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Report on Medicare Compliance Volume 31, Number 6. February 14, 2022
CMS: RPM's PHE Flexibilities Don't Extend to RTM; Number of Days Required Is Still Iffy

By Nina Youngstrom

Medicare has given providers a pretty wide berth for remote physiologic monitoring (RPM) services delivered during the COVID-19 public health emergency (PHE), but apparently this doesn't apply to remote therapeutic monitoring (RTM), a new, companion set of services—for the most part.

Medicare allows physicians to bill for RPM delivered two to 15 days a month during the COVID-19 PHE to patients with actual or suspected cases of COVID-19. Patients with other conditions must have 16 or more days of monitoring. Another important PHE flexibility is providing RPM to new patients, regardless of the number of days of monitoring or the condition being monitored, but that goes away after the PHE, when Medicare requires providers to deliver the services to established patients. Whether these and other flexibilities extend to RTM, which went live Jan. 1, has been a source of confusion for providers. Now a CMS official says the answer is no, although there still isn't absolute certainty about the number of days that RTM must be provided every month to bill Medicare.

"The RPM flexibilities were not extended to the RTM codes," Liane Grayson, a health policy analyst with the Division of Practitioner Services at CMS's Hospital and Ambulatory Policy Group, wrote in an email to Richelle Marting, an attorney and certified coder in Olathe, Kansas, which was shared with *RMC*. Grayson added, "As an aside, given the therapeutic nature of the RTM codes, it seems unclear whether fewer days of monitoring would be appropriate."

Drawing the distinction between RPM and RTM in terms of the flexibilities is surprising, Marting said. "There are many clinical scenarios where monitoring under 16 days would make a lot of sense," she said.

The overlapping rules may invite risk. "During the pandemic, there is a recognition that two days is enough" for patients with COVID-19, said attorney Rick Hindmand, with McDonald Hopkins in Chicago, who spoke at a Feb. 1 webinar sponsored by Strafford.[1] "A lot of people have been interpreting" the RPM flexibility "to apply to everyone."

Those are the kinds of details for providers to keep in mind as they navigate RPM and RTM because eventually auditors may come knocking and will expect to see that documentation is consistent with coding and other requirements, Hindmand said. The documentation will have a before-and-after-the-PHE quality to it because CMS suspended certain RPM requirements during the PHE. Also, while RPM services originally were intended to manage chronic conditions, CMS said during the PHE they may be used for patients with acute and chronic conditions, and then made this a permanent change in the 2021 Medicare Physician Fee Schedule rule, Marting said.