

## MedHab products for remote monitoring for patient Therapy

Medhab's company philosophy is that the best rehabilitation is to promote symmetry among the limbs. It is also the best way for a patient to measure their own progress and restore their core balance. All our products are designed with that goal in mind. ([www.medhab.com](http://www.medhab.com)). Both medical devices come with a finger pulse oximeter to measure exertion before and after exercise and qualify for remote patient monitoring as defined by CMS

**MyNotifi:** Is a Bluetooth wearable device interacts with a patient's smart phone via an app (iOS or android). All data is sent by wifi to a HIPAA controlled server for real time review by the provider. MyNotifi can be used both pre and post-operatively to meet rehabilitation needs. It is also designed with a fall detection algorithm.

It is designed with two functions.

- 1) In patients who are evaluated to be at risk for falls, MyNotifi can act as a Fall protection device and monitor. It has a built in algorithm to detect when a possible fall occurs and alerts those that the wearer has designated that an issue has occurred. It is also imbedded with the OTAGO exercise protocol (<https://www.apta.org/PTinMotion/NewsNow/?blogid=10737418615&id=10737430053>) which is clinically proven to help prevent falls by improving balance. Long term remote monitoring of patients to assist, adjust, advance or correct exercise regimen is possible. Even more important, it can serve as a means to catch early deterioration of function and signal the need for intervention before an accident occurs.
- 2) With its magnetic strip and extension band, it can be placed on any extremity to record an exercise regimen programmed by the provider. There is a library of over 40 APTA exercises ([attach sheet](#)) that can be selected.

It is recommended for use in **upper extremity** patients for both nonoperative and post-operative rehabilitation. MyNotifi is best suited in the **lower extremity** for the rehab of non surgical patients.

**StepRite:** Is a wireless pair of insoles connected to a patient's smart phone instrumented to record pressure, position, and motion as it pertains to the lower extremity. All data is transmitted by wifi to a HIPPA compliant server to allow real time or remote review by the provider.

- There are over 140 embedded APTA approved exercises for the lower extremity allowing for truly customized rehabilitation experience for each patient.

- The therapy regimen may be adjusted at any time the provider desires including order of exercises, repetition, addition or deletion of exercises, timing or even scheduling.
- Data is collected on both sides to emphasize symmetric rehabilitation.
- Patient gets reminder to perform exercises based on provider schedule and gets feedback on compliance.
- The server collects information on schedule and exercise compliance as well as each exercise performance.
- Information is presented graphically I easy to read provider dashboards to follow progression.
- The collection of quantitative data by device unique to patient, it allows the ability of different therapist interaction with no alteration of interpretation.
- Provides ability to see early deterioration of patient conditioning with long term use.

Best use for pre and post op rehabilitation of lower extremity patients in orthopedics. Also, for long term follow-up of stroke and neuromuscular patients in non-operative settings

#### **Obtaining use of either device for your patient**

It is important to understand that from a cost standpoint, the appropriate device needs to be ordered by a physician who is willing to be involved in the remote patient monitoring program set up by CMS and covered by major insurances. The cost of the obtaining the device can be absorbed by this program. The device can be used outside of this program but will then need to be purchased by the patient. At the present time there is not a specific reimbursable HCSPCS code to reimburse for the physical device. One is being actively pursued and will be released as soon as it is awarded. Please contact medhab.com for pricing. In the interim, MedHab's "disaster" pricing affords providers an approximate 80% margin.

### **Qualified healthcare professional Billing of MedHab products:**

In 2020 CMS clarified two new programs that allow for non face to face management of care for long term patients. They are termed the Remote Physiologic Monitoring (RPM) and Principal Care Management (PCM) programs. The RPM program is directly suited for use with either MedHab device. At this time CMS has defined that acceptable monitoring devices must collect either weight, heart rate, or pulse oximetry to fully qualify. Both MyNotifi and steprite require the patient to measure their heart rate and oxygenation with a finger pulse oximeter (supplied free of charge) before and after performing their therapy regimen to help measure level of exertion. In doing so the device also qualifies for remote patient monitoring.

### **Remote Physiologic Monitoring (RPM)**

**Billed under physician id but can be delegated to any clinical staff in office. Needs annual consent with patient for remote monitoring of patient. These codes are billed monthly**

- CPT code **99453**: “Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, *pulse oximetry*, respiratory flow rate), initial; set-up and patient education on use of equipment.” ~\$20 one time
- 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.” Recurring monthly ~\$63.50
- CPT code **99457**: “Remote physiologic monitoring treatment management services, initial 20 minutes of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.” Recurring ~ \$53.
- CPT code **99458**: “Remote physiologic monitoring treatment management services, for **additional** 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.” ~\$ 43

**Reimbursement shown here is for illustration only. Each geographic area and carrier as well as practitioner contracts will dictate actual payments. Please check your local carriers for actual reimbursement. At this time, CMS and most carriers reimburse for these codes**

### **Documentation of care:**

Remote physiologic monitoring involves the collection, analysis and interpretation of digitally collected physiologic data followed by the decision-making activities involve in managing that patient’s treatment plan. The data and any changes communicated to the patient should be recorded in a single note with dates and time spent with each entry to show the cumulative time spent for each billing episode (1 month).

## Remote Patient Monitoring (RPM) Patient Agreement

I understand that:

- I am the only person who should be using the RPM device(s) provided to me.
- I agree to use the equipment as instructed and will not use the device(s) for any reason other than my own personal health monitoring.
- I understand that I can only participate in this program with one Medical Provider at a time.
- I will not tamper with the equipment and understand that I am responsible for any fees associated with misuse of this equipment.
- I acknowledge that I received \_\_\_\_\_ RPM device; Serial # : \_\_\_\_\_
- The device is meant to collect clinical data and send it from my phone to a secure online website. It is NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORED 24/7. I will call 911 for immediate medical emergencies.
- I understand that my data will be electronically transmitted from the monitor to the App on my phone and then to MedHab's server in a safe and secure manner.
- I understand that I can withdraw my consent to participate in this program at any time by returning the device(s) to the office and signing the RPM withdrawal form.
- MedHab llc will securely and confidentially store my collected data into my Electronic Medical Record.
- I will do my best to collect my data every day, or more frequently, as instructed.
- I understand that a RPM Qualified Health Professional will only view my readings periodically, and that this program is NOT a 24/7 Monitoring Service. I will be contacted every 30 days, by phone, to review and discuss my results and progress. I, \_\_\_\_\_ (Print your name) have read and understood the information and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid as long as I'm in possession of the RPM equipment/device. Date: \_\_\_\_\_ (dd/mm/yyyy)

Signature of Patient or Authorized Person (Relationship of Authorized Person)

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### **Principal Care Management (PCM):**

The concept of Principal Care Management services was created to fill a gap left by the Chronic Care Management (CCM) CPT codes that were established by the Center for Medicare & Medicaid Services (CMS) in 2015. The CCM codes require that a patient have a diagnosis of at least two chronic conditions in order for care management services to be reimbursable by Medicare. Under the new PCM codes, **specialists** may now be reimbursed for providing their patients with care management services that are more targeted within their own particular area of specialty. More generalized care management services may continue to be provided by a patient's primary care physician as appropriate. Like the CCM codes, **the new PCM codes may be billed concurrently with Remote Patient Monitoring codes (CPT Codes 99453, 99454, 99457, and 99091) and may be billed incident to a billing practitioner under general supervision of clinical staff providing the services.** Arthritis is the typical qualifier for orthopedic specialists

The Final Rule sets forth several important requirements that must be met in order to bill the PCM codes for services provided to a particular patient. Those requirements are as follows:

- **Billing Practitioner** – The billing practitioner for both codes must be a physician or other qualified health care practitioner (QHCP). Though it is not an explicit requirement, the Centers for Medicare and Medicaid Services (“CMS”) states in the Final Rule that they expect most PCM services will be provided and billed by specialists focused on managing patients with a particular complex chronic condition that requires substantial care management. According to the Final Rule, the expected outcome of the provision of PCM services is for the patient's condition to be stabilized by the treating specialist clinician so that overall care can be returned to the patient's primary care practitioner.
- **Qualifying Condition** – The Final Rule does not enumerate specific qualifying conditions for purposes of PCM, but states that PCM services will typically be triggered by exacerbation of a qualifying condition such that disease-specific care is warranted. Additionally, the Final Rule states that qualifying conditions:
  - Will typically be expected to last between 3 months and 1 year, or until the death of the patient;

- May have led to a recent hospitalization and/or place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; and
  - Is of such complexity that it cannot be managed effectively by primary care and requires management by another, more specialized practitioner.
- **Not limited to patients with only one condition** – The Final Rule implies that it is possible for a patient to receive PCM services from multiple specialists for multiple different conditions simultaneously (e.g. a cardiologist for arrhythmia and an endocrinologist for diabetes); however PCM services should **not** be furnished or billed at the same time as:
  - Other care management services by the same practitioner for the same beneficiary; nor
- **Ongoing Communication** – Ongoing communication and care coordination between all practitioners furnishing care to the beneficiary must be documented by the billing practitioner in the patient’s medical record.
- **General Supervision** – HCPCS code G2065 allows for PCM services to be provided by clinical staff incident-to the billing physician or QHCP. These services can be provided under General Supervision, meaning the billing practitioner need not be co-located in the same office as the clinical staff member providing the services, but must be available to the clinical staff member to answer questions and intervene when necessary.
- **Initiating Visit** – For new patients and patients not seen within a year prior to initiation of PCM, the billing practitioner must conduct an initiating visit with the patient in order to educate the patient on PCM and obtain the patient’s informed consent. This visit is can be an annual wellness visit (AWV) or other separately billable visit.
- **Consent** – The billing practitioner must obtain the patient’s informed consent and document that consent in the patient’s medical record. Consent can be obtained verbally, but the patient should be educated as to:
  - What PCM services are;

- That only one practitioner can bill per month for an indicated chronic condition;
- The fact that the patient has the right to stop the services at the end of any service period; and
- Any cost-sharing that may apply.
- Concurrent Billing with RPM – PCM services can be billed in the same month or billing period as RPM services, **so long as the time spent providing services under each is not counted twice.** In other words, the time requirements set forth under each applicable code must be met separately in order for the services to be billable.
- Disease-specific Care Plan – Under Chronic Care Management (CCM), practitioners are required to develop a comprehensive care plan in order to bill relevant CCM codes. For PCM, CMS set forth in the Final Rule that billing practitioners should instead develop a disease-specific care plan for patients receiving PCM services. A disease-specific care plan is more limited than a comprehensive care plan, focusing only on the disease or condition at issue.
- Only medically reasonable and necessary elements required – Though the Final Rule provides for the requirements listed in this document, the Final Rule also states that all elements do not necessarily apply every month in order for the codes to be billed, so long as those elements that are medically reasonable and necessary are provided.

**TABLE 24: Principal Care Management Services Summary**

<b>PCM Service Summary*</b>
<p><b>Verbal Consent</b></p> <ul style="list-style-type: none"> <li>• Inform regarding availability of the service; that only one practitioner can bill per month; the right to stop services effective at the end of any service period; and that cost sharing applies (if no supplemental insurance).</li> <li>• Document that consent was obtained.</li> </ul>
<p><b>Initiating Visit for New Patients (separately paid)</b></p>
<p><b>Certified Electronic Health Record (EHR) Use</b></p> <ul style="list-style-type: none"> <li>• Structured Recording of Core Patient Information Using EHR (demographics, problem list, medications, allergies).</li> </ul>
<p><b>24/7 Access (“On Call” Service)</b></p>
<p><b>Designated Care Team Member</b></p>
<p><b>Disease Specific Care Management</b> Disease Specific Care Management may include, as applicable:</p> <ul style="list-style-type: none"> <li>• Systematic needs assessment (medical and psychosocial).</li> <li>• Ensure receipt of preventive services.</li> <li>• Medication reconciliation, management and oversight of self-management.</li> </ul>
<p><b>Disease Specific Electronic Care Plan</b></p> <ul style="list-style-type: none"> <li>• Plan is available timely within and outside the practice (can include fax).</li> <li>• Copy of care plan to patient/caregiver (format not prescribed).</li> <li>• Establish, implement, revise or monitor the plan.</li> </ul>
<p><b>Management of Care Transitions/Referrals</b> (e.g., discharges, ED visit follow up, referrals, as applicable).</p> <ul style="list-style-type: none"> <li>• Create/exchange continuity of care document(s) timely (format not prescribed).</li> </ul>
<p><b>Home- and Community-Based Care Coordination</b></p> <ul style="list-style-type: none"> <li>• Coordinate with any home- and community-based clinical service providers, and document communication with them regarding psychosocial needs and functional deficits, as applicable.</li> </ul>
<p><b>Enhanced Communication Opportunities</b></p> <ul style="list-style-type: none"> <li>• Offer asynchronous non-face-to-face methods other than telephone, such as secure email.</li> </ul>

\*All elements that are medically reasonable and necessary must be furnished during the month, but all elements do not necessarily apply every month. Consent need only be obtained once, and initiating visits are only for new patients or patients not seen within a year prior to initiation of PCM.

### Billing codes for PCM:

- **G2064:** Used by Qualified health care professional for at least 30 minutes of their time per calendar month. ~\$88.
- **G2065:** Used to denote at least 30 minutes of staff time directed by a physician or other qualified health professional per month. ~\$40.

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Those practices that have their own therapists, there is the potential for further reimbursement if the patients are managed by the therapists remotely after the initial evaluation visit.

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It is designed with two functions.

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- 4) With its magnetic strip and extension band it can be placed on any extremity to record an exercise regimen programmed by the provider. There is a library of over 40 APTA exercises (**attach sheet**) that can be selected.

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### **Obtaining use of either device for your patient**

It is important to understand that from a cost standpoint, the appropriate device needs to be ordered by a physician who is willing to be involved in the remote patient monitoring program set up by CMS and covered by major insurances. The cost of the obtaining the device can be absorbed by this program. The device can be used outside of this program but will then need to be purchased by the patient. Please contact [medhab.com](http://medhab.com) for pricing.

## **Therapist Billing for Remote Rehabilitation;**

Normally it is recommended that initial and reevaluation of therapy patients be done face to face. This allows the best opportunity to train the patient in the use of the remote technology. Before the Government's 1135 waiver, it was rarely covered as a telehealth visit. Now the CMS has included the 97161-97164 codes as billable in the telehealth setting with the same reimbursement as face to face. Whether it remains in place after is not known. Check with local carriers some may require a GT modifier to denote remote encounter.

The following codes can be used by nonphysician Qualified healthcare professionals (PT/OT) for remote patient care. They are billable on a weekly basis (7days). The law is not perfectly clear on whether a signed consent is needed for therapy monitoring but as it is required for physician monitoring, we recommend that an annual consent be obtained from any patient for therapy by telehealth. (attached generic PT/OT consent). The codes listed here are based on patient-initiated basis which is covered by their consent for remote monitoring and the need for patients to call in for appointment. **Check with your local carriers for reimbursement rates as contracts and geographic areas are different**

**E-visits:** digital communication that require a clinical decision the otherwise typically would be provided in office setting. Patient initiated. Billing must be 8 days or more away from last face to face. Initiated by patient

**G2061:** online assessment and management service for an established patient, for up to 7 days cumulative time total 5 -10 minutes. Billable every seven days. ~\$12

**G2062:** online assessment and management service for an established patient, for up to 7 days cumulative time total 11-20 minutes. Billable every 7 days. ~\$22

**G2063:** online assessment and management service for an established patient, for up to 7 days cumulative time total > 20 minutes. Billable every 7 days. ~\$34

The key to successful billing for therapy is documentation. Recommended platform for remote patient interaction is the doxy.me platform ([www.doxy.me](http://www.doxy.me)). It is a HIPPA compliant healthcare platform that is free to use for provider for one-on-one care. There are more involved options for a fee but it will work easily with a patients smart phone to give you live video feed of their therapy regimen. Your note documenting the work effort for the code should be a weekly compilation of the work done. It should include a record of the date, time start and finish of interaction with the patient as well as the time spent collating and decision making from data evaluation. There should be a separate complete note for each week billed. The note can also be sent to the prescribing physician as information for their billing of remote monitoring.

## Patient Agreement for Remote Management of Therapy

I understand that:

- I am the only person who should be using the RPM device(s) provided to me.
- I agree to use the equipment as instructed and will not use the device(s) for any reason other than my own personal health monitoring.
- I understand that I can only participate in this program with one Medical Provider at a time.
- I will not tamper with the equipment and understand that I am responsible for any fees associated with misuse of this equipment.
- I acknowledge that I received \_\_\_\_\_ RPM device; Serial # : \_\_\_\_\_
- The device is meant to collect clinical data and send it from my phone to a secure online website. It is NOT AN EMERGENCY RESPONSE UNIT AND IS NOT MONITORED 24/7. I will call 911 for immediate medical emergencies.
- I understand that my data will be electronically transmitted from the monitor to the App on my phone and then to MedHab's server in a safe and secure manner.
- I understand that I can withdraw my consent to participate in this program at any time by returning the device(s) to the office and signing the RPM withdrawal form.
- MedHab llc will securely and confidentially store my collected data into my Electronic Medical Record.
- I will do my best to collect my data every day, or more frequently, as instructed.
- I understand that a RPM Qualified Health Professional will only view my readings periodically, and that this program is NOT a 24/7 Monitoring Service. I will be contacted at least weekly, by phone, to review and discuss my results and progress. I, \_\_\_\_\_ (Print your name) have read and understood the information and consent to participate in the Remote Patient Monitoring program as stated above. I am aware that this consent is valid as long as I'm in possession of the RPM equipment/device. Date: \_\_\_\_\_ (dd/mm/yyyy)

Signature of Patient or Authorized Person (Relationship of Authorized Person)

\_\_\_\_\_