

# Remote Care Management; Post Covid and Beyond

How to take Advantage of the Acceptance of Patients  
and Practitioners of Telehealth Technology

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# Today's Speakers

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## PRESENTERS



**Paul Huffman**

VP of Sales & Business  
Development  
MD Revolution

## ORGANIZER



**Sydney Powell**

Marketing  
Revele

**GUARANTEED 10% INCREASE IN CASH FLOW.**

# Conquer the New Age of Healthcare Reimbursement

Bringing together robust data, intelligent claim handling & performance consulting for a richer revenue cycle.

- Clinical Coding
- Professional Services
- Patient Pay
- Denial Management
- Healthcare Analytics



# Agenda

What will we be talking about today?

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- Telehealth
- Remote Patient Monitoring
- Programs to Close “Gaps in Care”
- ...and more!!!



## Telehealth “Category 3” Changes in 2020- 2021 (Will Expire after PHE ends

- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99336-99337);
- Home Visits, New Patients (CPT codes 99341-99345);
- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285);
- Nursing facilities discharge day management (CPT codes 99315-99316);
- Psychological and Neuropsychological Testing (CPT codes 96130-96133; CPT codes 96136-96139);
- Hospital discharge day management (CPT codes 99238-99239);
- Critical Care Services (CPT codes 99291-99292);
- End-Stage Renal Disease Monthly Capitation Payment codes (CPT codes 90952, 90953, 90956, 90959, 90962); and
- Subsequent Observation and Observation Discharge Day Management (CPT codes 99217; CPT codes 99224-99226).

## Permanent Changes for Telehealth beyond the PHE (Public Health Emergency)

- E/M Codes for Established and New Patients
- Group Psychotherapy (CPT code 90853);
- Psychological and Neuropsychological Testing (CPT code 96121);
- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335);
- Home Visits, Established Patient (CPT codes 99347-99348);
- Cognitive Assessment and Care Planning Services (CPT code 99483);
- Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211); and
- Prolonged Services (HCPCS code G2212).
- Transitional Care Management (was already covered prior to PHE)

**Source:** <https://www.cms.gov/files/zip/list-telehealth-services-calendar-year-2021.zip>

# Audio Visual Check in for Direct Supervision

## Direct Supervision via Telehealth

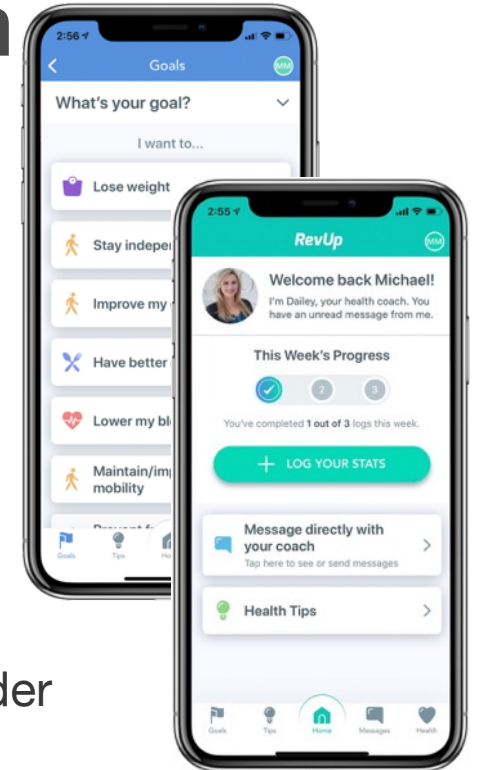
- Real Time interactive Technology must be used
- No physical presence required
- Physician must be Immediately available to engage if needed

## Billing Implications

- Open opportunities for “incident-to” billing
- Auxiliary personal can now provide telehealth services on behalf of the billing provider
- CMS will continue to review and decide whether to make this decision permanent

## Use Cases

- Transitional Care Management
- E/M Visits
- Audio-only or Virtual Check-ins



# Changes to Remote Patient Monitoring for 2021

- **Update and Clarification for CPT 99453 and 99454 (Setup and Monthly Connection)**

- “In summary,” CMS said, “we are clarifying that CPT codes 99453 and 99454 should be reported only once during a 30-day period; that even when multiple medical devices are provided to a patient, the services associated with all the medical devices can be billed by only one practitioner, only once per patient, per 30-day period, and only when at least 16 days of data have been collected; and that the services must be reasonable and necessary.”

- **Update for CPT 99457 and 99458 (Patient Monitoring)**

- “We agree with commenters that our description of the required 20 minutes of time associated with CPT codes 99457 and 99458 should include care management services, as well as synchronous, real-time interactions,” CMS wrote. “That is, we agree that ‘interactive communication’ as we defined it in the CY 2021 PFS proposed rule contributes to the total time, but is not the only activity that should be included in the total time.”

# Now What???

- Now that patients and providers are more comfortable with remote care what is next?
- How does a practice implement new services in our new "normal"?



**A message  
from your  
RevUp Health Coach  
Dailey:**

Hello,

My name is Dailey and I am your personal RevUp nurse. I have had the pleasure of working with many of you already online. For those who I have not met, I will be reviewing the information you log, and keeping your health care provider updated in between visits. I look forward to helping you reach your health goals and supporting you on your health and wellness journey!

In a recent survey of 680 physicians by Deloitte, 83% expect patient-generated data from wearables, apps and devices will be integrated into care delivery in the next 5-10 years. Yet practically none of them do it today.

84% of surveyed physicians believe care teams will be sharing their patients' health data in a streamlined way. Yet practice's EHRs generally do not have this capability, especially across system boundaries.

Physicians also estimated 30% of their work could be performed by nonphysicians and 29% of their work could be done outside of the clinic. But how and by whom?

<https://www2.deloitte.com/xe/en/insights/industry/health-care/physicians-guide-value-based-care-trends.html>

Your practice is built for 1:1 patient care



1:1 patient care was forced to virtual in 2020





We are on a mission to partner with physicians and practice leaders who want to bring Care Innovation into their practice

"This is how I can best care for you"

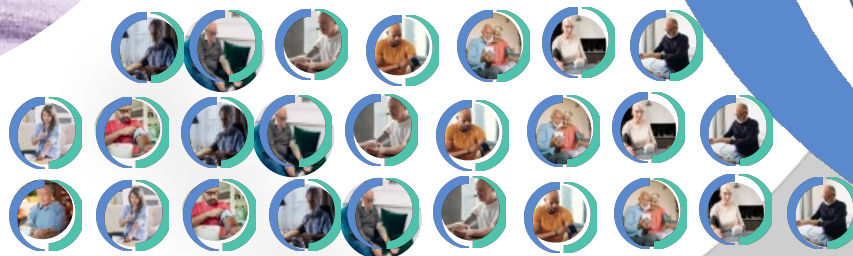


Eligible Patients



Patients with Issues

Claims Creation





# Remote Patient Monitoring Codes

National Average

99453 - RPM Setup Code

**\$19**

One-time setup code for patient education related to remote patient monitoring and devices.

99454 - Monthly Connection

**\$64**

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.

99457 - Patient Monitoring

**\$51**

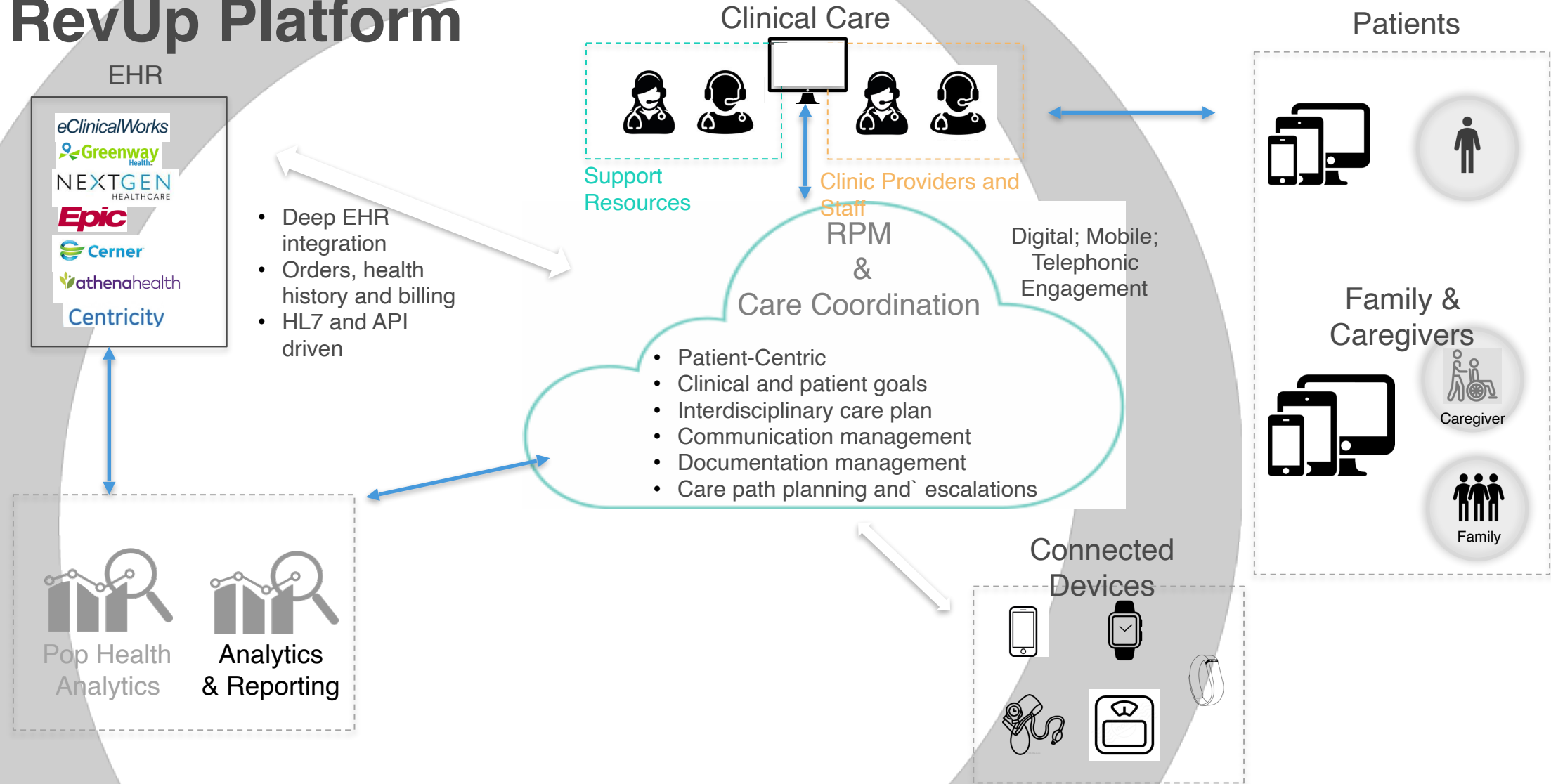
Remote physiologic monitoring treatment management services, 20 minutes or more of healthcare professional time in a calendar month ***requiring interactive communication*** with the patient/caregiver during the month.

99458 - Add on monitoring

**\$42**

Additional 20 minutes of care management and treatment. Same requirements as 99457.

# RevUp Platform



# Hub RPM Options

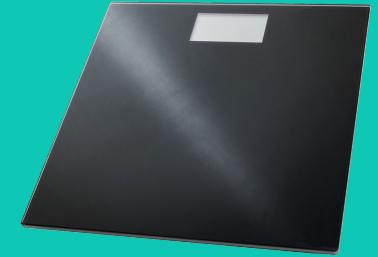
- Cellular-connected home hub device provides configuration free device connection, on demand support and **emergency response**.
- Kit includes hub, emergency response pendant and one or more prescribed devices.



Hub



Emergency Response



Scale



Blood Pressure Cuff



Glucometer



Pulse Oximeter



Thermometer



Spirometer

# Non Hub Options

- Cellular, WiFi or Bluetooth connected Devices
- Usually requires upfront purchase of the devices along with a small monthly data plan (if cellular).
- Usually less expensive, but with upfront cost
- Self Contained devices without Hub connection
- Connected only when submitting readings
- Hard to establish interactive communication with the patient.
- Inventory and logistics are usually left up to the practice or the health system

Blood



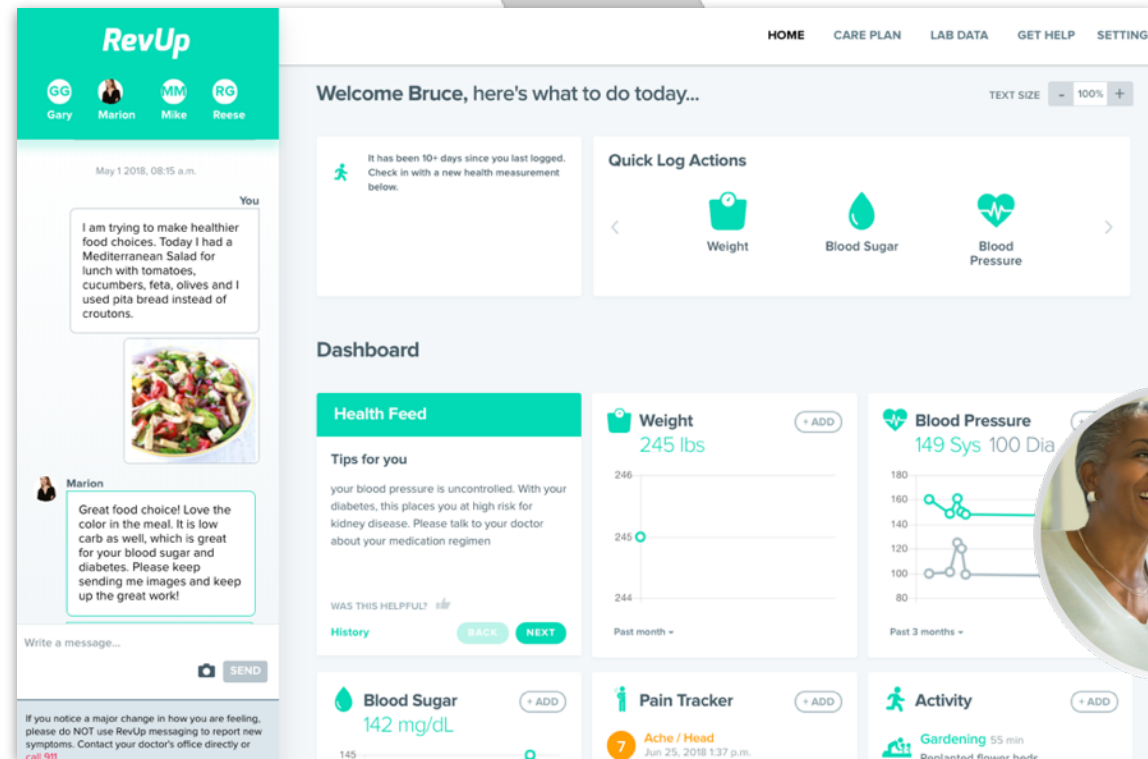
Glucometer



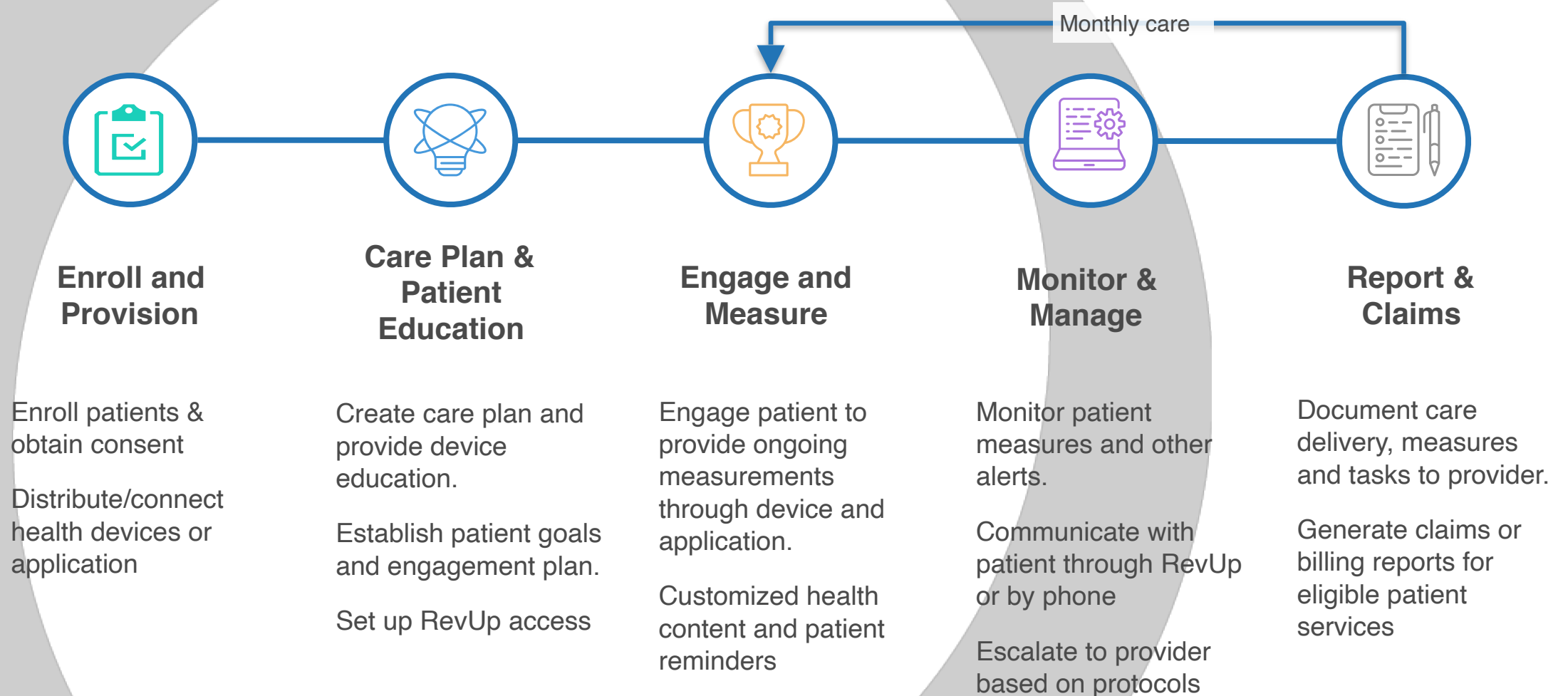
# Digital Engagement Tools Can Enhance all Patient Visits

## Patient platform functionality

- iOS, Android and responsive web applications
- Analytics-driven self-management reminders & recommendations
- Secure clinical care team messaging
- Goal setting, educating and monitoring, care plan viewing
- “QuickLog” drives engagement for vitals tracking with text/email alerts
- Integrated personal health device data (Healthkit, FitBit, and Withings)

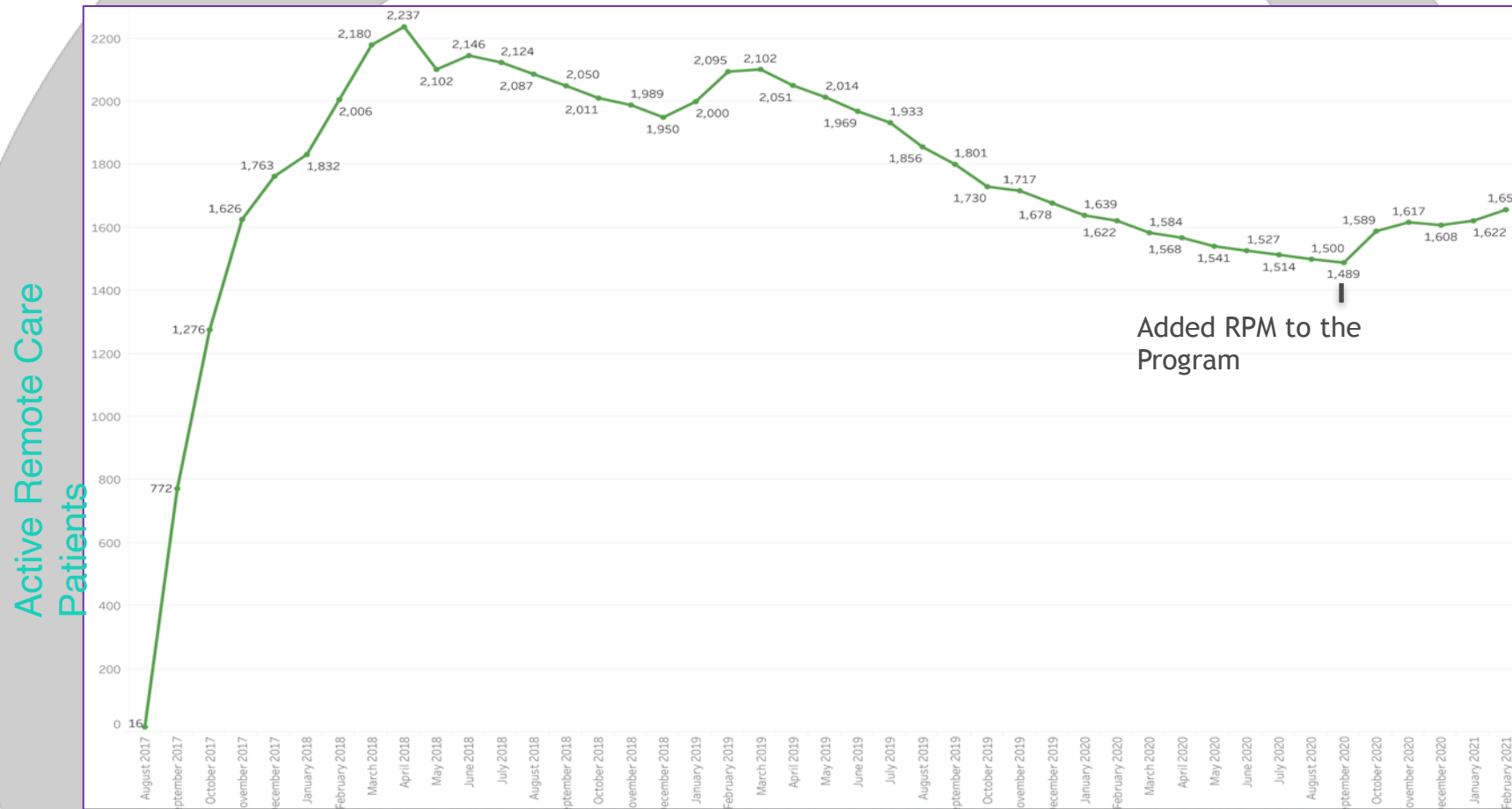


# Remote Patient Monitoring Patient Workflow





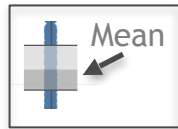
# A Picture of Sustained Remote Care Management Success



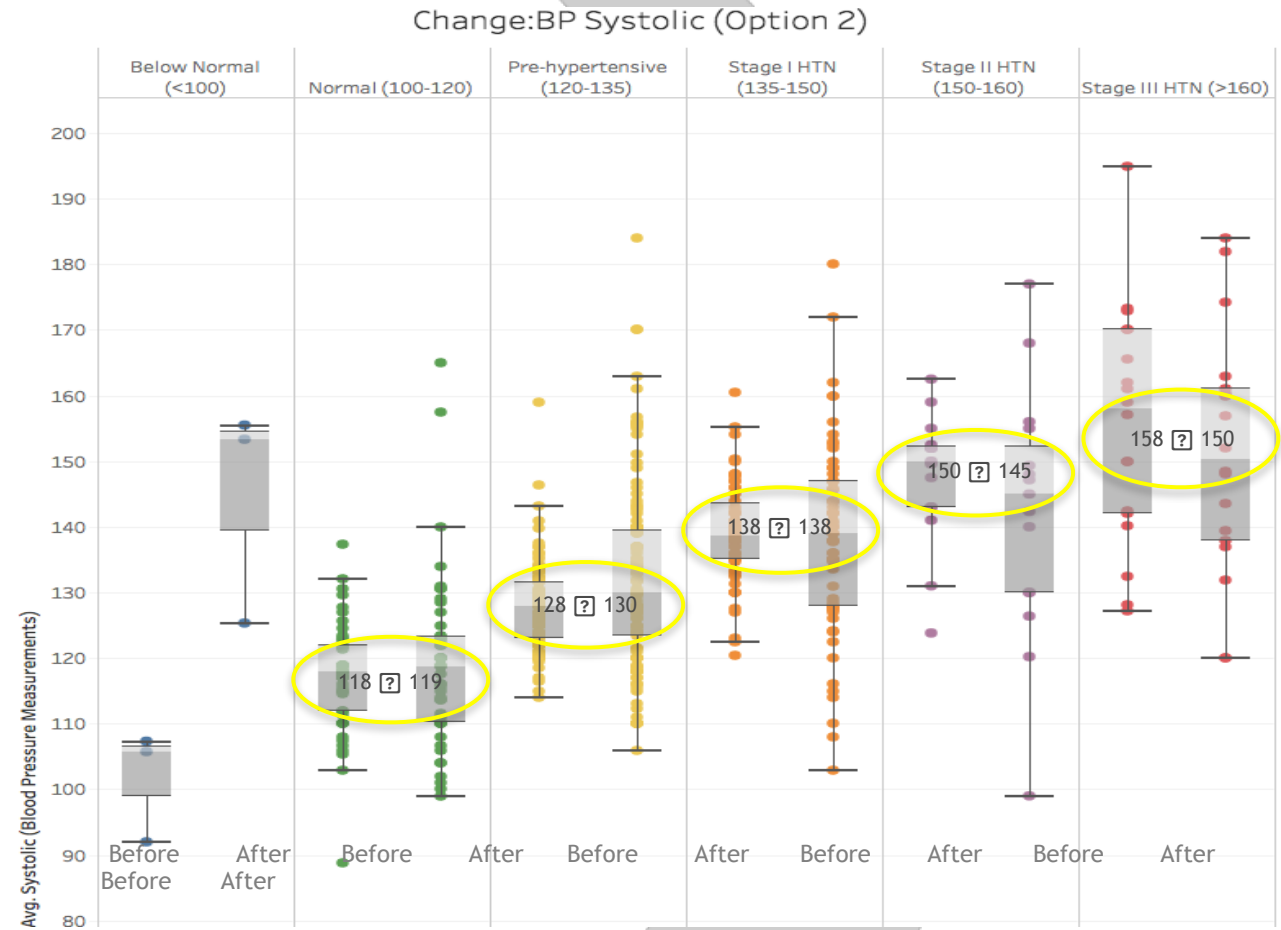
- MD Revolution provides full-service Remote Care Management
- 12-Physician Cardiology Practice has billed 59,312 Monthly CCM Claims since August 2017
- Scaled to over 2,000 active patients in 7 months
- Nearly \$1.5MM in Practice net revenue/key value-based initiatives report back to ACO
- Ramping up RPM will provide another \$100,000/month to the Practice
- No additional staff required at the Practice



## Current/Active CCM Patients Reporting BP Values



Before values are average measures in first 30 days  
After values is average measure after 90 days





**REVELE**



**MD** Revolution

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## Questions?

Thank you for attending. A recording of this presentation will be sent following today's webinar.

