program is **NOT** a 24/7 Monitoring Service. I will be contacted every 30 days, by phone, to review and discuss my results and progress.
- I am aware a monthly insurance copay may apply.

I, \_\_\_\_\_ 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 as long as I'm using the CyMedica e-vive device.

Signature of Patient or Authorized Person (Relationship of Authorized Person)

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Patient name: \_\_\_\_\_

Date: \_\_\_\_\_