COMPLIANCE ALERT

TO: Compliance Alert Distribution List

FROM: Maryann C. Palmeter, CPC, CENTC, CPCO, CHC, AAPC Fellow
        Director, Office of Physician Billing Compliance

SUBJECT: New Medicare Coverage of Remote Patient Monitoring

DATE: February 22, 2018

Prior to 2018, procedure code 99091 was bundled into payment for other professional services under Medicare Part B and was not paid separately. Beginning in 2018, Medicare will allow separate payment for this procedure code.

99091 – Collection and interpretation of physiologic data [e.g., ECG, blood pressure, glucose monitoring] digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.

Reimbursement:

2018 Florida Allowed Amount for both Facility & Non-facility locations: $57.80
2018 Georgia Allowed Amount for both Facility & Non-facility locations: $56.40

Work RVUs: 1.10

- This is not a telehealth service so not subject to Medicare’s telehealth restrictions.
- Practitioner must obtain patient consent for this service in advance and document this in the patient’s medical record so the patient is aware they will be subject to Medicare cost sharing for this non-face-to-face service.
- Face-to-face visit required for new patients or patients not seen by the billing practitioner within 1 year prior to billing CPT code 99091. Anticoagulation
management, online services, telephone calls and CPT code 99211 would not qualify as face-to-face visits.

- Report time the physician or other qualified health care professional is involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation. Be sure to document actual time spent in addition to activities. Time spent by clinical staff may not be included in billable time.

- Report no more than once in a 30-day period.

- May be billed once per patient during the same service period as Chronic Care Management services (CPT codes 99487, 99489, and 99490), Transitional Care Management services (CPT codes 99495 and 99496), and Behavioral Health Integration services (CPT codes 99492, 99493, 99434, and 99484). The time spent performing CPT code 99091 must be in addition to the time counted towards these other services (i.e., no double-dipping).

- Follow the organization’s HIPAA policies in regard to emails between clinicians and patients.

Please share with appropriate faculty, residents/fellows, nonphysician practitioners, billing and clinic staff.

CC: Leon J. Haley, Jr., M.D., MHSA
    Elizabeth Ruszczyk, J.D.