



The Digital Human Body of Knowledge

- Health Variant -

Strategy
Co-Design
Corpus
Operating Model

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DESCRIPTION OF THE USE CASES MAPPED TO THE CMS CODES

Description of Use Case – and How it Maps to CMS Codes

Note: whilst this use case-CMS code mapping is for the DHCC, this establishes a common pattern in other health domains for DH health coach scenarios and use cases.

The singular purpose and objective of the AI powered DHCC is to overcome the barriers of health illiteracy and innumeracy that significant impact health outcomes and costs, by introducing natural contextual conversations with the DHCC. 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 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.

That is, understanding the patient experience and the impact of illiteracy and innumeracy is the next great advance in delaying CVD:

*“We will need to address the health literacy problem in order to make the next great advance in postponing cardiovascular disease.” International Society for Vascular Health.
“Vascular Health and Risk Management 2006”*

Through co-design, the DHCC uniquely achieves BOTH anonymity AND rapport – factors not jointly present in human-human interaction or human-form (hardcopy or online) interaction. The combination of rapport and anonymity, result in a higher level of engagement and disclosure – avoiding stigma and judgment associated with illiteracy, innumeracy and other disadvantage.

The following DHCC use cases are described in relation to the CMS codes, and describe the DHCC capabilities and functionality which could potentially be called on in those use cases.

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

The DHCC platform is a suite of capabilities supporting services and interactions between a patient and the DHCC.

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

The DHCC interaction can be personalised per patient (name/other ID).

The DHCC is co-designed to have a number of guided conversations – some of which such as rehab – might be a separately billable service.

- Explains meds
- Explains rehab. Beyond explaining rehab, the DHCC could evolve 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 their 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.
- A DH conversational prompt for the patient to undertake an activity – such as measure blood pressure.
- Regular activity “prompts” – eg DH prompts patient to take blood pressure etc
- Interfaces to data sources via API - data from wearables, smart home sensors

In order to be covered by the CMS codes, the DHCC platform would:

- Store and forward bio data.
- Connects with Dr/health professional for “virtual check-in”

Capabilities

Patient personalisation – name / other identifier.

Explains meds.

Explains rehab

Explains equipment – through use of video already produced by HOSPITAL.

Regular scheduled “activity” prompts

To be used in conjunction with wearables/electronic equipment measuring weight, blood pressure, pulse, steps etc. Store and forward of data – every 30 days.

DH solution can support video conference interaction between doctor, patient, DH.

Video conference able to be requested by the patient, nurse – and scheduled by hospital team.

DH has meds object recognition / barcode database – conversation.

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) (eg, 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.

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

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

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.

"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.

"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.

CMS Codes Triggered Across the Use Case Patient Journey

SUMMARY

CPT code 99453: patient on-boarding and education. See detailed description below.

Plus

CPT code 99454 (*data collection and transmission each 30 days*) – assuming billing occurs every 30 days.

Plus

CPT code 99457 (*remote physiologic monitoring treatment management services*). 20 minutes (at least) per calendar month dr/clinical staff reviewing physiologic data with patient. CPT 99457 is reimbursed on a monthly basis.

CPT code 99457 (reviewing physiologic data) can be billed in the same month as HCPCS code G2012 (virtual check-in). No double counting – billing requires at least 40 minutes.

Plus

HCPCS code G2012. (*“Brief Communication Technology-Based Service” – “virtual check-ins*). 20 minutes per calendar month (brief 5-10 minutes per event) virtual check-ins / follow ups to check things are on-track. 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.

CPT code 99457 (reviewing physiologic data) can be billed in the same month as HCPCS code G2012 (virtual check-in). No double counting – billing requires at least 40 minutes.

Plus

HCPCS code G2010. (*remote evaluation of recorded video and/or images submitted by an established patient*). In addition to the transmission and evaluation of the physiologic data, other data / image could also be separately submitted by an established patient triggering a specific billing event under HCPCS code G2010. When patients use their smartphones to upload photos/videos of symptoms, physicians can now get paid for the evaluation of these. For example, DH screen capture of interaction with patient talking about how the patient is feeling – including for example video screen capture of surgical sites.

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

- "Remote monitoring of physiologic parameter(s) (eg, 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.

The on-boarding/initial set-up/patient education and introduction to the DHCC could commence in the hospital, enabling a smoother and more supported transition to home – avoiding the shock and anxiety of “the cliff”, the immediate days and weeks following discharge. There would be circumstances where the on-boarding first occurs in the home or in a rehab setting. The important thing is that the DHCC can be deployed in these various settings, and that CMS codes cover the on-boarding activity.

The on-boarding activity could involve the following DHCC conversations, capabilities and functionality:

- Conversations:
 - DHCC conversation explaining concepts - blood pressure, weight, pulse to aid remote monitoring.
 - DHCC conversations on understanding / committing to rehab.
 - DH conversation explaining meds - patient support to help patients understand meds support adherence to medication regime.
 - Patient onboarding conversation - this is a "process" conversation - what to do and when, including information about "activity prompts or programmed alerts". Benefit of having the DH patient onboarding conversation - patient can refamiliarize themselves with these instructions at any time – not having to wait for the availability of a health professional.
- Videos: The DHCC introduces a video which demonstrates the use of equipment.

Note: Many of the activities associated with "on-boarding for remote monitoring" would be the same activities associated with "on-boarding for rehab". Certainly, the DHCC conversations and functionality is common to both – and mapping of DHCC conversations and functionality across "on-boarding for remote monitoring" and "on-boarding for rehab" would confirm commonality. It is likely therefore, that "on-boarding for rehab" which would involve remote monitoring could now be covered under the "on-boarding for remote monitoring" CMS code 99453. That is, a proportion of rehab – or an extended remote monitoring rehab program could be covered under CMS code 99453.

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

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

In the use case of the DHCC, CPT code 99454 would cover the supply of the device (iPad for example) pre-loaded with the DHCC application (or links to it). As described in the "DHCC Capability – CMS Code Mapping" spreadsheet, the DHCC application would include programmed alerts and store and forward capability.

Transmission of collected data would be programmed to occur each 30 days.

Billing:

It is assumed that billing occurs each 30 days – not once off – as this overcomes the need for face-to-face in-person consultations for the gathering of data.

About Remote Patient Monitoring Re-Imbursement

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
Chronic Care Remote Physiologic Monitoring Codes (effective <u>1 January 2019</u>)		<p>Can the Patient be at Home for RPM Reimbursement? Yes, patients can receive RPM services in their homes.</p> <p>Must the Patient be in a Rural Area for RPM Reimbursement? No, the patient need not be located in a rural area or any specific originating site. Like a physician interpretation of an electrocardiogram or radiological image that has been transmitted electronically, RPM services involve the interpretation of medical information without a direct interaction between the practitioner and beneficiary. Medicare pays for RPM services under the same conditions as in-person physicians' services with no additional requirements regarding permissible originating sites or rural geographies.</p> <p>What Type of Technology Qualifies Under the New RPM Codes? Many advocates asked CMS to clarify the kinds of technology covered under CPT codes 99453, 99454, and 99457. Some groups gave examples of the kinds of technology they believe these codes should cover, such as software applications that could be integrated into a beneficiary's smartphone, Holter-Monitors, Fitbits, or artificial intelligence messaging. Other examples included</p>	<p><u>Use Case and Conversations</u></p> <p>Personalised per patient (name/other ID)</p> <p>In-hospital; out-patients; in-home</p> <p>Explains meds</p> <p>Explains rehab</p> <p>Explains weight, blood pressure, pulse etc monitoring – explains concepts as to why these are monitored – demonstrates with videos.</p> <p>Regular activity “prompts” – eg DH prompts patient to take blood pressure etc</p> <p>Patient onboarding - patient can refamiliarize themselves with these instructions at any time – not having to wait for the availability of a health professional.</p> <p>Store and forward bio data.</p>

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
		<p>behavioral health data and data from wellness applications, or results of patients' self-care tasks. Unfortunately, CMS did not offer any specifics in the final rule on what technology qualifies, but CMS does plan to issue forthcoming guidance to help inform practitioners and stakeholders on these issues. This may likely be in the form of a CMS MLN article or Q&A.</p> <p>Does RPM Require a Face to Face Exam or Interactive Audio-Video?</p> <p>RPM services do not require the use of interactive audio-video, as these codes are inherently non face-to-face. A few groups urged CMS not to be prescriptive regarding the technology that could be used to perform consultations, including real-time video, a store-and-forward visit, or simply a patient-provider message via a patient portal.</p> <p>CMS expressed sympathy with the desire not to be overly prescriptive about the technology used to furnish RPM services, and stated it CMS defers to the CPT code descriptors and guidance to ascertain the technological modalities used to furnish RPM services. However, for new patients or patients not seen by the practitioner within one year prior to billing RPM, the practitioner must first conduct a face-to-face visit with the patient (e.g., an annual wellness visit or physical)</p> <p>Can RPM Also Be Billed with Chronic Care Management (CCM)?</p> <p>Yes, a provider can bill both CPT 99457 and CPT 99490 in the same month. This is allowed because CMS recognizes the kind of analysis involved in furnishing RPM services is complementary to CCM and other care management services. However, time spent furnishing these services</p>	<p>Connects with dr/health professional for <u>"virtual check-in"</u></p> <p><u>Capabilities</u></p> <p>Patient personalisation – name / other identifier.</p> <p>Explains meds.</p> <p>Explains rehab</p> <p>Explains equipment – through use of video already produced by HOSPITAL.</p> <p>Regular scheduled "activity" prompts</p> <p>To be used in conjunction with wearables/electronic equipment measuring weight, blood pressure, pulse, steps etc. Store and forward of data – every 30 days.</p> <p>DH solution can support video conference interaction between doctor, patient, DH.</p> <p>Video conference able to be requested by the patient, nurse – and scheduled by hospital team.</p> <p>DH has meds object recognition / barcode database – conversation.</p> <p>Q: Can wearables interface with DH system – ie DH can read out the readings – a patient might</p>

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
		<p>cannot be counted towards the required time for both RPM and CCM codes for a single month (i.e., <u>no double counting</u>). Accordingly, <u>billing both requires at least 40 minutes total (20 minutes of CCM and 20 minutes of RPM)</u>.</p>	<p>not be able to read small text on wearable screens or apps.</p> <p>Q: What data gets forwarded for review – to qualify against code?</p>
CPT code 99453	<p>“Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), <u>initial; set-up and patient education on use of equipment.</u>”</p>	<p>Will Medicare Pay for Setting Up the RPM Device and Patient Education? Yes. CPT 99453 offers separate reimbursement for the <u>initial work</u> associated with onboarding a new patient, setting up the equipment, and patient education on use of the equipment.</p> <p>Billing:</p> <p>Q: How often can 99453 “<u>patient education</u>” be billed – or is this once off?</p> <p>Q: could CPT 99453 then be billed together with “virtual check-in” G2012? That is, once initial set-up has been done, providers may want to check-in with their patients to make sure the care plan is being followed at home.</p> <p>Who can deliver:</p>	<p>This billing code could cover patient on-boarding components of initial DH project.</p>
CPT code 99454	<p>“Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), <u>initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.</u>”</p>	<p>Q: “Programmed alerts” -</p> <p>Q: What does “<u>device supply</u>” mean? What does this cover? Does this cover the “lease” of the device?</p> <p>Billing:</p>	<p><u>“Programmed alerts”</u></p> <p>Defined initial “suite of alerts” – for example, the DH could prompt the patient to take their blood pressure etc.</p> <p><u>“Transmission of daily readings”</u></p>

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
		<p>Assume billing for CPT 99454 occurs <u>each 30 days – not a once off.</u></p> <p>Q: could CPT 99454 then be billed together with “virtual check-in” G2012?</p> <p>Who can deliver:</p>	<p>Q: Can the DH video/communications platform store and transmit the daily physiologic recordings? Note: it may not be necessary for the DH (initially) to be able to read the data, but if the platform could be a “connector” to the other devices and apps, and store and forward then CPT 99454 would cover the DH activity.</p> <p>Note: Eventually, the DH could present a dashboard of the patient’s physiologic data.</p> <p><u>“Device supply”:</u></p>
CPT code 99457	“Remote physiologic <u>monitoring treatment management services</u> , 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.”	<p>How Much Time is Required to Bill CPT 99457? At <u>least 20 minutes per calendar month</u>. CPT 99457 is much easier to track because it is based on a calendar month, not 30-day periods. This will more easily align with recordkeeping and claims submission, as CPT 99457 is reimbursed on a monthly basis.</p> <p>20 minutes (at least) per calendar month dr/clinical staff reviewing physiologic data with patient.</p> <p style="text-align: center;"><i>Plus</i></p> <p>20 minutes per calendar month (brief 5-10 minutes per event) virtual check-ins / follow ups to check things are on-track.</p> <p>Who Can Deliver RPM Services? CPT <u>99457 allows RPM services</u> to be performed by the physician, qualified healthcare professional, or clinical staff. Clinical staff includes, for example, RNs and medical</p>	<p>DH solution can support video conference interaction between doctor, patient, DH – to discuss/review physiologic data.</p> <p>Video conference able to be requested by the patient, nurse – and scheduled by hospital team.</p>

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
		assistants (subject to state law scope of practice and state law supervision requirements). The inclusion of “clinical staff” is the most significant differentiator from CPT 99091, as that code is limited only to “physicians and qualified health care professionals.” All practitioners must practice in accordance with applicable state law and scope of practice laws. The term “other qualified healthcare professionals” used in CPT 99457 is a defined term, and that definition can be found in the CPT Codebook.	
HCPCS code G2012	<p>“Brief Communication Technology-Based Service” – <u>“virtual check-ins”</u></p> <p>“...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.”</p>	<p>As CMS explained earlier this year, “Medicare will start paying for virtual check-ins, meaning patients can connect with their doctor by phone or video chat,” said <u>Seema Verma, CMS Administrator</u>. “Many times this type of check-in will resolve patient concerns in a convenient manner that gets them the care that they need and avoids unnecessary cost to the system. This is a big issue for our elderly and disabled populations where transportation can be a burden to care as well as to caregivers. We’re not intending to replace office visits but rather to augment them and provide new access points for patients.”</p> <p>This new code gives providers an opportunity to use telehealth to check in with their patients at certain times on care management issues.</p> <p>Enables a provider to use “<u>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</u>” to check in with an established patient on a care plan.</p>	<p><u>DHCC “virtual check-in”</u></p> <p>DH solution can support video conference interaction between doctor/health professional, patient.</p> <p>Video conference able to be requested by the dr, nurse, patient – and scheduled by hospital team.</p> <p>Patient can show dr/health professional screen capture footage for example, of the patient measuring their heart rate, blood pressure etc.</p>

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
		<p>The new service should help providers who want to check in with their patients to make sure a care plan is being followed at home.</p> <p>It may prove especially helpful for behavioral healthcare providers who might need to check on patients with mental health issues.</p> <p><u>Asynchronous (store-and-forward) technology isn't allowed</u>, so the provider can't check in via e-mail or use a survey to determine the patient's status. Also, the <u>check-in has to be conducted by the physician or a qualified healthcare professional</u>, rather than office staff.</p> <p><u>Restrictions:</u></p> <p>No frequency limitations to the service.</p> <p>CMS has imposed time restrictions that these cannot be billed in the seven days following an in-person visit or within 24 hours of another in-person visit.</p> <p><u>Reimbursement \$\$:</u></p> <p>Each time that a provider conducts a virtual check-in with their patient, they'll be able to bill this code which will be reimbursed at about <u>\$10 per event</u>.</p> <p><u>No frequency limitations</u></p> <p><u>Out of pocket:</u> <u>\$2</u> for each interaction.</p>	

CMS CODES	CMS CODE DESCRIPTION	FAQs	Digital Human Coach Use Case, Conversations and Capabilities
HCPCS code G2010	Remote evaluation of recorded video and/or images submitted by an established patient	<p>When patients use their smartphones to upload photos/videos of symptoms, physicians can now get paid for the evaluation of these.</p> <p>Once again, this code is restricted to established patients and has the same ‘blackout’ periods as G2012. Patients will also be responsible for their co-payment.</p>	DH screen capture of interaction with patient talking about how the patient is feeling – including for example video screen capture of surgical sites.

Abbreviations	
RPM	Remote Patient Monitoring
CPT	Current Procedural Terminology
CCM	Chronic Care Management

References:

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<https://www.nixonlawgroup.com/nlg-blog/2018/11/5/new-code-hcps-g2010-provides-reimbursement-for-remote-evaluation-of-patient-transmitted-images> (Dated: 5 November 2018) EXCELLENT SUMMARY of G2010 and G2012

<https://www.natlawreview.com/article/medicare-remote-patient-monitoring-reimbursement-faqs-everything-you-need-to-know> (Dated: 2 November 2018)

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What to Do Next?

Providers, technology companies, and virtual care entrepreneurs interested in RPM should consider the following steps now to prepare for this new opportunity:

- Take the time to truly understand, with precision, the billing and supervision rules fundamental to a compliant RPM service model. *While a proof of concept is wise*, providers should not overly focus on the technology and business development issues until they are confident the model they are “selling” or delivering does, in fact, comply with Medicare billing requirements. Otherwise, they (or their customers) could face significant overpayment liability if a Medicare administrative contractor conducts a post-payment audit and finds the claims deficient.
- Develop a model business-to-business RPM contract, whether this contract is technology-only, support services-only, or a combination of both.
- Companies currently offering CCM services should be particularly focused on expanding their business lines into RPM. Not only do CCM companies have current customers who can benefit from RPM services, the non-face-to-face technology and clinical integration requirements are fairly similar. Moreover, CCM and RPM can both be separately billed for the same patient in the same month, allowing additional revenue. Pro tip: you cannot double count the minutes for CCM and RPM, so billing both would require at least 40 minutes per month (20 minutes of CCM and 20 minutes of RPM).

Conclusion

Entrepreneurs and start-ups offering RPM technologies and services should take steps now to understand these new billing opportunities under Medicare. With the new CPT codes for Chronic Care Remote Physiologic Monitoring, RPM will become an area of significant upside potential over the coming years. Hospitals and providers using RPM and non-face-to-face technologies to develop patient population health and care coordination services should take a serious look at these new codes, and keep abreast of developments that can drive recurring revenue and improve the patient care experience.