
Expanding Remote Patient Monitoring: Overcoming Reimbursement Barriers



Remote patient monitoring (RPM) has emerged as a vital tool in healthcare, particularly gaining traction during the COVID-19 pandemic. Despite its potential to enhance clinical outcomes and improve care management outside traditional healthcare settings, RPM's expansion is hindered by significant reimbursement barriers. A recent report by the Bipartisan Policy Center offers a strategic blueprint to address these obstacles and foster growth in RPM programs.

Current Challenges of RPM Expansion in Healthcare

RPM allows healthcare providers to monitor patients' health data remotely, improving management of chronic conditions and potentially reducing hospital readmissions. However, the Centers for Medicare & Medicaid Services (CMS) currently offer limited CPT codes for RPM, allowing providers to recoup only modest reimbursements. A study suggests that Medicare pays as much as \$170 per patient per month for remote physiological and therapeutic monitoring. The slow pace of introducing new CPT codes by the American Medical Association's CPT Editorial Panel further exacerbates the issue, deterring healthcare organisations from investing in or expanding RPM programs due to insufficient financial incentives.

Enhancing RPM Access: Key Recommendations for Policy Reform

The Bipartisan Policy Center's report outlines five key recommendations to improve RPM coverage and utilisation:

- **Evaluate and Determine Coverage:** CMS should collaborate with medical speciality societies to assess the evidence for RPM, determining appropriate coverage mechanisms, patient eligibility, and duration of use. This effort could involve working with Medicare Administrative Contractors (MACs) or issuing National Coverage Determinations (NCDs).
- **Expand Billing Codes:** The Health and Human Services Secretary should recommend a wider range of billing codes as evidence supports diverse use cases for RPM. This would offer providers more flexibility in billing for the time spent on patient data and the required days of data monitoring.
- **Clarify Policies:** CMS should provide clear guidance on coding and billing for RPM and RTM. Additionally, it should mandate that providers outside of risk-based models attest to the medical necessity of continued remote monitoring based on condition-specific guidelines set by the HHS Secretary.
- **Develop Additional RTM Codes:** Collaboration with the AMA and medical speciality societies is necessary to create new RTM billing codes beyond the existing categories, which currently include musculoskeletal, respiratory, and cognitive behavioural therapy.
- **MedPAC Reporting:** Congress should request the Medicare Payment Advisory Commission (MedPAC) to evaluate the impact of remote monitoring on clinical outcomes and costs by disease state. This report should be updated every three years to reflect new data and evolving practices.

Implementing these recommendations aims to create a more supportive environment for RPM, allowing more healthcare organisations, especially those with limited resources or serving underserved populations, to leverage this technology effectively. By addressing the reimbursement challenges, the healthcare industry can ensure the sustainability and expansion of RPM programs, ultimately leading to better patient outcomes and more efficient care delivery. The Bipartisan Policy Center's report provides a crucial framework to advance RPM, making it a viable option for more healthcare providers and patients nationwide.

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Published on : Thu, 13 Jun 2024