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Remote Therapeutic Monitoring

Presented by:

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Professor at NYU, Wagner

Introduction to Your Presenter



Joseph B. Brence

PT, DPT, MBA, FAAOMPT

- **Head of Clinical Strategy** at MedBridge
 - Lead on all efforts around Remote Therapeutic Monitoring
- **Professor** at New York University
 - Healthcare Strategic Management
 - Healthcare Information Technology
 - Entrepreneurship

Learning Objectives

At the conclusion of this webinar the participant will understand

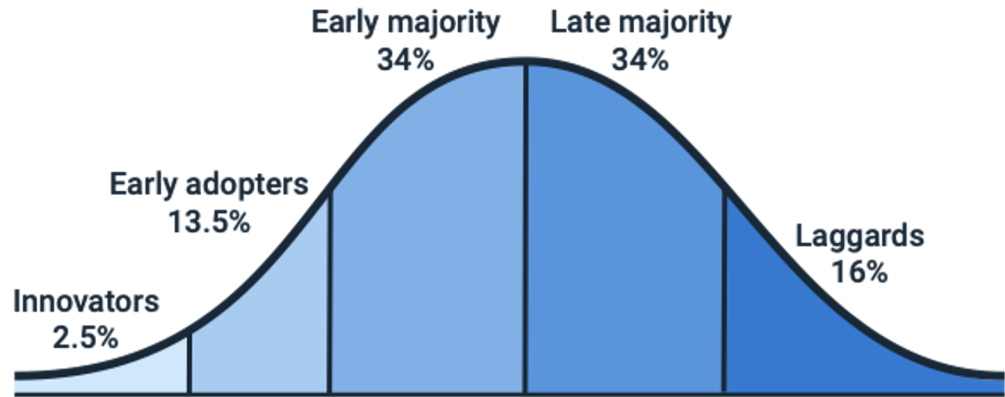
- How market forces led us to RTM
- The benefits and value of RTM for your patients
- The revenue impact opportunity of RTM for your practice
- How to appropriately document and bill each RTM code
- Strategies to implement technology and clinical workflows to support RTM in daily practice



The Digital Transformation of Healthcare Leading to RTM

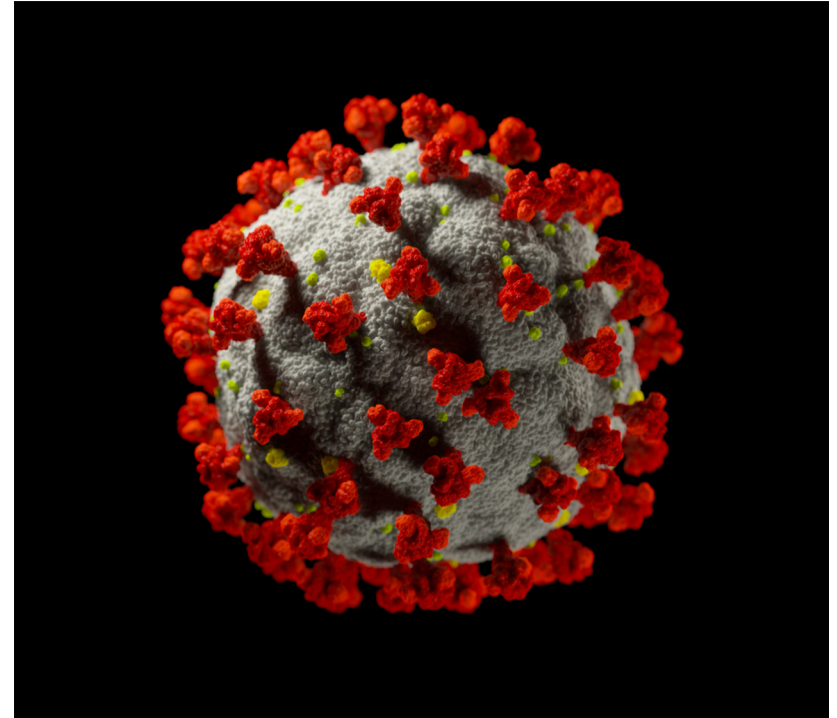
Law of Diffusion of Innovation

- Dr. Everett Rogers in 1962
 - *“Adoption of a new idea, behavior, or product (i.e., “innovation”) does not happen simultaneously in a social system; rather it is a process whereby some people are more apt to adopt the innovation than others.”¹*

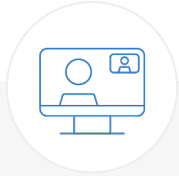


COVID: What Did We Learn?

- Consumers desired healthcare that was **accessible, safe, and flexible**
- The “**walls**” surrounding traditional models of care are not always necessary
- We quickly learned that digital strategies of engaging and monitoring were becoming increasingly important, clinical, impactful, and cost effective



By the Numbers: The Impact of COVID-19 on the US Healthcare System (Rapid Innovation and Disruption)



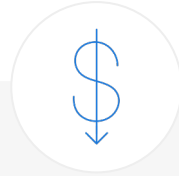
23%

The total percentage of all-provider telehealth visits in 2020, compared to 0.3% in 2019¹



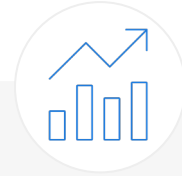
43%

Healthcare Executives who anticipate RPM will at least equal in-patient monitoring volume by 2025²



15%

Total reduced percentage of US Medical Spend in 2020 (compared to 2019 spend)²



97%

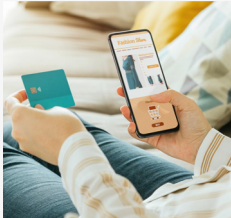
Percentage of health plan executives in 2020 who believe more care needs to shift home³

An Evolving, “Agile” Consumer

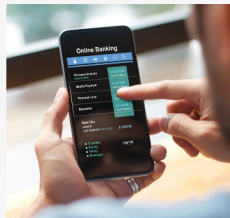
Agility is an iterative concept that helps teams deliver value to their customers faster and with fewer headaches

Other sectors have become more “agile” with blended technology

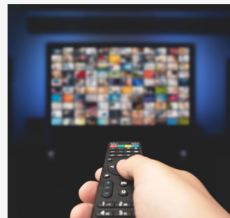
Commerce



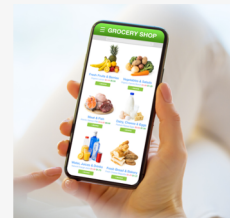
Banking



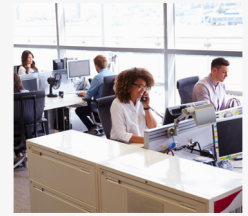
Entertainment



Grocery shopping



Working



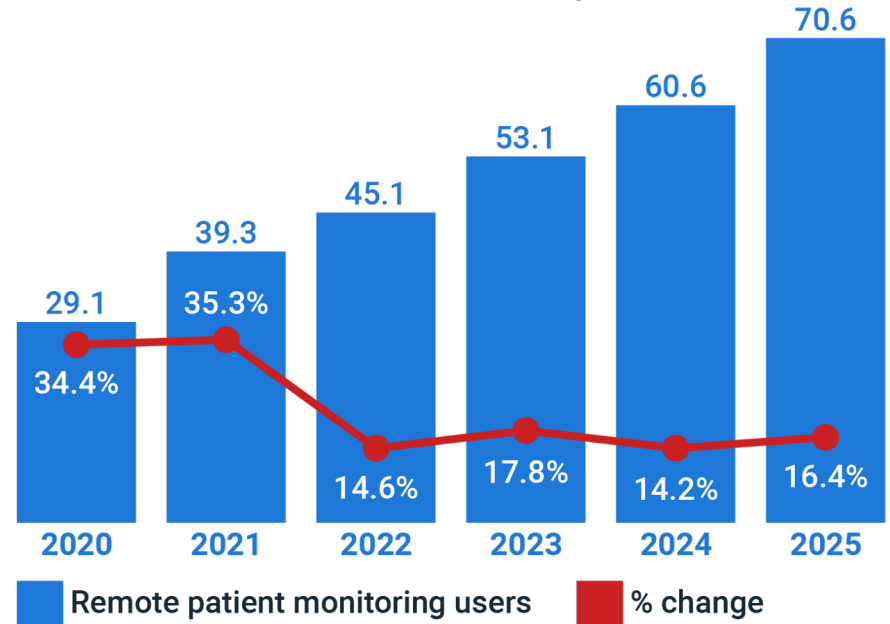
Remote Patient Monitoring Trends

Remote Patient Monitoring in US (4)

- 29.1 million patients monitored by RPM in 2020
- Anticipated YoY Growth will result in 70.6 million patients monitored annually through RPM by 2025 (25% of US population)
- UPMC was able to reduce hospital readmissions by 76%, and maintain patient satisfaction >90%, by equipping patients with tablets and wearables
- Value for consumer
 - 43% reported convenience
 - 37% reported personal control over health
 - 36% reported “peace of mind”

US Remote Patient Monitoring Users, 2020-2025

millions and % change



A Shift to Value-Based Payments

Multi-Setting Healthcare Shift to VBP (Acute → Post Acute)

2012	2015	2018	2019	2022	Beyond 2022
Hospitals Introduced to VBP	Physical Value-Based Modifier & MACRA	Skilled Nursing Introduced to VBP	Physical Value-Based Modifier & MACRA	Home Health Shifts to VBP	Is Ambulatory Next?
In 2012, CMS implemented Hospital Readmissions Reduction Program (HRRP) and Hospital Value-Based Purchasing (HVBP)	CMS implemented the Physician Value-Based Modifier and enacted MACRA	In 2018, CMS implemented the Skilled Nursing Value-Based Purchasing Program	As part of MACRA, MIPS streamlined multiple payment initiatives to qualified providers (incentive payments)	As part of the CY 2022 Final Rule, the HH environment shifts to broadly adopt HHVBP	Hypothesize CMS will continue to broadly incentive settings operating in FFS models to shift to episodic VBC

Multiple Forces Leading to RTM

RTM emergence was predictable

Evolving Consumerism

CMS Continued Shift to VBP

Enhanced HIT

Emergence of RTM
(Hybrid Care Model)

Provider Readiness

Disruptive Technologies

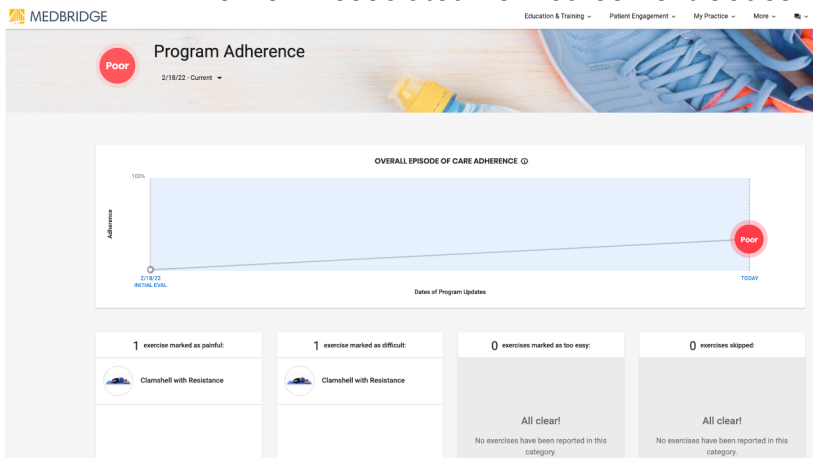
Scaling of Adjacent Solutions (RPM, etc)



What Is Remote Therapeutic Monitoring (RTM)?

What is RTM?

- Monitoring for non-physiologic patient data such as musculoskeletal system status, respiratory system status, therapy (medication) adherence, therapy (medication) response, pain, and other conditions
 - *5 New Associated Reimbursement Codes*



Eligibility: To be eligible to be reported under CPT codes 98975, 98976, or 98977, the service must be ordered by a physician or other qualified healthcare professional, such as a physical therapist, and the data collected must relate to signs, symptoms, and functions of a therapeutic response.

Data Requirements: Data that represents objective device-generated integrated data or subjective inputs reported by a patient is allowed. Data may be driven by devices and/or Software. Patients may self-report, manually enter, and digitally upload RTM data (APTA).

Did You Know? MedBridge has a solution that you can purchase that allows your providers to tag patients for RTM, digitally assign programs to those patients and monitor non-physiologic patient data including quantitative program adherence and qualitative program feedback. Compliance reporting for those tagged with RTM.

The Five Codes

Must be conducted on a medical device as defined by the FDA

- **CPT code 98975:** Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), initial set-up and patient education on use of equipment
- **CPT code 98976:** Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- **CPT code 98977:** Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

RTM Services

- **CPT code 98980:** Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
- **CPT code 98981:** Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month, each additional 20 minutes (List separately in addition to code for primary procedure)

RTM Treatment Services

RTM: Who Can Perform and Bill?

Physicians



Physiatrists, Orthopedics, Pulmonology, etc.

Qualified Health Care Practitioners (QHCP)



An individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service [PT(a), OT(a), ST, etc.]

A blue-tinted photograph of a cable-stayed bridge at night. The bridge features two prominent, tall, triangular pylons with numerous stay cables fanning out to support the deck. The bridge spans across a body of water, and its lights are reflected on the surface. The overall scene is dimly lit, with the bridge's lights providing the primary illumination. The text "RTM Code Deep Dive" is overlaid in white, bold, sans-serif font in the center of the image.

RTM Code Deep Dive

98975

- Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), [initial set-up and patient education on use of equipment](#)
- **Interpretation**
 - **Guard Rails:** For RTM, an episode of care begins when remote monitoring of a specific condition or treatment goal is initiated and ends when the targeted data is collected and/or treatment goals are met
 - Report this code only once-per-episode of care and only if monitoring occurs over a period of at least 16 days
 - **When to Use:** Use to report the initial time spent setting up and teaching the patient/caregiver how to use the device
 - **What to Use:** Monitoring devices/systems must meet approval criteria by the U.S. Food and Drug Administration. Check directly with the manufacturer regarding FDA device status. *By turning on additional MedBridge functionality, you can use MedBridge for RTM.*
 - **Documentation:** Document the type of device being used, the specific education and training provided to the patient and/or caregiver, and any device setup required

98976

- Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
- **Interpretation**
 - **When to Use:** Report this code only if monitoring occurs over a period of at least 16 days
 - **Documentation:** Document the name and description of the device provided for monitoring of the respiratory system

98977

- Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response), device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- **Interpretation**
 - **When to Use:** Report this code only if monitoring occurs over a period of at least 16 days
 - **Documentation:** Document the name and description of the device provided for monitoring of the musculoskeletal system

98980: Treatment

- Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes
- **Interpretation**
 - **Guard Rails:** Count *cumulative* time spent in data review and patient/caregiver interaction in a calendar month (not each 30 days). Report the base and add-on codes together on the claim, based on total time, at the end of each calendar month. The base code (98980) may only be reported once per calendar month. Do not report 98980 unless a full 20 minutes of monitoring has occurred.
 - **When to Use:** Use to report the first 20-minute increment of time spent reviewing and integrating the data collected during remote monitoring to inform treatment goals; monitor the patient's progress and adherence to the treatment plan; and provide clinical feedback to the patient/caregiver
 - **Documentation:** Document the data gathered from the device, the date and time of the patient and/or caregiver interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring

98981: Treatment

- Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month, each additional 20 minutes (List separately in addition to code for primary procedure)
- **Interpretation**
 - Use to report each subsequent 20-minute increment of time spent reviewing and integrating the data collected during remote monitoring to inform treatment goals; monitor the patient's progress and adherence to the treatment plan; and provide clinical feedback to the patient/caregiver
 - Do not report 98981 unless a full additional 20 minutes of monitoring has occurred. 98980 must be billed if 98981 is being billed
 - **Documentation:** Document the data gathered from the device, the date and time of the patient and/or caregiver interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring

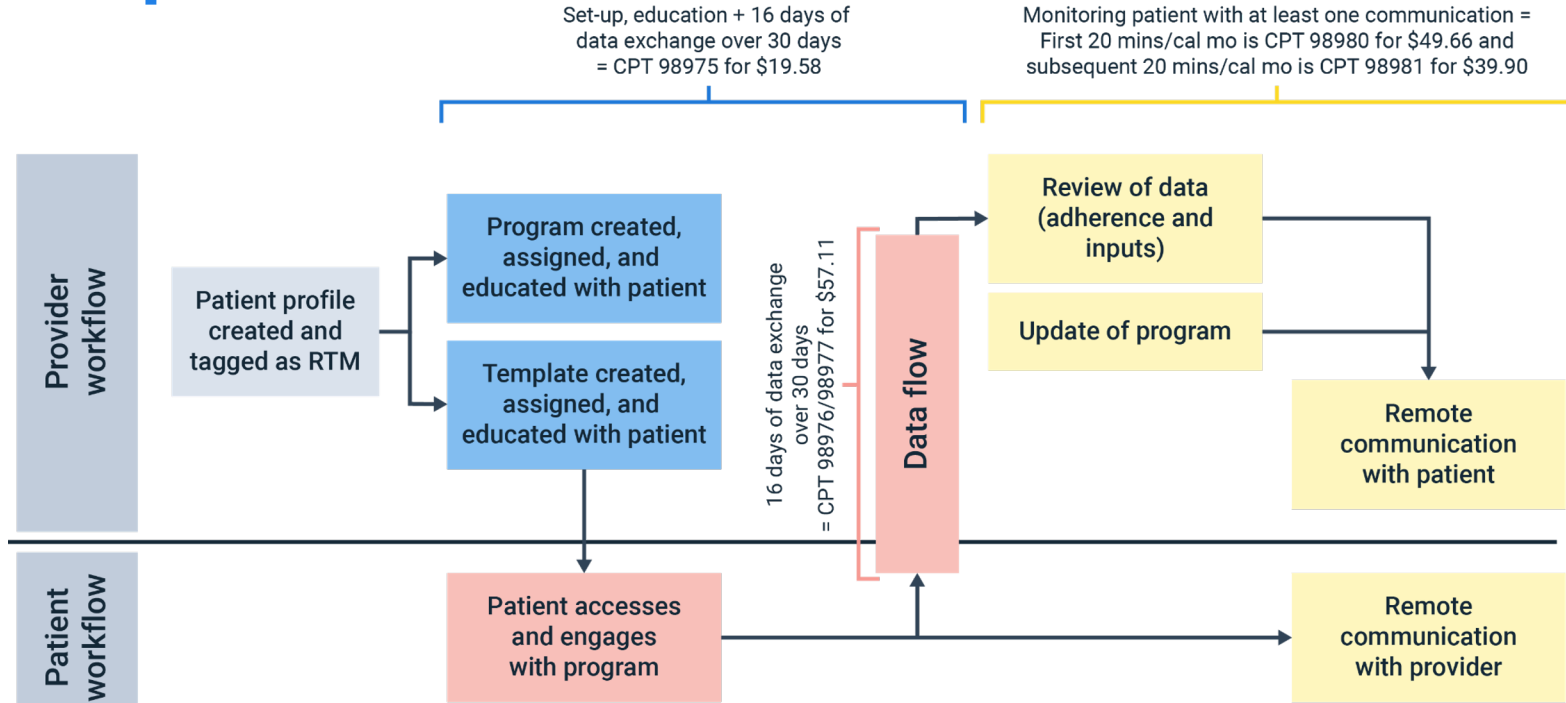
Payment Modifiers for Assistants

- The two device codes, 98976 and 98977, are not subject to the payment adjustment that applies to services provided by physical therapist assistants
- However, code 98975, representing initial set-up and patient education services, is subject to the adjustment



What Does RTM Look Like in Practice?

How RTM Works: A MedBridge Workflow Example





RTM ROI and Calculations

RTM: How Will This Impact Productivity?

FAQ: How Will RTM Impact My Staff?

- **RTM Per-Provider Productivity Equation:**
 - $(\# \text{ Evals/Mo/Provider}) * (\text{Included Payer Mix}) * (\text{Retention Rate}) * (\text{___ mins})$
- Ex. A provider is performing 42 evaluations per month. 30% of those evaluations include patients with Traditional Medicare. 85% of patients are retained for the first month. The provider is spending an average of 20 mins per patient per month monitoring and communicating data for RTM.
 - $(42) * (0.3) * (0.85) * (20 \text{ mins}) = \underline{214 \text{ mins/mo}}$
 - 214 mins/mo = <1 hr/week
 - Revenue Potential/Mo for that level of commitment: **Est. \$1,260/mo**



RTM: What Is the ROI for My Company?

FAQ: *What is the ROI for my company?*

- **Organizational SOM ROI Calculation for RTM**

- $(\# \text{ Annualized Evals}) * (\text{MC Payer Mix}) * (\text{Customer Retention Rate}) * (\text{Avg. Revenue}) = \text{ROI Revenue}$
- Ex: An organization with 20 PTs is performing an average of 10,000 evals per year. 30% of those evaluations include patients with Traditional Medicare. 85% of patients are retained for the first month. An average patient episode for patients included in RTM includes CPT codes: 98975 x 1, 98980 x 1, 98977 x 1 98981 x 1.

- **Ex. Sample Rehab w/ 20 PTs.**

- $(10,000 \text{ evals}) * (0.3 \text{ MC Payer Mix}) * (0.85 \text{ Retention}) * (\$166.25) = \underline{\$423,937 \text{ net new revenue}}$

- **ROI Yield = Net New Revenue/Costs**

- **Ex. ROI Yield:** $\$423,937 / 25,500 * 100\% = \text{Yield of } \mathbf{1662\% \text{ ROI}}$

RTM: What Is the ROI for My Patients?

FAQ: What is the value of RTM for my patients?

- Enhanced, long-term provider-patient connection
- Early intervention based upon individual response
- Advanced data for providers to act upon leading to improved decision-making for care
- Empowerment of patient to better manage their condition



Clinical Cases (Provided by APTA)

Clinical Case

- **Tom Jones** seeks care from his physical therapist for the onset of pain associated with right hip OA on March 1, 2022
- As part of his POC, the PT recommends the use of a MedBridge home exercise program with RTM reporting and tracking. The PT assigns the patient a program, providing them access to the system. The PT instructs the patient on usage of MedBridge, answers questions, and has the patient demonstrate appropriate login and use.
- Over the next few days, the PT logs into MedBridge to view her patient's adherence tracking and notices that Tom has been consistently completing his exercises as assigned. This said, she notices he has marked one of his assigned exercises as "painful" and another as being too "easy." She intervenes on 3/4/22, updates his program and calls Tom to update him of the change. The time associated with this intervention was 21 minutes.
- Over the next four weeks (28 days), Tom completes both his HEP as well as comes in for onsite care. Data is transmitted between Tom and his provider through the MedBridge platform (including days in which Tom is non-adherent). An additional 22 minutes of monitoring and communication is logged.
- At the end of the calendar month, the PT ensures she appropriately documents and bills the CPT codes associated with her interaction with Tom. What can she bill?

Clinical Case: Answers

1. **98975 x 1.** The PT bills this code as she set-up and educated the patient on the usage of MedBridge AND 16 days of monitoring was completed.
 - a. **Likely reimbursement:** \$19.58
2. **98977 x 1.** Data was transmitted between the patient and provider for more than 16 days in a 30 day period.
 - a. **Likely reimbursement:** \$57.11.
3. **98980 x 1.** The PT provided remote monitoring with at least one communication for at least 20 minutes in March.
 - a. **Likely reimbursement:** \$49.66
4. **98981 x 1.** The PT provided remote monitoring with at least one communication for a subsequent 20 minutes in March.
 - a. **Likely reimbursement:** \$39.90

Documentation of Note: Tom was initially set-up on the RTM software MedBridgeGo, assigned an individual program and educated on usage on 3/1/2022. He provided return demonstration successfully. Monitored 28 days of MSK data on Tom transmitted through MedBridge. On 3/4/2022, Tom indicated hip abduction AROM was too easy, and resisted hip extension was too painful. Modified his program and communicated these updates to Tom via phone call. Continued to monitor Tom and progressed program on 3/22/2022 to include WBing and ambulatory activities. Communicated with patient over a short telehealth interaction on 3/23/2022 to answer questions about a newly prescribed standing hip abduction + extension exercise.

Clinical Case

- **Sally Williams** seeks care from her Pulmonologist for anxiety and SOB associated with an exacerbation of COPD on March 1, 2022.
- As part of her treatment, the Pulmonologist recommends the use of a MedBridge home exercise program with RTM reporting and tracking. The Pulmonologist assigns Sally a program, consisting of breathing activities and education, and provides her access to the system. The Pulmonologist instructs the patient on usage of MedBridge, answers questions, and has the patient demonstrate appropriate login and use.
- Over the next two weeks, the Pulmonologist tracks Sally's adherence to her breathing activities. Sally notes she is experiencing difficulty with pursed lip breathing and the Pulmonologist intervenes through a 10-minute remote communication. The Pulmonologist spends an additional 10 minutes through the end of March tracking Sally's progress. Data flows between the patient and provider for the entire month of March.
- At the end of the calendar month, what would the Pulmonologist document and bill in this case?

Clinical Case: Answers

1. **98975 x 1.** The MD bills this code as she set-up and educated the patient on the usage of MedBridge AND 16 days of monitoring was completed.
 - a. **Likely reimbursement:** \$19.58
2. **98977 x 1.** Data was transmitted between the patient and provider for more than 16 days in a 30 day period.
 - a. **Likely reimbursement:** \$57.11
3. **98980 x 1.** The MD provided remote monitoring with at least one communication for at least 20 minutes in March.
 - a. **Likely reimbursement:** \$49.66

Documentation of note: *Sally was initially set-up on the RTM software MedBridgeGo, assigned an individual program and educated on usage on 3/1/2022. She provided return demonstration successfully. Monitored 31 days of respiratory-level data on Sally transmitted through MedBridge. This occurred through both adherence tracking and subjective inputs from Sally. On 3/15/2022, Sally indicated difficulty with pursed-lip breathing. Conducted a 10-minute virtual communication with Sally and answered any of her questions. Spent an additional 10 minutes in March monitoring her daily data and progressed her program to include more challenging activities.*

References

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2. VivaLNK. (2021, March 10). *More than three-quarters of hospitals anticipate remote patient monitoring to match or surpass in-patient within five years*. More Than Three-Quarters of Hospitals Anticipate Remote Patient Monitoring to Match or Surpass In-Patient Within Five Years. Retrieved March 1, 2022, from <https://www.prnewswire.com/news-releases/more-than-three-quarters-of-hospitals-anticipate-remote-patient-monitoring-to-match-or-surpass-in-patient-within-five-years-301244169.html>
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4. Dolan, S. (n.d.). *The technology, devices, and benefits of remote patient monitoring in the healthcare industry*. Insider Intelligence. Retrieved March 1, 2022, from <https://www.insiderintelligence.com/insights/remote-patient-monitoring-industry-explained/>
5. American Medical Association. (2022). CPT Professional 2022. Chicago, IL: American Medical Association.

A blue-tinted photograph of a cable-stayed bridge at night. The bridge features two prominent, tall, A-frame pylons with numerous stay cables fanning out to support the deck. The bridge spans across a body of water, and its lights are reflected on the surface. The word "Questions?" is overlaid in the center in a white, bold, sans-serif font.

Questions?



MEDBRIDGE

Remote Therapeutic Monitoring Solution

MedBridge can help you realize an estimated \$25k in new revenue per provider by leveraging our RTM solution.

www.medbridgeed.com/rtm-solution

