

# Digital Health Update (Part 1)

## RPM, RTM, and More in the Medicare PFS CY 2025



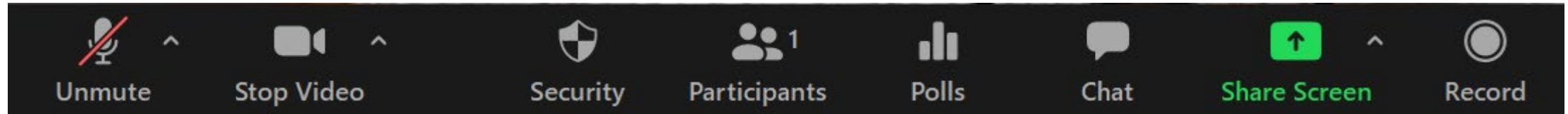
November 12, 2024

# Before We Get Started

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# Zoom Tips



## Muted on Entry

You are muted on entry.

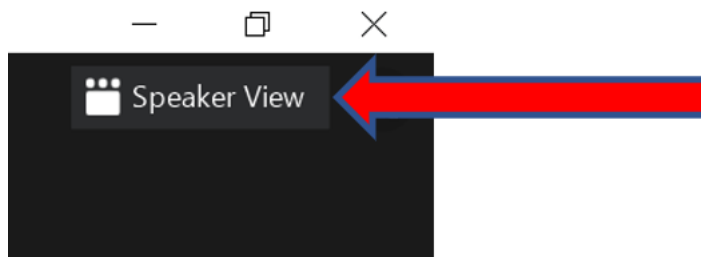
## Open the Chat & Q&A

Please open the chat and use it liberally; we want to hear from you!

Send comments and feedback to **"Everyone"**

## Session Recording

We are recording today's session to capture LIVE responses. The recording will be made public on YouTube @CaliforniaTRC.



## Speaker View vs Gallery View

At the top right of your screen you can change the video panel to just show the main speaker, or to gallery view to see the speaker and other participants, depending on your preference.

# Medicare Final Physician Payment Rule

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## Part 1

- Remote Physiological Monitoring/Management
- Remote Therapeutic Monitoring/ Management
- General care management services in RHCs and FQHCs
- Advanced primary care management services
- Digital Mental Health Treatment (Remote)
- FQHCs and RHCs

## Part 2 ([Link](#))

- Telehealth – PHE Flexibilities
  - Originating Site
  - Geographic restriction
  - In-Person Requirement – Mental Health (Geographic and Originating Site)
  - Other Service Exceptions to Geographic and Originating (ESRD, Ambulance)
- Telehealth Flexibilities for Substance Use Disorder Treatment (“SUD”)
- Definition of “Direct Supervision”
- General Supervision for All Physical Therapy and Occupational Therapy Services
- New Advanced Care Management Services
- Congress

# Medicare Remote Management

PHYSIOLOGICAL		THERAPUETIC	
<b>Initial Set-up and Patient Education on Use of Equipment</b>	<b>99453</b> CMS coverage and payment: Remote physiological monitoring; <b>initial set-up and patient education on use of equipment</b>	<b>Initial Set-up and Patient Education on Use of Equipment</b>	<b>98975</b> CMS coverage and payment: Remote therapeutic monitoring (eg, therapy adherence, therapy response); <b>initial set-up and patient education on use of equipment</b>
<b>Professional Service 20 minutes</b>	<b>99457</b> 2024 CMS coverage and payment Remote physiological monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b>	<b>Professional Service 20 minutes</b>	<b>98980</b> CMS coverage and payment Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b>
<b>Professional Service additional 20 minutes</b>	<b>99458</b> 2024 CMS coverage and payment: each additional 20 minutes (List separately in addition to code for primary procedure)	<b>Professional Service additional 20 minutes</b>	<b>98981</b> 2024 CMS coverage and payment: each additional 20 minutes (List separately in addition to code for primary procedure)
<b>Device Supply</b>	<b>99454</b> Device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days	<b>Device Supply Respiratory</b>	<b>98976</b> > 2024B CMS coverage and payment: <b>\$47.27 (NF)</b> device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days
		<b>Device Supply Musculoskeletal</b>	<b>98977</b> > 2024B CMS coverage and payment: <b>\$47.27 (NF)</b> device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days
		<b>Device Supply Cognitive Behavioral</b>	<b>98978</b> > No CMS coverage/payment; <b>\$0.00 valuation –</b> “contractor priced” device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days

# CPT RTM Codes | CMS HCPCS codes DMHT

CPT Remote Therapeutic Management (Medicare Covered)		CMS HCPCS Digital Mental Health Treatment (Medicare Covered)	
<p><b>Initial Set-up and Patient Education on Use of Equipment (Charge 1 time)</b></p>	<p>98975 2024B CMS coverage and payment: <b>\$19.97 (NF) valuation</b> – Remote therapeutic monitoring (eg, therapy adherence, therapy response); <b>initial set-up and patient education on use of equipment</b></p>	<p><b>Initial Set-up and Patient Education on Use of Equipment</b></p> <p><b>+ Supply of device</b></p>	<p><b>G0552: \$0.00 valuation</b> – “contractor priced” Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan</p> <ul style="list-style-type: none"> <li>• Cleared under section 510(k) of the FD&amp;C Act (including De Novo); and</li> <li>• Classified under 21 CFR 882.5801 which only include the following product codes: <ul style="list-style-type: none"> <li>• FDA Product Code QVO: computerized behavioral therapy device for insomnia</li> <li>• FDA Product Code PWE: computerized behavioral therapy device for substance use disorders</li> <li>• FDA Product Code SAP: computerized behavioral therapy device for depressive disorders</li> </ul> </li> </ul>
<p><b>Device Supply Cognitive Behavioral (charge monthly)</b></p>	<p>98978 &gt; No CMS coverage/payment; <b>\$0.00 valuation</b> – “contractor priced” device(s) supply for data access or data transmissions to support monitoring <b>of cognitive behavioral</b> therapy, each 30 days</p>		
<p><b>Professional Service 20 minutes</b></p>	<p>98980 2024 CMS coverage and payment <b>\$50.60 (NF); \$30.29 (F) valuation</b> – Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b></p>	<p><b>Professional Service 20 minutes</b></p>	<p>G0553: <b>\$0.00 valuation</b> – “contractor priced” First 20 minutes of monthly treatment management services directly related to the patient’s therapeutic use of the digital mental health treatment (DMHT) device that <b>augments</b> a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month</p>
<p><b>Professional Service additional 20 minutes</b></p>	<p>98981 2024 CMS coverage and payment: <b>\$39.95 (NF); \$29.96 (F) valuation</b> – each additional 20 minutes (List separately in addition to code for primary procedure)</p>	<p><b>Professional Service additional 20 minutes</b></p>	<p>G0554: <b>\$0.00 valuation</b> – “contractor priced” Each additional 20 minutes of monthly treatment management services directly related to the patient’s therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month. (List separately in addition to HCPCS code G0553)</p>

# RTM and RPM Coding | RHCs and FQHCs

Transition from using HCPCS G0511 to CPT Specific Codes for RPM and RTM



- HCPCS code G0511 will no longer be payable when billed by RHCs and FQHCs
- CMS is allowing a six (6) month RHCs and FQHCs allowance to come into compliance
- Until July 1, 2025, to update billing mechanisms

To using the CPT codes and the new CMS Digital Mental Health Treatment codes

## Medicare Remote Management



PHYSIOLOGICAL		THERAPEUTIC	
Initial Set-up and Patient Education on Use of Equipment	99453 CMS coverage and payment: Remote physiological monitoring; initial set-up and patient education on use of equipment	Initial Set-up and Patient Education on Use of Equipment	98976 CMS coverage and payment: Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment
Professional Service 20 minutes	99457 2024 CMS coverage and payment Remote physiological monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Professional Service 20 minutes	98980 CMS coverage and payment Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
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Device Supply	99454 Device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days	Device Supply Respiratory	98976 > 2024B CMS coverage and payment: \$47.27 (NF) device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days
		Device Supply Musculoskeletal	98977 > 2024B CMS coverage and payment: \$47.27 (NF) device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days
		Device Supply Cognitive Behavioral	98978 > No CMS coverage/payment: \$0.00 valuation – "contractor priced" device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days

# Today's Speaker

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**Robert Jarrin** is a strategic advisor on digital health and medicine to various companies, associations, and medical organizations. He formerly served for nearly 20 years as a Senior Director, Government Affairs for Qualcomm Incorporated. Mr. Jarrin's areas of expertise include CMS coding, coverage, and payment of digital medical services, FDA regulation of digital health, and ONC policies on Health IT interoperability. He has served on several Federal Advisory Committees covering innovation, safety, health IT standards, and consumer advocacy. He has testified numerous times before the U.S. House of Representatives providing expert testimony on innovation, mobile medical apps, and the 21st Century Cures Act. He currently serves as a member of the American Medical Association (AMA) Digital Medicine Payment Advisory Group (DMPAG).

Mr. Jarrin holds several academic adjunct faculty appointments, including the Yale University School of Medicine - Department of Internal Medicine, the George Washington University School of Medicine and Health Sciences - Department of Emergency Medicine, and the Georgetown University School of Medicine. Robert holds a JD from Northeastern University School of Law.



[Robert Jarrin, JD](#)



# 2025 Medicare Physician Fee Schedule Final Rule

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Issued Friday, November 1, 2024

Found here: <https://www.federalregister.gov/public-inspection/2024-25382/medicare-and-medicaid-programs-calendar-year-2025-payment-policies-under-the-physician-fee-schedule>

Three Topic Areas of Interest for Today's Presentation:

- **Digital Mental Health Treatment (DMHT)**
- **General care management services in RHCs and FQHCs**
- **Advanced primary care management services**

# Existing Remote Therapeutic Monitoring (RTM)

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Four PE and MP only Codes: **98975, 98976, 98977** in effect 1/1/2022

## New CPT edits in 2025 RTM Language

- **98975** > 2024B CMS coverage and payment: \$19.97 (NF)
  - Remote therapeutic monitoring (eg, therapy adherence, therapy response, **digital therapeutic intervention**); **initial set-up and patient education on use of equipment**
- **98976** > 2024B CMS coverage and payment: \$47.27 (NF)
  - **device(s) supply** for data access or data transmissions **to support monitoring of respiratory system, each 30 days**
- **98977** > 2024B CMS coverage and payment: \$47.27 (NF)
  - **device(s) supply** for data access or data transmissions **to support monitoring of musculoskeletal system, each 30 days**

# Existing Remote Therapeutic Monitoring (RTM) – Cognitive Behavioral Therapy

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One PE and MP only code for CBT: **98978** in effect 1/1/2023

- **98978** > No CMS coverage/payment; **\$0.00** valuation – “contractor priced”
  - *device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days*

# RTM – Treatment Management Services (TMS)

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PE, MP, and Work Codes = 98980, 98981 (in effect January 1, 2022)

## Remote Therapeutic Monitoring / Treatment Management Services (Work)

- **98980** > 2024 CMS coverage and payment: \$50.60 (NF); \$30.29 (F)
  - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
- **98981** > 2024 CMS coverage and payment: \$39.95 (NF); \$29.96 (F)
  - each additional 20 minutes (List separately in addition to code for primary procedure)

# Digital Mental Health Treatment (DMHT)

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## CMS HCPCS G-Codes

**G0552:** Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan

**G0553:** First 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month

**G0554:** Each additional 20 minutes of monthly treatment management services directly related to the patient's therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month. (List separately in addition to HCPCS code G0553)

# DMHT Limited to Specific Device Types

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DMHT medical devices are limited to those...

1. Cleared under section 510(k) of the FD&C Act (including De Novo); and
2. Classified under 21 CFR 882.5801 which only include the following product codes:
  - FDA Product Code QVO: computerized behavioral therapy device for insomnia
  - FDA Product Code PWE: computerized behavioral therapy device for substance use disorders
  - FDA Product Code SAP: computerized behavioral therapy device for depressive disorders

# DMHT G-Codes versus CPT

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Language between existing CPT Codes and HCPCS G-Codes is too similar

- G0552 descriptor is indistinguishable from CPT 98978
- CPT 98975 was modified by CPT to include the word “intervention” for January 1, 2025
- G0552 includes set-up/education and supply of equipment; CPT are separate 98975 & 98978
- G0552 has no payment indefinitely starting January 1, 2025 (same as CPT 98978)
- CPT 98975 set-up/education is a Category I code, that is active, covered, and paid
- G0553 and G0554 are identical and “cross-walked” to 98980 and 98981
- Commercial payers typically do not utilize HCPCS G-Codes but do utilize CPT codes
- Only CMS recognizes, utilizes, and pays G-Codes
- However, both CMS and private payors recognize, utilize, and pay CPT codes

# RHCs and FQHCs

## from G0511 to CPT RTM and RPM Codes and new Digital Mental Health Treatment Codes

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The end of G0511 as of January 1, 2025

- CMS proposed and finalized that RHCs and FQHCs may bill individual codes that make up the general care management HCPCS code G0511
  - o RPM, RTM, PCM, CCM, BPM, CMS-BH, CCCM, NPS, CPM, CHI, PIN
- HCPCS code G0511 will no longer be payable when billed by RHCs and FQHCs
- CMS is allowing a six (6) month RHCs and FQHCs allowance to come into compliance
  - Until July 1, 2025, to update billing mechanisms



# Advanced Primary Care Management Services (APCM)

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APCM aims to improve primary care systems, health outcomes, lower mortality, and reduce disparities

- CMS finalized proposal to establish coding and payment for APCM services via three new HCPCS G-codes according in intensity levels:
  - o Level 1 (G0556) is for persons with one chronic condition;
  - o Level 2 (G0557) is for persons with two or more chronic conditions; and
  - o Level 3 (G0558) is for persons with two or more chronic conditions and status as a Qualified Medicare Beneficiary
- APCM services incorporate elements of existing care management and communication technology-based services into a bundle of services
- No time-based thresholds included in the service elements, intended to reduce administrative burdens associated with current coding and billing

# Advanced Primary Care Management Services (APCM) – cont'd.

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- Code requirements include:
  - o Consent
  - o Initiating visit
  - o 24/7 access
  - o Continuity of care
  - o Comprehensive care management
  - o Patient-centered comprehensive care plan
  - o Management of care transitions
  - o Care coordination
  - o Enhanced communication
  - o Population-level management
  - o Performance measurement
- For MIPS eligible clinicians, the performance management service element can be satisfied by reporting the Value in Primary Care MIPS Value Pathway (MVP)
  - o Starting in 2026 based on the 2025 performance year

# Digital Health Updates in Medicare CY 2025 PFS **Part 2**

FREE WEBINAR

## DIGITAL HEALTH UPDATE (PART 2) IN THE MEDICARE PFS CY25



TUESDAY NOVEMBER 21



TIME 11 AM PST

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