

## Report on Medicare Compliance Volume 28, Number 11. March 25, 2019 CMS OKs Incident-To Billing for Remote Monitoring, But Glass is Half Empty

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By Nina Youngstrom

With a proverbial snap of its fingers, CMS on March 15 made Medicare coverage of remote patient monitoring more useful by announcing the services will be covered when provided incident to the physician's services. The catch: CMS is still requiring direct physician supervision for incident-to billing of remote patient monitoring, which put somewhat of a damper on what otherwise was welcome news to providers. Direct supervision will hamper the use of codes for remote patient monitoring (remote monitoring of physiologic parameters), particularly in rural areas, attorneys say, and they hope CMS will change the supervision level from direct to general in the 2020 Medicare Physician Fee Schedule (MPFS) regulation.

"This was a half win," says attorney Richelle Marting, with the Forbes Law Group in Overland Park, Kansas. Because CMS requires direct supervision, physicians have to be in the office suite to render assistance if needed to clinical staff/auxiliary health professionals (e.g., nurses) who receive and interpret data from remote patient monitoring. Requiring direct supervision also interferes with telehealth companies that deliver remote patient monitoring services unless their clinical staffers are physically placed in the supervising physician's office, which isn't realistic, Marting explains. Although the focus of incident-to billing is usually on reimbursement—billing 100% of the physician fee schedule when services are performed by nonphysician practitioners, such as nurse practitioners—it shifts to survival mode for remote patient monitoring, she says. Without incident-to billing, physicians or nonphysician practitioners would have to personally do remote patient monitoring and bill the MPFS, which isn't realistic because of the low return on investment. But incident-to billing opens up remote patient monitoring to registered nurses and medical assistants, the clinicians expected to provide the services, she says. However, they are stuck with the direct supervision requirement at the moment.

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