Virtualized care is transforming healthcare

During the public health emergency (PHE), remote patient monitoring (RPM) has risen dramatically, helping healthcare systems to safely and efficiently provide care wherever and whenever it’s needed. However, post-PHE, regulations, access and reimbursement policies will continue to evolve. Philips can help you make the best choices for your healthcare system – driving patient satisfaction and optimizing your bottom line.

Five things to know about 2021 RPM reimbursement

1. 16/30
   16 days of data collection required within each 30-day period for codes 99453 and 99454.

2. 20+
   Medicaid programs reimburse for RPM
   Favorable state parity and Medicaid programs now available.

3. 20 minutes
   Time required to bill for 99457 and 99458 and can include time for furnishing care management services as well as for the required interactive communication.

4. Chronic and acute conditions qualify
   Remotely collect and analyze data from patients with acute and chronic conditions.

5. Contractors qualify
   Clinical staff, as well as contractors, can furnish 99453 and 99454 under physician supervision for setup and patient education.

Want to help improve the patient experience and help grow revenue for your organization? ≈ $500,000*

Engage patients in self-management, help enhance outcomes and reduce unnecessary admissions with Philips RPM solutions. Contact a Philips Sales Representative today.

*Example is for illustrative purposes only and does not constitute a representation that a given ROI will be achieved. Physician practice with 300 Medicare patients x $142.15/month ($212.15-$70 RPM fee/month)=$42,645/month or $511,740/year.
Optimize your bottom line

The information below shows how RPM can help you drive value-based care for your organization.

Optimize your revenue

![Three dollar signs](Image)

RPM codes can be billed simultaneously with other services such as chronic care management (CCM), transitional care management (TCM) and behavioral health integration (BHI).³

Virtualize and extend your service lines

![Oncology](Image)  ![Cardiovascular](Image)  ![Orthopedics](Image)

Many components of key service lines can be virtualized and reimbursed through the use of RPM, helping to drive value-based care and enhance outcomes.⁴⁻⁷

The path to RPM reimbursement³⁴

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Description</th>
<th>First month</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>99453*</td>
<td>Initial setup fee³</td>
<td>$19.19</td>
<td>$63.16</td>
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<tr>
<td>99454*</td>
<td>Data transmission fee</td>
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<td>$63.16</td>
</tr>
<tr>
<td>99091*</td>
<td>Collection and interpretation fee</td>
<td>$56.88</td>
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<tr>
<td>99457*</td>
<td>Treatment management fee</td>
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<tr>
<td>99458*</td>
<td>Treatment management fee³</td>
<td>$41.17</td>
<td>$63.16</td>
</tr>
</tbody>
</table>

Total monthly reimbursement: $212.15

*Disclaimer for reimbursement codes: It is the provider’s responsibility to select the codes that accurately describe the service performed and the corresponding diagnosis codes reflecting the reason for the study. The information provided is intended to assist providers in determining appropriate codes and the other information for reimbursement purposes. It represents the information available in the public domain as of the date listed in this document. It is the provider’s responsibility to determine and submit appropriate codes, modifiers and claims for the services rendered. Before filing any claims, providers should verify current requirements and policies with the applicable payer. Philips makes no guarantees concerning reimbursement or coverage.

³ Can only be billed once even if the patient receives multiple devices.
⁴ No limit on the number of minutes billed per patient per month.

References:

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https://www.usa.philips.com/healthcare/services/population-health-management/patient-engagement/remote-patient-monitoring