This year, physicians have more opportunity to use new technology that can improve patient care with additional codes approved by the Current Procedural Terminology (CPT®) Editorial Panel for chronic care remote physiologic monitoring and internet consultations in the pipeline.

The Centers for Medicare & Medicaid Services (CMS) took a big step toward unleashing the potential of digital medicine in January when it followed the AMA and industry stakeholders advice to unbundle CPT code 99091 for remote patient monitoring in the 2018 Medicare physician fee schedule.

Code 99091 was created in 2002 but was not widely used due to its lack of separate payment. The CMS move opened it up for greater use by providing a pathway for physicians to be paid for nonface-to-face patient care activities such as monthly collection and interpretation of patient’s physiologic data. This move is a recognition of the important role remote patient monitoring plays in care delivery today and its increasing importance in the future.

For many years, the AMA has recognized that telehealth and remote patient monitoring offer promise to improve patient care and increase efficiencies in care delivery. But these clinical services did not have a clear path to payment.

So, the AMA said, in order to ensure that physicians would not be deterred from integrating these electronic tools into care delivery, a comprehensive strategy was needed to address complexities which could serve as barriers to their adoption.

To help develop this strategy, the AMA has convened nationally recognized telehealth physicians, subject-matter expert physicians in coding and valuation, and other industry experts with knowledge of expected technology advancements. This group, the Digital Medicine Payment Advisory Group (DMPAG), was created at the beginning of 2017.
In the first year, the DMPAG has submitted several applications to the CPT Editorial Panel, which will be effective for 2019.

Three new Remote Physiological Monitoring codes will allow physicians and other qualified healthcare professionals the ability to report remote monitoring of conditions not currently covered by existing CPT codes.

The three new codes include:

- The initial set-up and patient education of the monitoring equipment.
- The initial collection, transmission and report/summary services to the clinician(s) managing the patient.
- Interpretation of the received data and interaction with patient on a treatment plan by a clinician.

Two new Interprofessional Internet Consultation codes will allow the reporting of electronic, non-verbal communication between consulting and treating/requesting physicians. While codes currently exist to report verbal and written reports, no codes previously existed to report the sending of results without additional verbal communication.

CMS has acknowledged this work and believes “that activating CPT code 99091 will serve to facilitate appropriate payment for these services in the short term.

Unbundling of the 99091 code came with these stipulations:

- The data interpretation must be done by a physician or another qualified health professional and take at least 30 minutes.
- Consent for this service must be obtained in advance from Medicare beneficiaries and the consent must be documented in patients’ medical records.
- The service must be initiated in a face-to-face visit with the billing clinician, such as during an annual Medicare wellness visit or the patient’s initial Medicare preventive physical exam.
- The code could only be reported once in a 30-day period including the requirement and that it reimburse time involved with “data accession, review and interpretation, modification of care plan as necessary (including communication to patient or caregiver), and associated documentation.

Another significant element of the unbundling was that it separated remote patient monitoring from telehealth services. That means it does not fall under the same originating-site statutory restrictions as telehealth.
The AMA advocated such incentives in comments sent to CMS Administrator Seema Verma last September. The AMA also cited U.S. Census Bureau projections that, by 2030, more than 20 percent of U.S. residents would be 65 and older while the number of potential caregivers ages 45 to 64 would decline rapidly.

“Telehealth and remote patient monitoring will become an essential cost effective and reliable means to expand capacity in a health care system marked with significant and persistent specialty shortages and geographic disparities,” the letter states.