Status Indicator Changes for Remote Patient Monitoring Services

Advisory Panel on Hospital Outpatient Payment

(HOP Panel)

August 31, 2020

Presented on Behalf of

The Alliance of Dedicated Cancer Centers (ADCC)

The Alliance of Dedicated Cancer Centers

The ADCC consists of the following cancer hospitals from across the country:

- Arthur G. James Cancer Hospital and Richard J. Solove Research Institute
- City of Hope Comprehensive Cancer Center
- Dana-Farber Cancer Institute
- Fox Chase Cancer Center
- H. Lee Moffitt Cancer Center and Research Institute
- M.D. Anderson Cancer Center
- Memorial Sloan Kettering Cancer Center
- Roswell Park Cancer Institute
- Seattle Cancer Care Alliance
- USC Norris Cancer Hospital

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Financial Relationship

Presenters:

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CPT/HCPCS and APC Codes

- Remote Physiologic Monitoring (RPM) Codes
  - 99457: (Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes); Current OPPS status indicator = "B"
  - 99458: (Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes); Current OPPS status indicator = "B"
  - 99091: (Collection and interpretation of physiologic data 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 requiring a minimum of 30 minutes of time, each 30 days); Current OPPS status indicator = "N"
- No APCs have been assigned to these three RPM codes

Description of the Issue

- The OPPS payment status in CMS' OPPS Addendum D1 describes:
  - Status indicator "B" as: *"An alternate code that is recognized by OPPS when submitted on an outpatient hospital Part B bill type (12x and 13x) may be available"*.
  - Status indicator "N": *"Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment."*
- Since CMS does not provide a cross-walk of what "alternate code" to report and because detailed HIPAA transaction code sets require accurate coding with the most specific code when it exists, many providers:
  - Do not report services with status indicator "B" thinking they are not covered by Medicare at all
  - Do not report a different HCPCS code to receive OPPS payment for the covered service fearing incorrect coding and payment could result
- When status indicator "N" is assigned, it is always packaged which assumes an expectation that another OPPS service occurs on the same day to which payment for the status "N" service is packaged such as "add-on" CPT codes.

Description of the Issue (Cont.)

- This could result in patients not receiving services or being given ABNs inappropriately because the provider thinks the service is non-covered
- Even in the best case scenario where providers do report a different HCPCS code for the service, it will not be visible in the data for tracking, analyses, or use in future setting
- Many times the only “alternate code” to report is the HCPCS code G0463 which represents an evaluation and management or assessment outpatient hospital visit necessitating ancillary staff and/or other resources which OPPS covers and makes payment for through APCs

Clinical Description of the Issue

- RPM involves collection and analysis of patient physiologic data via technology and the data is used to develop and manage a treatment plan related to a chronic and/or acute health illness or conditions.

- In the CY 2020 PFS final rule CMS stated, *"We explained that, like other care management services, CPT codes 99457 and 99458 can be furnished by clinical staff under the general supervision of the physician or NPP."*
  - The services described by CPT codes 99457 and 99458 are services that are typically furnished remotely using communications technologies that allow "interactive communication," which we read as real-time interaction, between a patient and the physician, nonphysician practitioner, or clinical staff who provide the services.

- 99091 can be furnished by clinical staff "incident to" a physician/NPP order and would not require another OPPS service on the same day so there is nothing to package into

- While the RPM services are a form of evaluation and management and assessment, the reliance upon technology and episode time span of the services are the distinct from a typical hospital outpatient department in-person visit on a single day

Recommendations

- The ADCC requests the HOP Panel to recommend to CMS that it should make the following status indicator changes for CY 2021

CMS' Proposal for CY 2021					Recommendations for CY 2021		
HCPCS Code	**Short Descriptor**	**CI**	**SI**	**APC**	**SI**	**APC**	**Rationale**
99457	Rem physiol mntr 1st 20 min	C	B		V	5012	Similar to G0463; Hospital outpt clinic visit
99458	Rem physiol mntr ea addl 20	C H	B		N	N/A	Add-on code; per CMS policy this would be packaged
99091	Collj & interpj data ea 30 d		N		V	5012	Similar to G0463; Hospital outpt clinic visit

Rationale for Recommendation

- Provider reporting of the specific services will improve
- Patient access to the services will improve as confusion about what to report or whether to report will be eliminated
- Risks of patients inappropriately signing an ABN and paying out of pocket for covered services would be eliminated
- Overall rate-setting is likely to improve over time
- Separate payment will be made to providers for services described by specific CPT codes that involve hospital level resources
- Transparency of service delivery will improve as we'll be able to explicitly identify the services being rendered

Potential Consequences of Not Making Requested Change

- Lack of separate payment for specific CPT codes is likely to continue resulting in the following:
  - Provider confusion
  - Access issues
  - Lack of transparency, this is crucial given the importance and potential expansion of virtual services; having visibility of these services in the data will enable us to track quality, safety, etc.

Final Recommendations

- The ADCC requests the HOP Panel to recommend that CMS make the following status indicator changes for CY 2021

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- The ADCC also requests that CMS always recognize new CPT codes that have ancillary or hospital staff involved in recognition of the facility resources that are expended rather assigning status indicator "B"