

## Q&A Summary

### Remote Patient Monitoring – Real World Implementation August 23, 2022

The following questions were submitted during the LIVE Webinar session held on August 24<sup>th</sup>, 2022. This Q&A document is purely for informational purposes and is not an exact transcription. CTRC does not provide legal advice or coding services. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned below. For more information or questions, contact CTRC at [CalTRC@OCHIN.org](mailto:CalTRC@OCHIN.org)

**Q: What are the criteria to bill for RPM?**

A: The RPM service must be ordered by a physician or other qualified healthcare professional such as a NP, PA etc. Patients must be monitored for at least 16 days to be applied to a billing period in order to bill for 99454

**Q: Did the PHE temporarily change some requirements for the number in usage for the patients?**

A: CMS in 2021 (during the pandemic) requires the patient to submit at least 16 days of device readings during the 30-day period. We were unable to locate anything in the PFS that knocks that time down at all.

**Q: would the 98975 be charged when the patient comes to the office for training or also done remotely?**

A: I am not finding anything about excluding remote setup for using this code for Remote Therapeutic Monitoring.

**Q: Are there unique codes for billing RHC's and FQHC's?**

A: Yes! Between July 1, 2020, and the end of the Covid-19 PHE, FQHCs and RHCs should use HCPCS code G2025 to identify services furnished via telehealth. Claims with G2025 will be paid at the \$92 payment rate.

**Q: Is there a group/resource that has information specific for FQHC's? Often times payment is different and what is allowed is different. Even the codes are different. Do some of these codes roll up into any G codes?**

A: Here is a link to the CMS.gov list of Telehealth Services which was updated in June 2022. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

**Q: Given that this can improve patient outcomes and reduce costs, are you familiar with any payers providing these devices to patients at no cost?**

A: Hi! Here is a link to the telehealth.hhs.gov website and current funding opportunities for telehealth - <https://telehealth.hhs.gov/funding-opportunities/>

**Are there additional programs, equipment, and licensing that need to be purchased?  
What are the additional costs?**

A: The Journal of Telemedicine and Telecare found that equipment purchasing, servicing, and monitoring cost of RPM programs ranges from \$275-\$7k annually per patient.

**What are the technical requirements for remote monitoring? Are there roadblocks caused by technical resources? Any workarounds?**

A: RPM devices need to be electronically connected, which is often accomplished via a cellular data plan or Bluetooth capabilities. Connectivity in the patient home can be an issue, but one that is solved by providing the patient with a phone with a data plan through your EHR vendor.

**Q: In your experience, what are the singular biggest challenges with RPM implementation on the care delivery side and on the patient side, and what are some ideas to address them?**

A: On the care delivery side, it's about who's going to own the stress and hot potato of the technology. It's called Tech Stress and we saw it during the height of the pandemic when technology support was sometimes landing on the shoulders of rooming staff who may not have the technical background to support this. So really, outlining who is supposed to do what and making sure they are supported in that role is key.

On the patient side, connectivity I think is one of the biggest areas we've seen patients struggling with. In some areas, there may not be robust broadband services available. There are grants and programs like the ACP and Lifeline Program that exist to help support that. Also again, create your patient-facing information and keep making it easier for them. When you think it's easy, make it easier one more time. Keep your patient population in mind when creating these resources.