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TECHNOLOGY MARATHON

**Digital Health and Patient Care Management:
RPM, CCM, and the Future of Healthcare**

Jake Harper

May 26, 2022 | 3:00 pm ET

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Presenter



• **Jacob Harper**

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Agenda

- Evolution of Care Management in Medicare
- Remote Physiologic Monitoring
- Chronic Care Management
- What Does the Future Hold?

Evolution of Care Management in Medicare



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Slow and Steady

- Since the enactment of the Affordable Care Act, CMS has slowly been shifting away from acute care services while increasing focus on keeping patients healthy
 - Recognition that acute exacerbation of chronic conditions even if short in duration are very expensive
 - *"Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of 10 deaths among Americans each year and account for 75 % of the nation's health spending – and often are preventable."* CMS FAQ, July 14, 2010

Slow and Steady

- Through the ACA, CMS waived cost-sharing requirements for certain preventive care services and also introduced a new annual wellness visit
 - AWW includes a comprehensive health risk assessment and personalized prevention plan
 - In addition, CMS offered enhanced Medicaid matching funds to states covering evidence-based preventive services
- Over the next few years, CMS introduced coverage for a number of preventive care services
 - List of Medicare Preventive Services now includes 30 separate services
- CMS also introduced disincentives for acute care services, especially repeated hospitalizations

Preventive Service Jeopardy

Medicare Preventive Services List

| | | | | | | |
|--|--------------------------------------|--|--|--|------------------------------------|---|
| Alcohol Misuse Screening & Counseling ^T | Annual Wellness Visit ^T | Bone Mass Measurements | Cardiovascular Disease Screening Tests | Cervical Cancer Screening | Colorectal Cancer Screening | Counseling to Prevent Tobacco Use ^T |
| Depression Screening ^T | Diabetes Screening | Diabetes Self-Management Training ^T | Flu Shot & Administration | Glaucoma Screening | Hepatitis B Screening | Hepatitis B Shot & Administration |
| Hepatitis C Screening | HIV Screening | IBT for Cardiovascular Disease ^T | IBT for Obesity ^T | Initial Preventive Physical Exam | Lung Cancer Screening ^T | Mammography Screening ^T |
| Medical Nutrition Therapy ^T | Medicare Diabetes Prevention Program | Pap Tests Screening | Pneumococcal Shot & Administration | Prolonged Preventive Services ^T | Prostate Cancer Screening | STI Screening & HIBC to Prevent STIs ^T |
| Screening Pelvic Exams | Ultrasound AAA Screening | | | | | |

Feedback

Introduction of Care Management Services

- Extending focus of preventive care services, CMS has established various care management services designed to provide more frequent patient touches and enable patients to take ownership of their own health care needs
 - Advance Care Planning Services
 - Behavioral Health Integration (BHI)
 - Chronic Care Management (CCM)
 - Transitional Care Management (TCM)
 - Principal Care Management (PCM)
 - Remote Physiologic Monitoring (RPM)
 - While Remote Therapeutic Monitoring (RTM) is similar, it is not an evaluation and management service so cannot be designated as care management.

Remote Physiologic Monitoring



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What is RPM?

- According to HHS, remote patient monitoring “lets providers manage acute and chronic conditions. And it cuts down on patients' travel costs and infection risk. . . [It] pairs well with telehealth when patients need to be monitored for certain health conditions. It can also prevent health complications in patients who aren't able to easily travel.”
- However, AMA coding guidelines and CMS policy has created a more highly complex set of requirements for RPM.
- Importantly, RPM is not “telehealth.”

RPM Elements

- *After the PHE, RPM is:*
 - Only for established patients
 - Covered when there is at least one interactive communication with the patient and at least 20 minutes of monitoring time are furnished in a given month
 - Only used to monitor physiologic data (vital information, weight, blood pressure, etc.)
 - Only covered when 16 days of data are gathered in 30-day period
 - Limited to medical devices as defined by the FFDCA
 - Only where such devices can auto-upload data to reviewing practitioner
 - Only covered with consent from patient
 - Performed by either physician or other practitioner or clinical staff under general supervision
 - Covered for both acute and chronic conditions

RPM Codes

| CPT Code | Description | Who Can Perform | Payment for FY 2022 |
|----------|--|------------------------------|---------------------|
| 99453 | Initial set-up and patient education on use of equipment | Physician and clinical staff | \$19.03 |
| 99454 | Device(s) supply with daily recording and transmission of data for each 30 days | Physician and clinical staff | \$55.72 |
| 99457 | 20 minutes a month of monitoring and interactive communication; includes phone, text and email | Physician and clinical staff | \$50.18 |
| 99458 | Add-on code for an additional 20 minutes of RPM services in a given month | Physician and clinical staff | \$40.83 |
| 99091 | Collection and interpretation of remote physiologic data by qualified healthcare professional | Physician | \$56.41 |

RPM Incident To

- RPM originally just a physician service, so to be performed “incident to,” direct supervision was required
- RPM was re-designated as a care management service in 2019 for CY 2020. The “incident to” regulation (42 CFR § 410.26(b)(5)) permits designated care management services to be furnished under general supervision.

Chronic Care Management



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What is CCM?

- CMS recognizes CCM as a “critical primary care service that contributes to better patient health and care.”
- It includes four primary elements:
 1. Structured recording of patient health information
 2. Keeping comprehensive electronic care plans
 3. Managing care transitions and other care management services
 4. Coordinating and sharing patient health information promptly within and outside the practice
- Even though CCM is generally not performed face-to-face, it is not considered “telehealth”

CCM Elements

- CMS has published its general expectations about CCM services, which include:
 - Continuous patient relationship with chosen care team member
 - Supporting patients with chronic diseases in achieving health goals
 - 24/7 patient access to care and health information
 - Patient receiving preventive care
 - Patient and caregiver engagement
 - Prompt sharing and using patient health information

CCM Elements

- CCM, like RPM, can be furnished under general supervision by clinical staff of a practitioner.
- CCM includes both a complex and non-complex version, which vary based on the level of physician involvement and complexity of medical decision making
- Patients are eligible for CCM services if they have 2 or more chronic conditions, which has a specific definition for CCM but includes a wide variety of illnesses, such as Alzheimer's disease, arthritis, diabetes, COPD and other cardiovascular/cardiopulmonary conditions, etc.
- Patients must specifically consent to the service (including applicable cost-sharing amounts)
- CCM requires the creation and update of a comprehensive care plan

CCM Codes

| CPT Code | Description | Who Can Perform | Payment for FY 2022 |
|----------|--|------------------------------|---------------------|
| 99487 | Complex chronic care management services; first 60 minutes of clinical staff time directed by a physician | Physician and clinical staff | \$134.27 |
| 99489 | Complex chronic care management services; additional 30 minutes of clinical staff time directed by a physician | Physician and clinical staff | \$70.60 |
| 99490 | Chronic care management services; first 20 minutes of clinical staff time directed by a physician | Physician and clinical staff | \$51.56 |
| 99491 | Chronic care management services; at least 30 minutes of physician time | Physician | \$77.52 |
| G0506 | Comprehensive assessment of and care planning by physician for patients needing CCM | Physician | \$45.33 |

What Does the Future Hold?



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Further Evolution and Opportunity

- CMS's policies on RPM, CCM, and other care management services continue to evolve
 - Updates on annual basis in Physician Fee Schedule rules
 - CMS continues to explore related codes (RTM, TCM, PCM) and attempts to make policy changes to further incentivize services
 - At the same time, recognition by CMS and others that these additional services may entail additional costs to the Medicare program
- Opportunities for stakeholder involvement
 - CMS wants data and use cases from practitioners in the field
 - Opportunities in value-based care space exist, as such entities are incentivized to provide care at lower costs

What is on the Horizon?

- As the pandemic wanes, CMS is looking at the next stage of healthcare, in which reimbursement is based on the value of services provided
- At the same time, with the advent of sophisticated technology available to the general public, the healthcare industry is recognizing the availability of caring for patients largely in their most desired setting
 - For these low acuity, light touch services, this setting is typically the patient's home and not a physician office or facility
- We anticipate that CMS will continue to adapt to patient and commercial pressures to furnish care in patients' homes and be paid for these services

Biography



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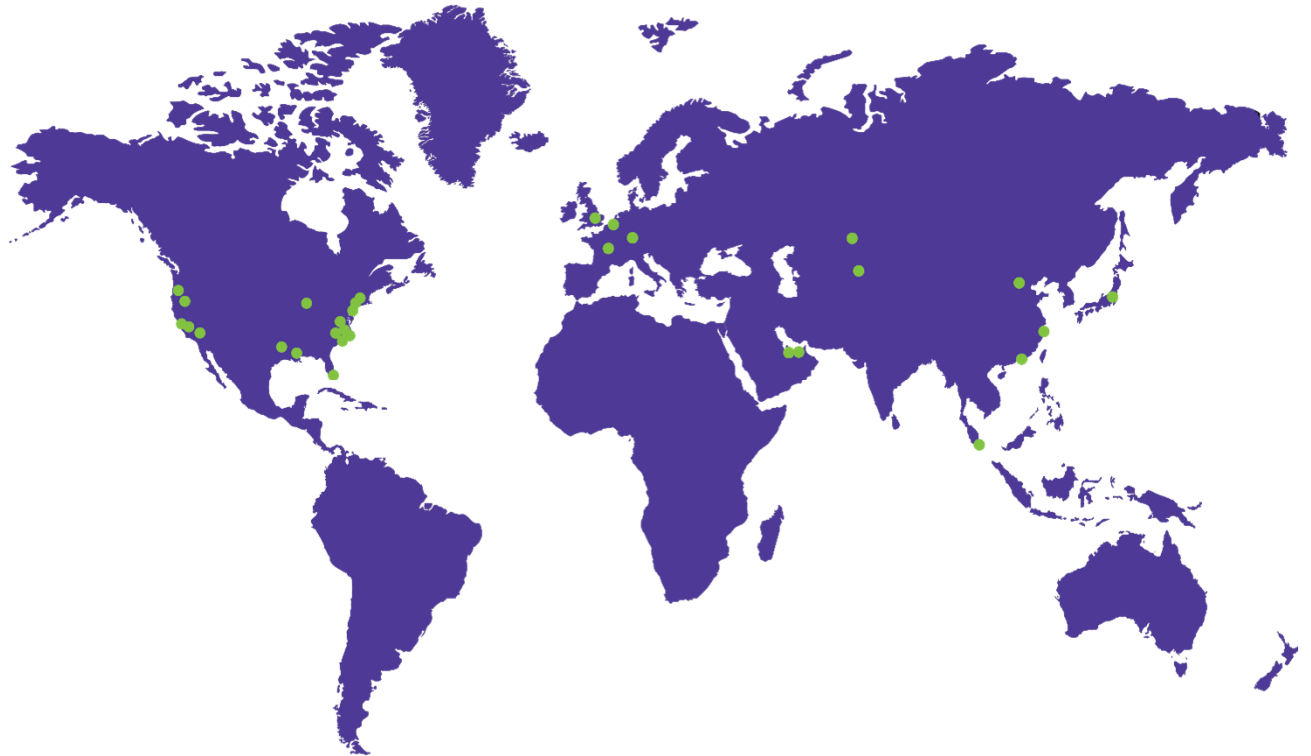
Jacob Harper advises stakeholders across the healthcare industry, including hospitals, health systems, large physician group practices, practice management companies, hospices, chain pharmacies, manufacturers, and private equity clients, on an array of healthcare regulatory, transactional, and litigation matters. His practice focuses on compliance, fraud and abuse, and reimbursement matters, self-disclosures to and negotiations with OIG and CMS, internal investigations, provider mergers and acquisitions, and appeals before the PRRB, OMHA, and the Medicare Appeals Council.

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