

MASTER

the digital human cardiac coach

modelling of revenue from new
CMS codes

on a 90-day use case

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new CMS codes effective January 2019...summary

SUMMARY DESCRIPTION OF NEW CMS CODES EFFECTIVE 1 JANUARY 2019

Remote Monitoring: On-Boarding and Patient Education: CPT code 99453

- "Remote monitoring of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment."
- CPT code 99453 offers separate reimbursement for the initial work associated with onboarding a new patient, setting up the equipment, and patient education on use of the equipment.
- \$21.00

Remote Monitoring: Device Supply; Programmed Alerts; Data Transmission: CPT code 99454

- Remote monitoring of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
- \$69.00

Remote Monitoring: Device Supply; Programmed Alerts; Data Transmission: CPT code 99457

- Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month."
- 20 minutes (at least) per calendar month dr/clinical staff reviewing physiologic data with patient.
- Reimbursed on a monthly basis.
- \$54.00

"Brief Communication Technology-Based Service" – "virtual check-ins": HCPCS code G2012

- "...brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management (E/M) services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)."
- This new code gives providers an opportunity to use telehealth to check in with their patients at certain times on care management issues.
- Enables a provider to use "audio-only real-time telephone interactions in addition to synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission" to check in with an established patient on a care plan.
- \$15.00

"Remote evaluation of recorded video and/or images submitted by an established patient": HCPCS code G2010

- When patients use their smartphones to upload photos/videos of symptoms, physicians can now get paid for the evaluation of these.
- \$13.00

DHCC use case - modelling of revenue from new CMS codes...

Purpose

...on a 90-day use case

The purpose of the AI powered DHCC is to overcome the barriers of health illiteracy and innumeracy that significant impact health outcomes and costs, by enabling natural contextual conversations with the patient/carer at any time. The DHCC explains in simple everyday language, concepts regarding meds, rehab, and how to monitor physiologic factors – to support the patient’s understanding of and compliance with meds and rehabilitation and care plans. Interaction between the patient and digital human can be at any time, covering the gaps when the human health professionals are not available. Uniquely, the interaction with the DHCC produces patient “experiential” data and insights – not previously available – that is a significant factor in compliance with meds and rehabilitation plans. Co-design is necessary to reveal and apply the patient experience – which goes beyond the hospital and health professionals – into the home, encompassing the family and life beyond.

What is the DHCC / DH Health Coach

The DHCC/health coach platform is a suite of capabilities supporting services and interactions between a patient and the DHCC

The DHCC (and other DH health coaches) can be used across the patient journey: in-hospital; out-patients; in-home and beyond.

The DHCC services will be able to be covered by new CMS codes in the US, to support remote monitoring, data evaluation and virtual check-ins.

- Explains meds
- Explains rehab. Beyond explaining rehab, the DHCC could evolve (beyond MVP) to give the rehab lectures – this would not replace face-to-face on-site rehab, but it would provide the patient and their family with the opportunity to interact with the rehab material at any time, to assist with building their knowledge and understanding.
- Explains weight, blood pressure, pulse etc monitoring – explains concepts as to why these are monitored – demonstrates with videos.
- Explains the on-boarding process. Patient can refamiliarize themselves with these instructions at any time – not having to wait for the availability of a health professional.
- DHCC conversational prompt for the patient to undertake an activity – such as measure blood pressure.
- Regular activity “prompts” – eg DHCC prompts patient to take blood pressure etc
- Interfaces to data sources via API - data from wearables etc
- Store and forward bio data
- Connects with dr/health professional for “virtual check-in”
- Interactions with DHCC can be recorded (similar to video conference recording) and/or text transcripts of interactions between patient and DHCC provided

DHCC capability mapping to CMS codes across the patient journey of a 90-day use case

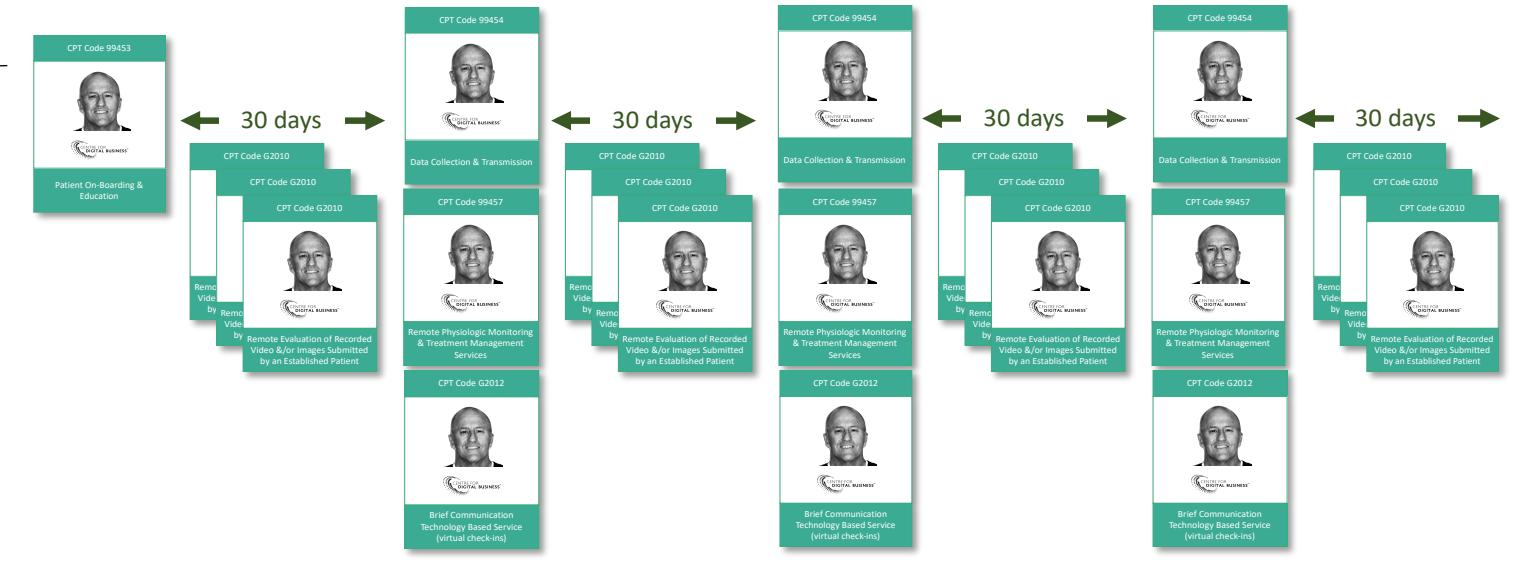
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CMS code revenue model:

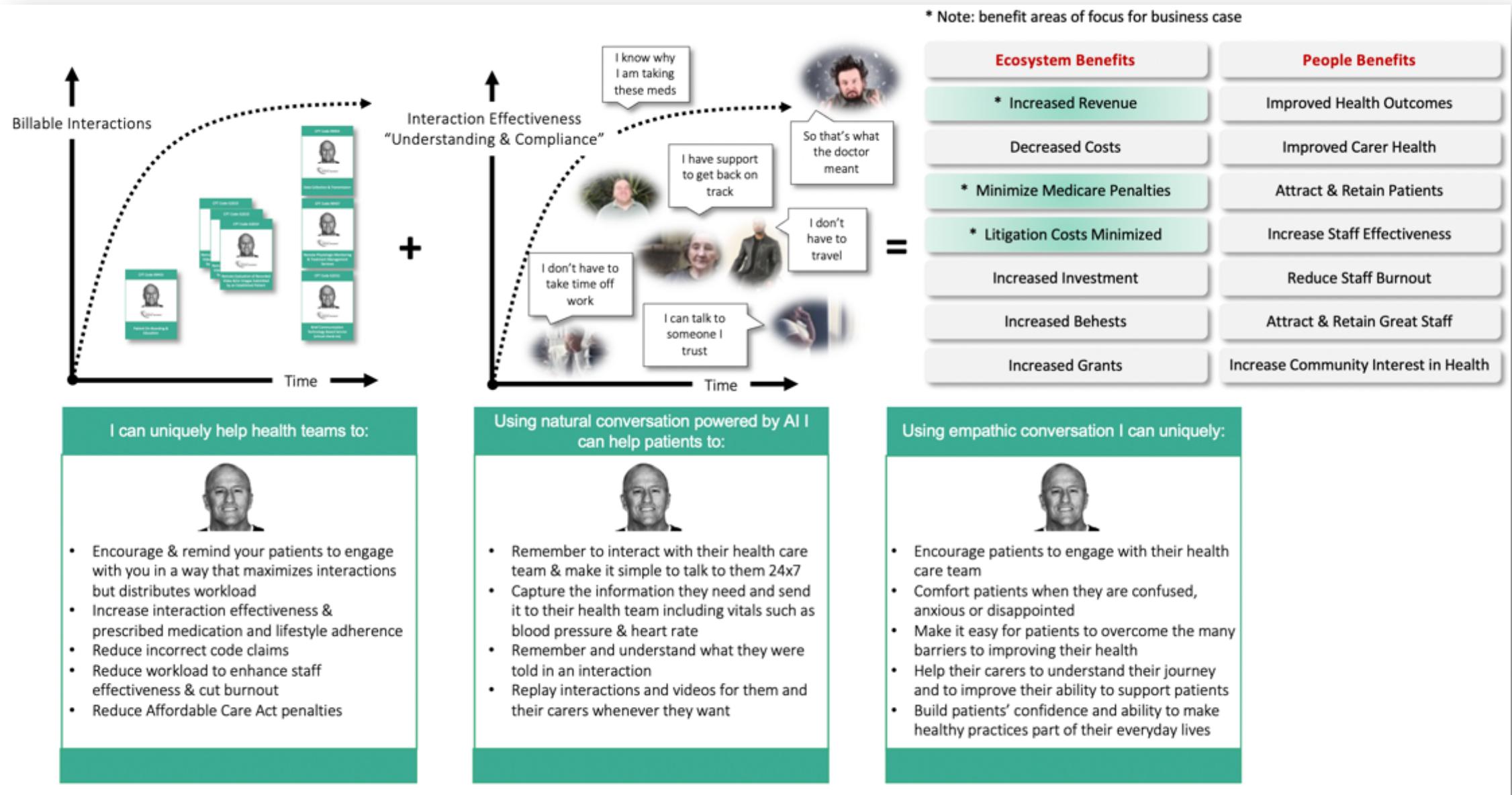
Maps to the use case of a single patient interacting with the DHCC over 90 days:

- Onboarding
- Physiologic recording & transmission
- Remote monitoring of physiologic data – interactive communication with patient
- Sending and evaluation of images re symptoms
- Virtual check-in

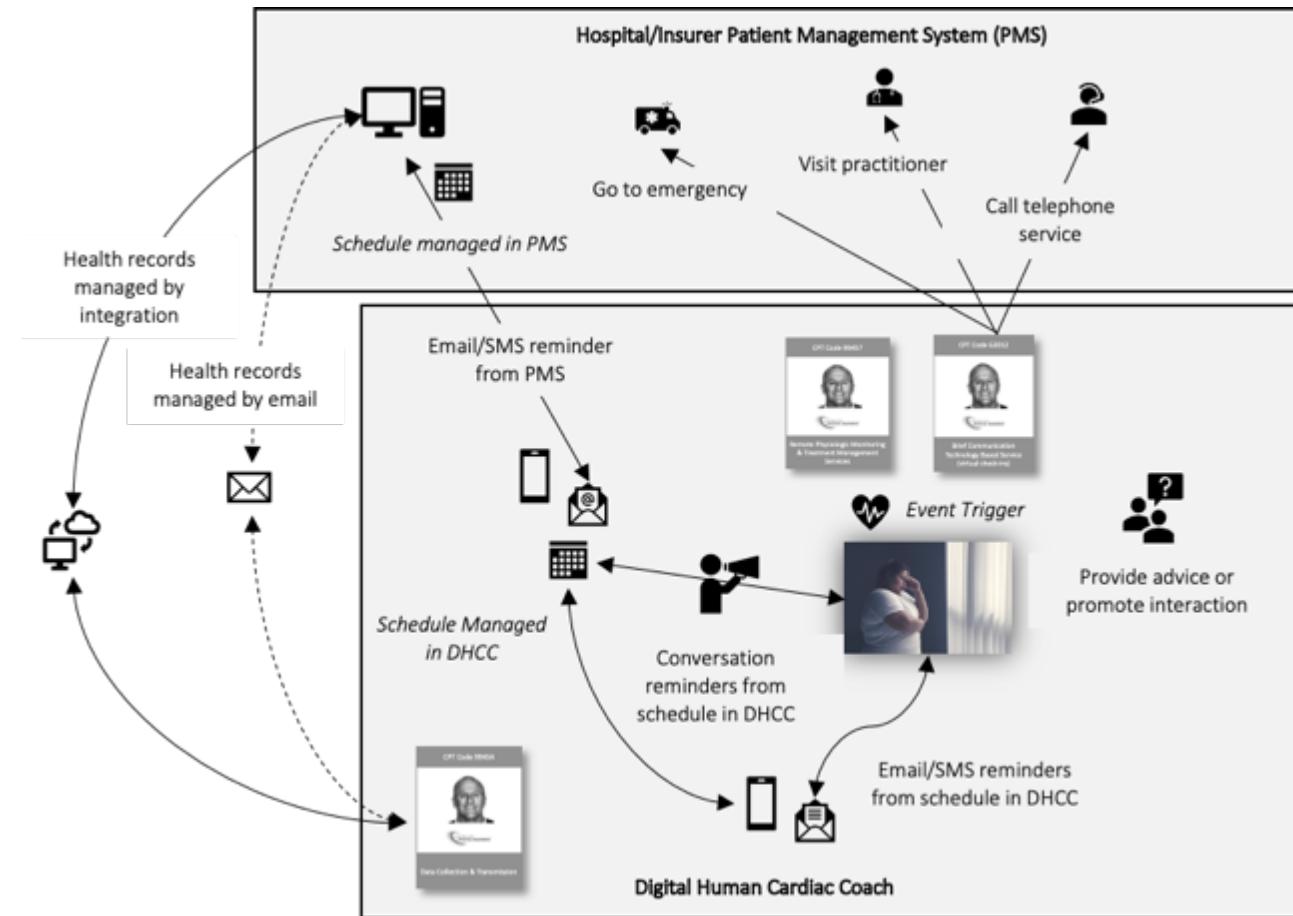


CODES	COMMENT	30 DAYS	60 DAYS	90 DAYS
CPT CODE <u>99453</u> - ONBOARDING		21.00		
CPT CODE <u>99454</u> - PHYSIOLOGIC DATA COLLECTION & TRANSMISSION		69.00	69.00	69.00
CPT CODE <u>99457</u> - REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES		54.00	54.00	54.00
HCPSCS CODE <u>G2010</u> - REMOTE EVALUATION OF IMAGES	SCENARIO - TWICE PER MONTH (NO FREQUENCY LIMITATIONS)	13.00 13.00	13.00 13.00	13.00 13.00
HCPSCS CODE <u>G2012</u> - BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE - "VIRTUAL CHECK-IN"	SCENARIO - TWICE PER MONTH (NO FREQUENCY LIMITATIONS)	15.00 15.00	15.00 15.00	15.00 15.00
MONTHLY TOTAL		200.00	179.00	179.00
90 DAY TOTAL				558.00
NOTE: THIS SAMPLE MODEL IS FOR A SINGLE PATIENT OVER 90 DAYS				

digital human cardiac coach maximizes the potential benefits of

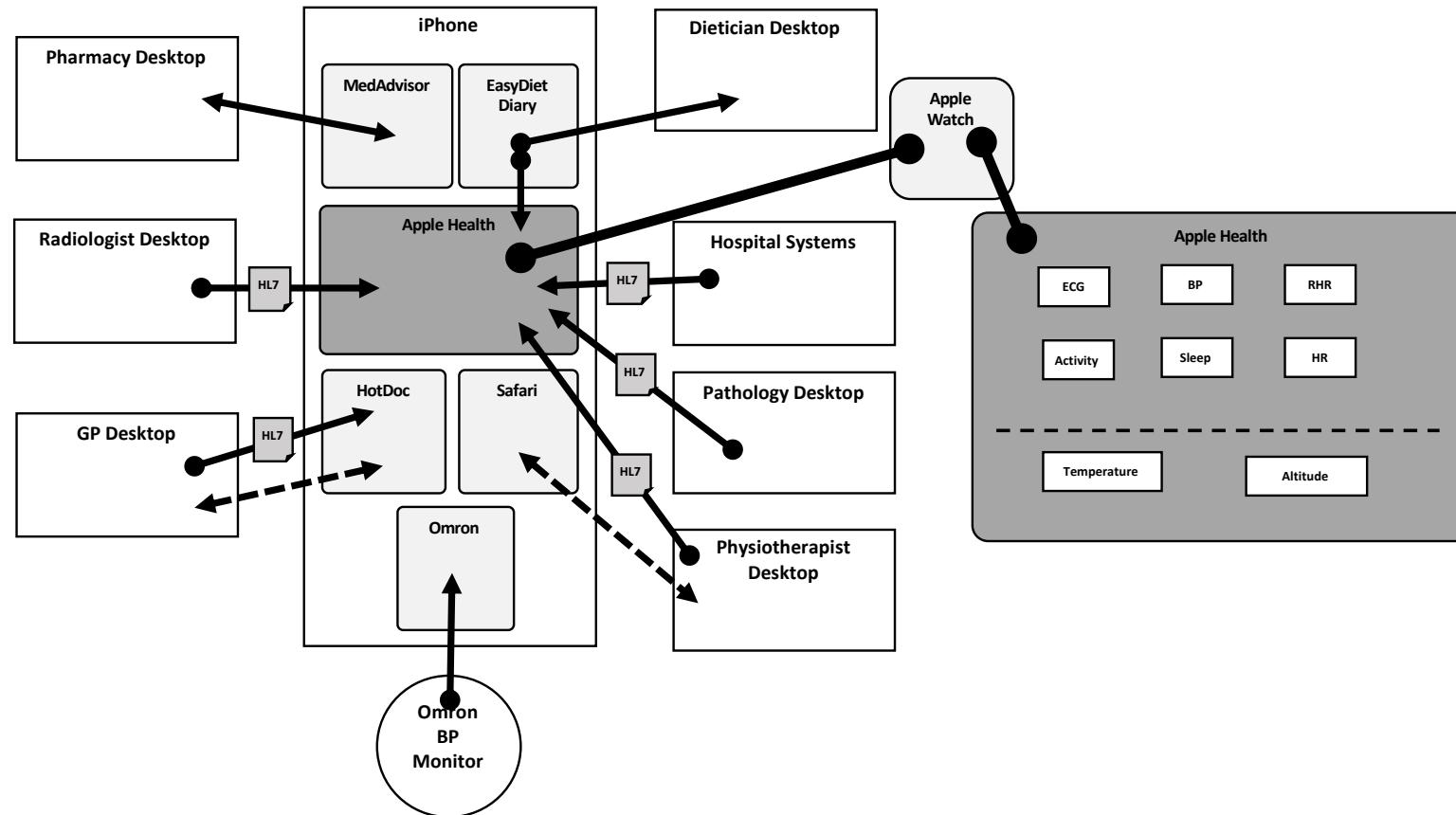


DHCC design mapping to new CMS codes and telehealth processes



using the Apple health ecosystem as a "one stop shop" in telehealth...

...for screen capture of data such as BP, RHR, sleep



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...for screen capture of data such as BP, RHR, sleep

- Some device apps (e.g. Omron Wireless BP Monitor) integrate with Apple Health so daily data, monthly data, trends etc. can be screen captured there along with diet, sleep, RHR etc. This would reduce the onboarding effort and complexity for patients.
 - Some apps also connect with practitioner desktops. For example, Easy Diet Diary (Australia only) integrates to dietitian desktops.
 - Ultimately DHCC would need to choose between integration with multiple apps or integration with just the Apple Health Ecosystem. Given the Apple Health ecosystem and app also supports HL7 ERM for health records and is rolling out ECG on Apple Watches the future direction is probably clear.

