



Remote Patient Monitoring in Sleep and Respiratory Care

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What is MonitAir?

MonitAir is an all-in-one, HIPAA-compliant platform that combines remote patient monitoring (RPM) and telemedicine (TM) to help physicians improve patient outcomes while increasing practice revenues. It was designed by doctors for doctors who manage patients on PAP/NIV for chronic sleep and respiratory conditions, predominantly obstructive sleep apnea (OSA) and chronic obstructive pulmonary disease (COPD).

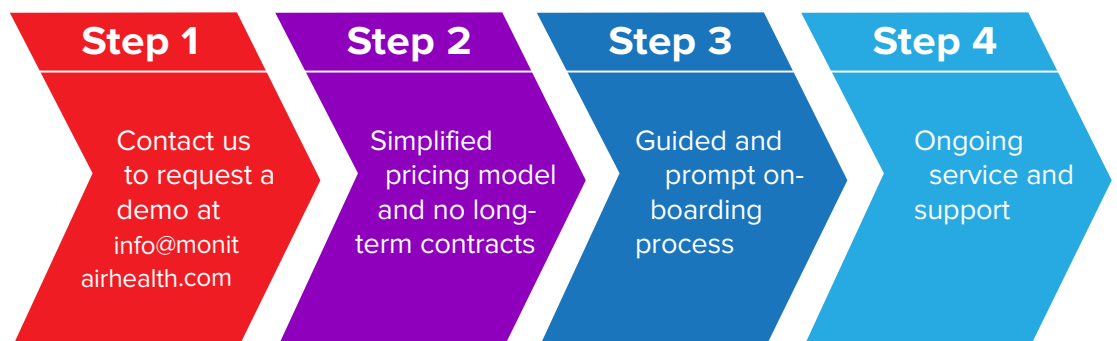
Our Mission

To enable health care providers to utilize their patients' sleep and respiratory data to optimize treatment, improve patient outcomes, and increase provider revenue while reducing Healthcare delivery costs.

Why MonitAir?

- The first truly integrated sleep and respiratory care RPM and TM platform
- HIPAA compliant
- Dashboard metrics designed to facilitate your RPM workflow
- Risk stratification to identify and engage your underperforming patients
- Integration of respiratory data from PAP/NIV device manufacturers
- Automated time logs
- Seamlessly communicate with your patients via SMS, voice, or video
- Intra-practice communication
- Patient communication logs
- Analytics to optimize your practice
- Exportable billing reports

Getting started with MonitAir is easy



What is remote patient monitoring (RPM)?

Remote patient monitoring refers to the monitoring of patients outside of conventional clinical settings, such as in patient's homes, which allows for improved patient outcomes and decreased health care delivery costs. The Center for Medicare & Medicaid Services (CMS) started to reimburse for RPM in 2018 with the roll-out of CPT codes that allowed for qualified health care providers to review and act upon real-time physiologic parameters from FDA-approved medical devices. In 2020, these codes were updated to allow for these services to be provided by physicians, clinical staff or other qualified healthcare professionals under general supervision of the treating/ordering physician.

The **aims** of RPM are to:



Manage patients with chronic sleep and respiratory conditions



Stay more connected with patients and caregivers



Improve adherence while preventing exacerbations of chronic medical conditions



Monitor data to make personalized treatment recommendations



Increase access by reducing barriers, maximizing the number of patients that can be cared for by a single provider

What is telemedicine (TM)?

Telehealth refers to the umbrella of electronic and telecommunications technologies and services used to provide care and services at a distance. Under this umbrella exist telemedicine and remote patient monitoring as above. Telemedicine refers specifically to remote clinical services, whereas telehealth can refer to remote non-clinical services. Today, telemedicine is more relevant than ever with the rise of digital platforms, like **MonitAir**, that enable physicians to reach a wider range of patients with more convenience and flexibility.

The **aims** of TM are:



Increase access to care



Reach a larger group of patients



Eliminate barriers like transportation, appointment wait times, and visit requests

What are the legal and technical requirements for RPM services?

- Services must be ordered and managed by a physician or other qualified healthcare professional
- DME providers are not eligible for payment
- Must be a non-face-to-face service (and cannot bill the same day of service as a face-to-face E/M visit)
- Patients must provide advanced beneficiary consent for the RPM services and this must be documented in the chart
- Patients must have been seen with the ordering provider within one year for RPM services to be initiated
- Patients can be in rural or non-rural locations
- Reimbursable under Medicare Part B, however patients are subject to their 20% co-insurance
- Commercial payers generally recognize and reimburse the above listed RPM codes; however, due diligence is required on the practice's behalf to ensure that the insurance carriers they work with cover these codes.

What are the CPT billing codes and reimbursement?

Remote Patient Monitoring

CPT Code 99453

Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

Billable once at time of setup.

\$18.77

Medicare National Payment Amount

RVU 0.52

CPT Code 99454

Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

Billable once every 30 days.

\$62.44

Medicare National Payment Amount

RVU 1.73

CPT Code 99457

Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/ other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

Billable once per calendar month

\$51.61

Medicare National Payment Amount

RVU 1.43

CPT Code 99458

Reported in conjunction with 99457 to report each additional 20 minutes of time spent after the initial 20 minutes of clinical staff/physician/ other qualified healthcare professional time in a calendar month.

Billable for every additional 20 minutes per calendar month

\$42.22

Medicare National Payment Amount

RVU 1.17

Telemedicine

Modifier GT

"Via interactive audio and video telecommunications systems." GT is the most commonly used modifier. You can append GT to any CPT code for services that are provided via telemedicine.

Reimbursement similar to traditional in-office visits

**Recognized by CMS and Private Payers*

Modifier 95

"Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system." Modifier 95 is similar to GT, but, unlike GT, there are limits to the codes that it can be appended to.

Reimbursement similar to traditional in-office visits

**Recognized by CMS and Private Payers*

What are the CPT billing codes and reimbursement?

Why is RPM and TM necessary?

Why is RPM and TM necessary?

Telemedicine

Modifier GQ

"Via asynchronous telecommunication system." Asynchronous telemedicine means that medical care was provided via image and video that was not provided in real-time.

Reimbursement similar to traditional in-office visits

*Recognized by CMS and Private Payers

The evidence for RPM

1. *RPM is shown to improve PAP Adherence*

Patients assigned to a multimodal telehealth arm had statistically- significant improvement in adherence to PAP therapy and subsequent improvement in hypersomnia and quality of life. (Pepín, et al., Chest, 2019)

2. *Respiratory data can be used to predict decompensation of comorbid disease*

The remote monitoring of respiratory signals from PAP therapy can be used as an early warning system to predict exacerbations of underlying chronic comorbidities including heart failure, COPD, and asthma. (Schmickl et al., JCSM, 2019)

3. *AI methods in RPM help physicians focus on their highest-need patients*

Future directions of RPM in sleep and respiratory care look to integrate artificial intelligence and machine learning to "identify PAP adherence and mask fit difficulties, triggering self-management interventions that may empower patients to optimize treatment adherence." (Goldstein et al., JCSM, 2020)

The evidence for TM

1. *TM improves health equity by decreasing barriers and increasing access*

This moment of telehealth use and acceptance [in the Covid-19 era] can last, because we have shown that patients and providers rapidly adjust to televisits...because we have the technology to meet patients where they are...and because it is a method to reduce health disparities and improve health equity by decreasing barriers and increasing access." (Poppas et al., JACC, 2020)

2. *Home initiation of NIV is comparable to in-hospital initiation, and reduces costs*

Home initiation of chronic NIV in stable hypercapnic COPD patients, with the use of telemedicine, is non-inferior to in-hospital initiation, safe and reduces costs by over 50%. (Duiverman et al. Thorax, 2020)

3. *Monthly TM follow-up is shown to improve CPAP adherence*

Intensive telemedicine support (i.e., monthly televisit follow-ups) help to optimize CPAP adherence even for patients with long-term CPAP use. (Kimihiko et al., Ann Am Thor Soc, 2020)

Contact us at info@monitairhealth.com to request a demo!

 **(305) 874 - 0086**

 **monitairhealth.com**

