



The biggest questions have always revolved around two buckets for chronic care management, “What services are medically necessary and what service are billable for care management”.

CMS has provided the guidance and the direction to answer the call for these questions.

CMS has implemented the guidelines and will pay for several new CPT® codes that not only reimburse providers for various types of care they may already be providing in the interest of keeping patients healthier and out of the hospital; they also open new potential revenue streams to help ease the transition into value-based care.

Here are some of the most significant changes and additions providers should be aware of if they want to take advantage of new opportunities in telehealth and RPM.

### **CPT codes for physiologic monitoring**

As most providers know, three new codes went into effect January 1, 2019. If you are not taking advantage of them in your RPM program you should be.

Code 99453 covers the set-up of devices in an episode of care and patient education, while code 99454 covers the cost of device(s) with daily recording(s) or programmed alert(s) and can be billed each 30 days.

Code 99454 covers the actual devices uses by the patient which supply daily biometric recordings and transmissions or program alerts and transmissions, and this can be billed every 30 days. This CPT code offers reimbursement for providing the patient with a device as defined by the FDA. There is plans to further define the device definition in 2020, but there are devices that are FDA approved that are covered.

Code 99457 covers the first 20-minutes each calendar month of remote physiologic monitoring treatment management services, of clinical staff/physician/other qualified healthcare professional time requiring interactive communication with the patient/caregiver during the month.

CMS began paying for CPT code 99458 on January 1, 2020. The new code covers each additional 20 minutes (each calendar month) spent on treatment management services. Use 99458 in conjunction with 99457, which is a far more realistic reflection of what is required to properly manage an RPM program. Providers must remember, however, to bill against code 99457 for the first 20-minute time segment each month and do not report either of these codes for a time segment of less than 20 minutes

### **General supervision now allowed for 99457 and 99458**



Another important change is that began January 1, 2020, CPT codes 99457 and 99458 will be designated as care management services by CMS, which means they can be furnished under general rather than direct supervision of the billing provider. The net effect is that the physician or other qualified healthcare professional supervising the delivery of RPM services doesn't have to be located at the same site as the clinical staff actually delivering them.

### **Consolidation of consent for services**

One other welcome change for 2020 is that the multiple forms that patients covered, under Medicare Part B had to sign to give their consent for various telehealth and RPM services, are now being consolidated into a single annual consent. This is welcoming news for patients, because it removes the hassles and confusion generated by having to sign multiple forms, and for providers because it eliminates duplicate paperwork.

The only point of emphasis is that providers must explain what the patient's co-pay will be – typically 20%. Of course, if the patient has a supplemental plan co-pay is likely to be \$0.