aTouchAway™ by Aetonix Whitepaper

2020 Reimbursement Guide

for Chronic Care Management

Remote Patient Monitoring

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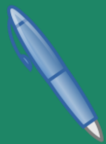
The final rule for the 2020 physician fee schedule is out.

All existing codes have been retained. Some new codes have been added. Some rules have been changed. Such changes have been beneficial to implementing a chronic care management program fitted with remote patient monitoring. In this strategic guide, we show you how. Get a refresher on chronic care management, or the value addition aspect of remote care. The emphasis of this guide is on multiple reimbursement scenarios. Jump ahead to sections that interest you.



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KEY CHANGES TIME

For chronic care, you can now increase minutes spent on the patient in installments of 20 minutes (60 mins per month max), without it being a case of complex CCM. Previously, it went straight from 20 min non-complex CCM to 60 min complex CCM.

For remote care, you can now increase minutes spent on the patient in installments of 20 minutes (60 mins per month max). Previously, 20 mins a month was the max.

KEY CHANGES

Supervision

For BOTH chronic care management and remote patient monitoring, general supervision will now suffice. Meaning the billing practitioner does not need to be in the same building when the service is being furnished. Previously, only chronic care management had general supervision. Uniform general supervision definitely simplifies things when it comes to managing a program that has both chronic care management and remote patient monitoring.

KEY CHANGES

Concurrent billing for transitional care management

It is now possible to bill Transitional Care Management in the same month as chronic care management and remote patient monitoring. Previously, this was not possible. This is only applicable for moderate to high complex cases however.

By the way the language is structured in the billing codes, the following **3 Strategic Considerations** emerge

1 DO YOU HAVE CLINICAL STAFF?

Clinical staff is necessary for scaling up and building a full-fledged program. But doing the work oneself is a monetarily attractive proposition, albeit time consuming.

2 WHAT IS YOUR PLACE OF SERVICE? (POS)

CMS makes it clear that the billing practitioner should report the place of service (POS) as the location where they would ordinarily provide face-to-face care for the beneficiary. Non-Facility settings pay more, but would lack the resources to manage a program that a hospital would have.

3 WHAT IS THE DEGREE OF COMPLEXITY?

Moderate to high complexity cases are naturally more profitable as they require more complex decision making. The condition of the patient will of course dictate the course of action, but it is important to bear in mind that complex and noncomplex cases are mutually exclusive on a monthly basis. They cannot be billed together.

PAYMENT

Group	Code	Non Facility	Facility
Initiation	G0438 (Initial Visit)	$164	$164
Initiation	G0439 (Subsequent visit)	$109	$109
Initiation	CPT 99495 (Transition from hospital to home. Only for Complex)	$175	$119
Non-Complex CCM	CPT 99491 (Without Clinical Staff)	$84	$84
Non-Complex CCM	CPT 99490 (With Clinical Staff)	$42	$32
Non-Complex CCM	G2058 (Additional Time)	$38	$29
Complex CCM	CPT 99487 (With Clinical Staff)	$93	$53
Complex CCM	CPT 99489 (Additional Time)	$47	$27
RPM	CPT 99091 (Without Clinical Staff)	$58	$58
RPM	CPT 99453 (With Clinical Staff)	$19	$19
RPM	CPT 99454 (With Clinical Staff)	$64	$64
RPM	CPT 99457 (With Clinical Staff)	$52	$32
RPM	CPT 99458 (Additional Time)	$42	$26

WITHOUT CLINICAL STAFF

1st Year

G0438 *(Initial visit to be initiated into the program)*

CPT 99491 *(30 mins of professional time)*

CPT 99091 *(30 minutes of time spent on collection, storage, transmission and interpretation of data)*

2nd Year

Everything remains the same, except G0439 (subsequent visit) for returning patients instead of G0438.

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1st Year

WITH CLINICAL STAFF

G0438 *(Initial visit to be initiated into the program)*

CPT 99490 *(20 mins per month of general supervision of non-face to face care.)*

G2058 *(20 additional mins per month of general supervision. Can be used two times max)*

CPT 99453 *(RPM set up and patient education)*

CPT 99454 *(Device supply and daily recording per month)*

CPT 99457 *(20 mins per month of general supervision of RPM services requiring interactive communication)*

CPT 99458 *(Additional 20 mins per month of RPM services. Can be used two times max)*

2nd Year

Everything remains the same, except G0439 (subsequent visit) for returning patients instead of G0438. Also, no need for CPT 99453 has it is a one-time fee.

MODERATE TO HIGH COMPLEXITY CASES

1st Year

G0438 *(Initial visit to be initiated into the program)*

CPT 99596 *(Transitional Care Management. Another component of initiation after a discharge)*

CPT 99487 *(60 mins per month of general supervision)*

CPT 99489 *(30 additional mins of general supervision)*

CPT 99453 *(RPM set up and patient education)*

CPT 99454 *(Device supply and daily recording per month)*

CPT 99457 *(20 mins per month of general supervision of RPM services requiring interactive communication)*

CPT 99458 *(Additional 20 mins per month of RPM services. Can be used two times max)*

2nd Year

Everything remains the same, except G0439 (subsequent visit) for returning patients instead of G0438. No CPT 99596 if there isn't a discharge or transfer. Also, no need for CPT 99453 as it is a one-time fee.

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	Annual Revenue for 100 Patients
Without Clinical Staff (Non-complex Care) 60 minutes of professional time per month per patient (30 for CCM + 30 for RPM)	$186,800
Clinical Staff (Min Non-complex Care) 40 minutes of general supervision per month per patient (20 for CCM + 20 for RPM)	$171,900 (Facility) $207,900 (Non-Facility)
Clinical Staff (Med Non-complex Care) 80 minutes of general supervision per month per patient (40 for CCM + 40 for RPM)	$237,900 (Facility) $303,900 (Non-Facility)
Clinical Staff (Max Non-complex Care) 120 minutes of general supervision per month per patient (60 for CCM + 60 for RPM)	$303,900 (Facility) $399,900 (Non-Facility)

Clinical Staff (Min Complex Care)

60 minutes of general supervision per month of moderate to high complex cases per patient (30 for CCM + 30 for RPM)

	Annual Revenue for 100 Patients
With 20 Mins of RPM	$209,900 (Facility) $286,800 (Non-Facility)
With 40 Mins of RPM	$240,200 (Facility) $337,000 (Non-Facility)
With 60 Mins of RPM	$271,400 (Facility) $387,400 (Non-Facility)

*There is no cap to Max Complex Care, as one can add as many CCM 30-minute installments as needed for the patient.

Final Takeaway

- Understand what type of CCM program you want to develop based on the complexity of the care.
- Find an appropriate RPM program that complements your level of need from a CCM program.
- Any CCM program containing only complex cases will start reimbursement at $209,900 per year, for only 20 minutes of RPM
- For non-complex cases, the absolute bare minimum reimbursement is $176,900, for only 20 minutes of RPM. However, this number quickly surpasses the minimum for complex cases if more CCM and RPM minutes are added.

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THANK YOU FOR READING

I hope you found this guide informative. Are you interested in learning more about remote patient monitoring, and everything that comes with it? Visit our website at www.aetonix.com. Also check out The Remote Care Intel, a bi-weekly report on the latest and greatest from the remote care sector. Email me any questions at rahat.haque@aetonixsystems.com. Or let us know on any of our social media channels below.