



VUMC OFFICE OF HEALTHCARE COMPLIANCE

BRIEFING: CMS COVERAGE, REMOTE MONITORING

SUMMARY

- CMS unbundled Remote Patient Monitoring effective 1/1/18
- \$60PMPM, various time and documentation requirements
- Not subject to telehealth restrictions for technology or site locations

CPT DESCRIPTION

- “Collection and interpretation of physiologic data”
 - Examples given: ECG, blood pressure, glucose monitoring
 - Generated by the patient (not subject to CMS telehealth site or technology restrictions);
 - Digitally stored and transmitted for VUMC’s review.
- Cumulative **monthly** clinician time (30 minutes minimum)
 - Gathering/accessing patient-submitted data;
 - Analyzing data and modifying patient care plan;
 - Communicating findings and recommendations to the patient;
 - Documenting findings and communications in eStar.

CLINICIAN BILLING

- Any VMG billing clinician (MD, APP, etc.) enrolled in Medicare
- Max 1 claim total per 30 day period, whether VMG or external to VUMC
- Established with and actively treating patient, acting within scope of practice
- Can be used in tandem with CCM/TCM/BCI codes; time not counted toward both minimums

PATIENT ELIGIBILITY

- Established with clinician (or VMG clinician of exact same specialty and subspecialty)
- Consented to RPM treatment/billing, obtained by performing clinician;
- Initiated by office visit, MHAV, or phone conversation. Face-to-face visit **with billing clinician required** if patient is new or not seen within last 12 months. Visit E/M is separately billable.

DOCUMENTATION REQUIREMENTS

- Patient consent, in writing (scanned PDF) or documented in clinician note
- Uploaded physiologic data
- Care plan initiation/updates and data interpretation
- Time spent in minutes, each data or care plan interaction

CITATIONS & FURTHER READING

- CMS, [2018 MPFS Final Rule](#) and [Fact Sheet](#)
- National Law Review, “CMS Expands Telehealth Reimbursement Opportunities in 2018”
- Advisory Board, [“Big Payment Changes for Telehealth”](#)