

CMS Proposed Ruling 2023 Q&A



How does the proposed rule affect the CPT codes related to RPM?

If there is an impact, how does it change them?





CPT codes related to RPM (Remote Physiologic Monitoring)

CPT 99453

Setup

CPT 99454

Device Supply

CPT 99457

Monitoring
(First 20 min / month)

CPT 99458

Monitoring
(Next 20 min / month x2)

Under the proposed rule, these codes have no changes



Many were hoping to see CMS update their interpretation surrounding the 16 day requirements related to:

CPT 99453

Initial set up and patient education on use of equipment

CPT 99454

The device supply with daily recording or programmed alert transmission

Both codes are 30 day codes requiring a minimum of 16 days worth of transmissions



Lower rates of reimbursement for all CPT codes on the physician fee schedule in 2023

Payments are based on the relative resources typically used to furnish the service

Relative value units (RVUs) are applied to each service for work, practice expense, and malpractice expense

RVUs become payment rates through the application of a conversion factor

Geographic adjusters (geographic practice cost index) are also applied to the total RVUs to account for variation in practice costs by geographic area

**Will there be a payment
reduction based on the
proposed physician fee
schedule for 2023?**





Current RTM codes

98975

Initial set up and patient education on use of equipment specifically around respiratory system status, msk system status, therapy adherence, therapy response

98976

Device supply for monitoring the respiratory system each 30 days

98977

Device supply for monitoring MSK system each 30 days

98980

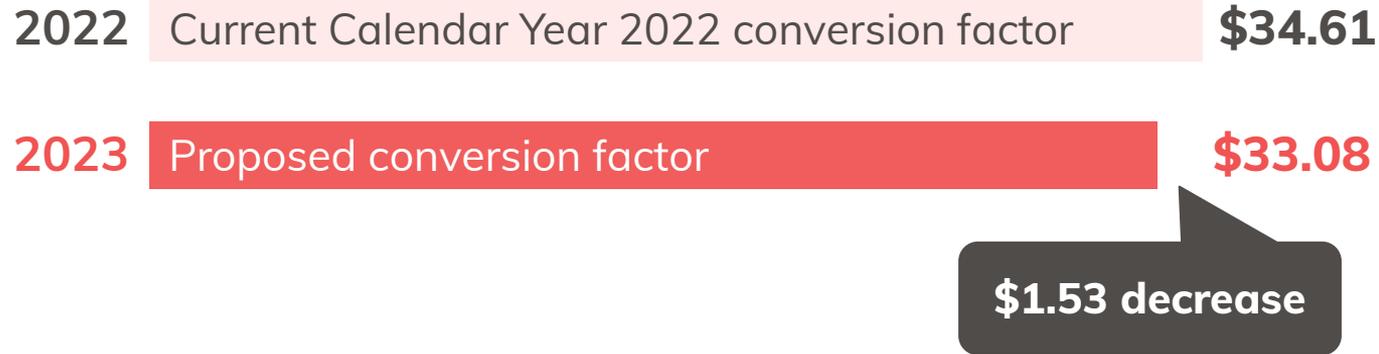
First 20 minutes of monitoring in a calendar month with 1 live interaction

98981

Each additional 20 minutes of monitoring in a calendar month



There will be a reduction in reimbursement based on the proposed final rule.



The conversion factor is the amount Medicare pays per relative value unit.

Each CPT code has a unit associated with it.

**What does this \$1.53
decrease mean for
stakeholders?**





Seeing a decrease is standard and not indicative of a lack of value

An RPM patient being treated by a provider who utilizes the CoachCare RPM platform will yield an average of \$140 monthly reimbursements.

Under the proposed rule, this same patient will yield an estimated \$130 of monthly reimbursements.

What is RTM, and has CMS responded to stakeholder requests to update current RTM codes?





CMS has responded to stakeholder requests for an update to these current codes:

- New HCPCS G codes that allow clinical staff to be able to manage patients under general supervision
- Allows junior staff to help support the providers ordering these services

We mostly see PTs, RDs, DCs, and Clinical physiologists using this code set today

**Will RPM and RTM still
be valuable to private
practices, physician
groups, and hospitals/
health systems?**





The reimbursement decrease we discussed earlier will not be significant enough to negatively impact a practice's bottom line.

Aside from financial reimbursement, there are still so many intangible benefits to both patients and providers;

- Faster access to care for patients
- Increased accountability for patients
- Off-setting provider-patient burdens, by allowing junior, non-billable staff to monitor patients
- Collection of real-time patient data allowing for interventions earlier in the care journey



Sources

Carrie Nixon, R. G. (2022, July 11). *2023 MPFS proposed rule breakdown for Healthcare Innovators*. Nixon Gwilt Law. Retrieved July 18, 2022, from

<https://nixongwiltlaw.com/nlg-blog/2022/7/8/top-six-takeaways-from-the-proposed-2023-medicare-physician-fee-schedule-new-remote-monitoring-behavioral-health-and-chronic-pain-care-management-codes>

Fact sheet calendar year (CY) 2023 Medicare physician fee schedule proposed rule. CMS. (n.d.).

Retrieved July 18, 2022, from

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-proposed-rule>



Thank you!

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