

Virtualized care is transforming healthcare

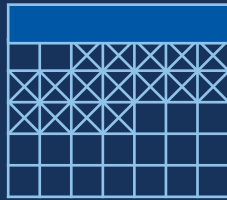
During the public health emergency (PHE), remote patient monitoring (RPM) has risen dramatically, helping healthcare systems to safely and efficiently provide care wherever and whenever it's needed. However, post-PHE, regulations, access and reimbursement policies will continue to evolve. Philips can 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 99454.¹



2.

20+

Medicaid programs reimburse for RPM²

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.¹

4.



Chronic and acute conditions qualify

Remotely collect and analyze data from patients with acute and chronic conditions.¹

5.

Contractors qualify

Clinical staff, as well as contractors, can furnish 99453 and 99454 under physician supervision for setup and patient education.¹



Want to help improve the patient experience and help grow revenue for your organization?

≈ **\$500,000***

Potential annual revenue based on 300 Medicare patients.^{3,4,*} See other side for details.

Engage patients in self-management, help enhance outcomes and reduce unnecessary admissions with Philips RPM solutions.^{5,6} [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



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



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.⁵⁻⁷

The path to RPM reimbursement^{3,4}

	First month	Monthly			
CPT code	99453*	99454*	99091*	99457*	99458*
Description	Initial setup fee [†] Covers initial setup and education on the use of equipment	+ Data transmission fee Remote monitoring of physiologic parameters	Collection and interpretation fee Data digitally transmitted by patient/caregiver for HCP review (minimum of 30 minutes, each 30 days)	Treatment management fee Interactive communication between patient/caregiver and clinical staff (initial 20 minutes)	Treatment management fee [‡] Interactive communication between patient/caregiver and clinical staff (additional 20 minutes)
Nonfacility rate	\$19.19	\$63.16	\$56.88	\$50.94	\$41.17
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.

[†] Can only be billed once even if the patient receives multiple devices.³

[‡] No limit on the number of minutes billed per patient per month.³

References:

- U.S. Centers for Medicare & Medicaid Services. Final policy, payment, and quality provisions changes to the Medicare physician fee schedule for calendar year 2021. Accessed March 16, 2021. <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-12>
- Center for Connected Health Policy. State telehealth laws & reimbursement policies. Accessed February 15, 2021. <https://www.cchpca.org/sites/default/files/2020-10/CCHP%2050%20STATE%20REPORT%20FALL%202020%20FINAL.pdf>
- U.S. Centers for Medicare & Medicaid Services. Revisions to payment policies under the Medicare physician fee schedule, quality payment program and other revisions to Part B for CY 2021. Accessed March 31, 2021. <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>
- U.S. Centers for Medicare & Medicaid Services. Search the physician fee schedule. Accessed May 5, 2021. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=0&CT=0&H1=99457&M=5>
- Taylor ML, Thomas EE, Snoswell CL, Smith AC, Caffery LJ. Does remote patient monitoring reduce acute care use? A systematic review. *BMJ Open*. 2021;11:1-9.
- Dahl D, Reisetter JA, Zismann N. People, technology, and process meet the triple aim. *Nurs Adm Q*. 2014;38(1):13-21.
- <https://www.usa.philips.com/healthcare/education-resources/publications/population-health-insights/case-studies/catholic-home-care-remote-patient-monitoring>

