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TECHNOLOGY MARATHON

**Digital Health and Patient Care Management:
RPM, CCM, and the Future of Healthcare**

Jake Harper

June 22, 2023 | 3:00 pm ET

Presenter



Jacob Harper

Morgan Lewis

Agenda

- Evolution of Care Management in Medicare
- Remote Physiologic Monitoring
- Chronic Care Management
- Integration of AI in Medical Management

Evolution of Care Management in Medicare



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Slow and Steady

- Since the enactment of the Affordable Care Act, CMS has been shifting away from acute care services while increasing incentives on keeping patients healthy
 - Recognition that acute exacerbation of chronic conditions even if short in duration are very expensive
 - *“Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of 10 deaths among Americans each year and account for 75 % of the nation’s health spending – and often are preventable.”* CMS FAQ, July 14, 2010

Focus on Prevention

- Through the ACA, CMS waived cost-sharing requirements for certain preventive care services and also introduced a new annual wellness visit
 - AWW includes a comprehensive health risk assessment and personalized prevention plan
 - In addition, CMS offered enhanced Medicaid matching funds to states covering evidence-based preventive services
- Over the next few years, CMS introduced coverage for a number of preventive care services
 - List of Medicare Preventive Services now includes 30 separate services
- CMS also introduced disincentives for acute care services, especially repeated hospitalizations (the Hospital Readmissions Reduction Program (HRRP))

Preventive Services Tell the Tale

Medicare Preventive Services List

Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use (T)
Depression Screening (T)	Diabetes Screening	Diabetes Self-Management Training (T)	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease (T)	IBT for Obesity (T)	Initial Preventive Physical Exam	Lung Cancer Screening (T)	Mammography Screening
Medical Nutrition Therapy (T)	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs (T)	Ultrasound AAA Screening					

Introduction of Care Management Services

- Extending focus of preventive care services, CMS has established various designated “care management services” designed to provide more frequent patient touches and enable patients to take ownership of their own health care needs
 - Advance Care Planning Services
 - Behavioral Health Integration (BHI)
 - **Chronic Care Management (CCM)**
 - Transitional Care Management (TCM)
 - Principal Care Management (PCM)
 - **Remote Physiologic Monitoring (RPM)**
 - While Remote Therapeutic Monitoring (RTM) is similar, it is not an evaluation and management service so cannot be designated as “care management.”
- Care management services can be performed “incident to” under general supervision of a billing practitioner

Remote Physiologic Monitoring



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What is RPM?

- According to HHS, remote patient monitoring “lets providers manage acute and chronic conditions. And it cuts down on patients' travel costs and infection risk. . . [It] pairs well with telehealth when patients need to be monitored for certain health conditions. It can also prevent health complications in patients who aren't able to easily travel.”
- However, AMA coding guidelines and CMS policy has created a more highly complex set of requirements for RPM.
- Importantly, RPM is not “telehealth.”

RPM Elements

- *With the end of the Public Health Emergency, RPM is:*
 - Only for established patients
 - Covered when there is at least one interactive communication with the patient and at least 20 minutes of monitoring time are furnished in a given month
 - Only used to monitor physiologic data (vital information, weight, blood pressure, etc.)
 - Only covered when 16 days of data are gathered in 30-day period
 - Limited to medical devices as defined by the FFDCA
 - Only where such devices can auto-upload data to reviewing practitioner
 - Only covered with consent from patient
 - Performed by either physician or other practitioner or clinical staff under general supervision
 - Covered for both acute and chronic conditions

RPM Codes

CPT Code	Description	Who Can Perform	Payment for FY 2023
99453	Initial set-up and patient education on use of equipment	Physician and clinical staff	\$19.32
99454	Device(s) supply with daily recording and transmission of data for each 30 days	Physician and clinical staff	\$50.15
99457	20 minutes a month of monitoring and interactive communication; includes phone, text and email	Physician and clinical staff	\$48.80
99458	Add-on code for an additional 20 minutes of RPM services in a given month	Physician and clinical staff	\$39.65
99091	Collection and interpretation of remote physiologic data by qualified healthcare professional	Physician	\$54.22

Understanding RVUs and Practice Expense

- All Medicare Part B practitioner payments are made up of 3 elements:
 - Practitioner Work
 - Practice Expense
 - Malpractice Expense

CPT Code	Work RVUs	PE RVUs	Mal. RVUs	Total RVUs
99453	0	.55	.02	.57
99454	0	1.47	.01	1.48
99457	.61	.79	.04	1.44
99458	.61	.52	.04	1.17
99091	1.10	.42	.08	1.60

RPM vs. RTM

RPM	RTM as defined by the AMA	RTM as proposed by CMS
<i>Monitored:</i> Vitals type data	<i>Monitored:</i> Non-Vitals type data	<i>Monitored:</i> Non-Vitals type data
Not limited to body system	Limited to respiratory or musculoskeletal	Expand beyond two systems
<i>Time-specified for collection in order to bill:</i> 16 days	<i>Time-specified for collection in order to bill:</i> 16 days	<i>Time-specified for collection in order to bill:</i> 16 days
<i>Device:</i> FDA defined	<i>Device:</i> FDA defined	<i>Device:</i> seeking comments
<i>Data:</i> auto-uploaded	<i>Data:</i> auto-uploaded or self-reported	<i>Data:</i> auto-uploaded or self-reported
<i>Who can order:</i> MDs, NPs (codes are in "E&M Section" of AMA CPT code book)	<i>Who can order:</i> MDs, NPs (codes are in the "Medicine Section" of AMA CPT book)	<i>Who can order:</i> MDs, NPs (codes are in the "Medicine Section" of AMA CPT book)
<i>Who can perform and bill:</i> combined minutes of MDs, NPs, clinical staff (incident to, gen'l)	<i>Who can perform and bill:</i> combined minutes of MDs, NPs	<i>Who can perform and bill:</i> MDs, NPs, therapists: anyone who can bill Medicare

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Chronic Care Management



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What is CCM?

- CMS recognizes CCM as a “critical primary care service that contributes to better patient health and care.”
- It includes four primary elements:
 1. Structured recording of patient health information
 2. Keeping comprehensive electronic care plans
 3. Managing care transitions and other care management services
 4. Coordinating and sharing patient health information promptly within and outside the practice
- Even though CCM is generally not performed face-to-face, it is not considered “telehealth”

CCM Elements

- CMS has published its general expectations about CCM services, which include:
 - Continuous patient relationship with chosen care team member
 - Supporting patients with chronic diseases in achieving health goals
 - 24/7 patient access to care and health information
 - Patient receiving preventive care
 - Patient and caregiver engagement
 - Prompt sharing and using patient health information

CCM Elements

- CCM, like RPM, can be furnished under general supervision by clinical staff of a practitioner.
- CCM includes both a complex and non-complex version, which vary based on the level of physician involvement and complexity of medical decision making
- Patients are eligible for CCM services if they have 2 or more chronic conditions, which has a specific definition for CCM but includes a wide variety of illnesses, such as Alzheimer's disease, arthritis, diabetes, COPD and other cardiovascular/cardiopulmonary conditions, etc.
- Patients must specifically consent to the service (including applicable cost-sharing amounts)
- CCM requires the creation and update of a comprehensive care plan

CCM Codes

CPT Code	Description	Who Can Perform	Payment for FY 2023
99487	Complex chronic care management services; first 60 minutes of clinical staff time directed by a physician	Physician and clinical staff	\$133.18
99489	Complex chronic care management services; additional 30 minutes of clinical staff time directed by a physician	Physician and clinical staff	\$70.49
99490	Chronic care management services; first 20 minutes of clinical staff time directed by a physician	Physician and clinical staff	\$62.69
99491	Chronic care management services; at least 30 minutes of physician time	Physician	\$85.06
G0506	Comprehensive assessment of and care planning by physician for patients needing CCM	Physician	\$62.01

Integration of AI



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Digital Health Evolution

- FDA and other regulatory agencies are thinking about Artificial Intelligence, Virtual Intelligence, and Machine Learning technologies in the healthcare space
 - FDA has been examining ways to approve and regulate medical devices and clinical decision support software, particularly as they autonomously “evolve” through programmed learning
 - CMS is interested in AI-based technologies and recently published a rule outlining its thinking on this:

“Rapid advances in innovative technology are having a profound effect on every facet of health care delivery. Novel and evolving technologies are introducing advances in treatment options that have the potential to increase access to care for Medicare beneficiaries, improve outcomes, and reduce overall costs to the program. In some cases, these innovative technologies are substituting for more invasive care and/or augmenting the practice of medicine.”

87 Fed. Reg. 72027 (Nov. 23, 2022).

AMA AI Taxonomy Framework

Service Components	AI Category: Assistive	AI Category: Augmentative	AI Category: Autonomous
Primary objective	Detects clinically relevant data	Analyzes and/or quantifies data in a clinically meaningful way	Interprets data and independently generates clinically relevant-meaningful conclusions
Provides independent diagnosis and/or management decision	No	No	Yes
Analyzes data	No	Yes	Yes
Requires physician or other QHP interpretation and report	Yes	Yes	No
Examples in CPT code set	Computer-aided detection (CAD) imaging (77048, 77049, 77065-77067, 0042T, 0174T, 0175T)	Continuous glucose monitoring (CGM) (95251), external processing of imaging data sets	Retinal imaging (92229)

3 overall categories of AI devices based on the “work performed by the machine” in delivering an overall service
 Within the 3rd category (“Autonomous”), there are 3 sub levels describing the level of professional involvement associated with the machine

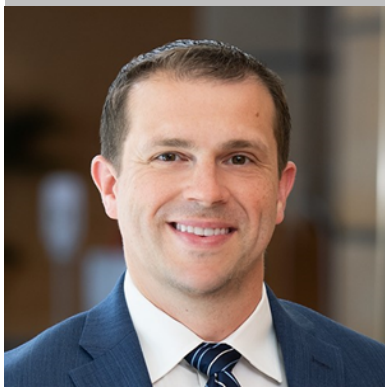
- Level I** – AI offers diagnosis/treatment but physician must implement
- Level II** - AI initiates diagnosis/treatment with override option and may need physician implementation
- Level III** – AI initiates diagnosis/treatment and physician must contest

Digital Health and Population Health Management



Figure 1. CMS Innovation Center Vision and 5 **Strategic Objectives** for Advancing System Transformation.

Biography



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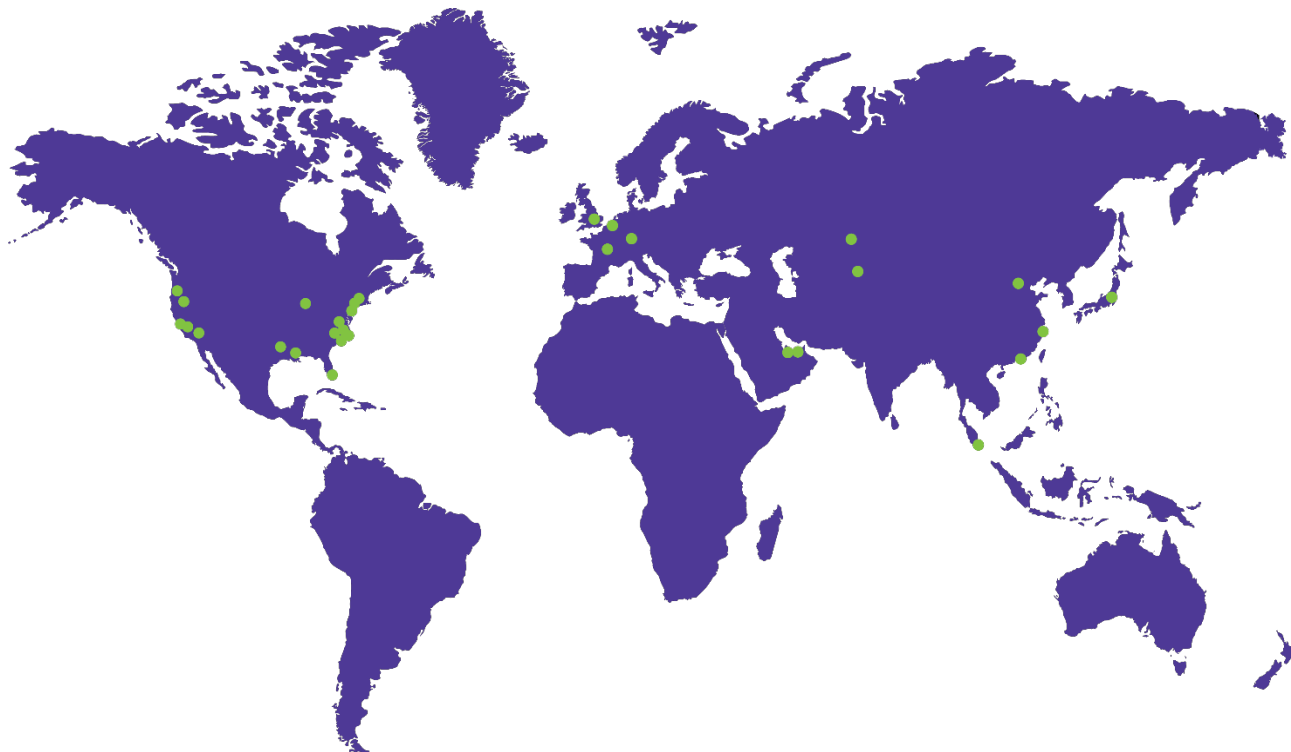
Jacob Harper advises stakeholders across the healthcare industry, including hospitals, health systems, large physician group practices, practice management companies, hospices, chain pharmacies, manufacturers, and private equity clients, on an array of healthcare regulatory, transactional, and litigation matters. His practice focuses on compliance, fraud and abuse, and reimbursement matters, self-disclosures to and negotiations with OIG and CMS, internal investigations, provider mergers and acquisitions, and appeals before the PRRB, OMHA, and the Medicare Appeals Council.

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