

OIG Review Results on Medicare's Remote Patient Monitoring Services



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As technology in healthcare advances, payors (like Medicare) adjust some of their coverage policies. One area that has seen increased coverage and use in the Medicare program is remote patient monitoring.

Remote patient monitoring allows a patient to collect their own health data (e.g., blood pressure, weight, glucose levels) using a connected medical device that automatically transmits the data to their provider. The provider then uses this data to treat or manage the patient's condition. Medicare broadly covers remote patient monitoring of health data for any chronic or acute condition. Remote patient monitoring is sometimes also referred to as remote physiologic monitoring.

As an oversight agency, the Health and Human Services Office of Inspector General (HHS OIG) performed a review of patient monitoring services and concluded that additional oversight by Medicare is needed to ensure remote patient monitoring is being used and billed appropriately.

Medicare began covering these services in 2018. There are three main components for remote patient monitoring for Medicare. These are:

- Education and setup
- Device supply
- Treatment management

Medicare pays for each of these components separately and pays the same rate regardless of the type of device used or health data collected. For Medicare beneficiaries enrolled in fee-for-service, the patient must:

1. Have a chronic or acute condition that requires monitoring.
2. Use an internet-connected device that meets the Food and Drug Administration (FDA) definition of a medical device and digitally uploads data.
3. Collect and transmit health data at least 16 days of every 30 days.

As a part of their review, the OIG identified claims and encounter records for remote patient monitoring with dates of service from January 1, 2019, through December 31, 2022. They included claims and encounters billed with one or more remote patient monitoring procedure codes (i.e., Current Procedural Terminology codes: 99091, 99453, 99454, 99457, and 99458).

Using these data, OIG determined the number of enrollees who received remote patient monitoring services from 2019 through 2022. They also calculated the total amount paid by traditional Medicare and Medicare Advantage plans for remote patient monitoring services, as well as the average amount Medicare paid per enrollee, in each year. In addition, they

calculated the average length of time enrollees received remote patient monitoring from 2019 through 2022.

The OIG also looked at companies that appear to specialize in remote patient monitoring. They did so by identifying the providers who delivered remote patient monitoring to Medicare enrollees in 2022. Then, through a series of additional steps, they identified billing providers that had a high proportion of their Medicare billing as remote patient monitoring. Next, they reviewed information about the billing provider in the National Plan and Provider Enumeration System and conducted Internet searches to further identify those that appeared to be companies specializing in remote patient monitoring. In total, the OIG identified 41 companies that appeared to specialize in remote patient monitoring. Lastly, then determined the proportion of enrollees who received monitoring from one of these companies.

The OIG found that the number of Medicare enrollees who received remote patient monitoring was more than 10 times higher in 2022 than in 2019. Additionally, in 2022, payments for remote patient monitoring in traditional Medicare and Medicare Advantage were more than \$300 million, compared to just \$15 million in 2019. The average payment per enrollee doubled and beneficiaries received remote patient monitoring for longer periods of time, on average, in 2022 than in 2019. In 2022,

enrollees received remote patient monitoring for an average of more than 5 months. This is an increase from less than 3 months in 2019. The percentage of enrollees who received remote patient monitoring long term (i.e., longer than 9 months) also increased. In 2022, 25 percent of enrollees received monitoring long term, whereas in 2019 just 5 percent of enrollees received it long term. Medicare has no limit on the length of time an enrollee can be monitored.

As previously mentioned, remote patient monitoring consists of three main components, each a separate step in the monitoring process. Each component builds off the step before it. This process begins with educating the patient and supplying the remote monitoring device, and then is followed by the provider using the patient's health data to manage their treatment.

According to the OIG, about 43 percent of enrollees who received remote patient monitoring did not receive all three components of it, raising questions about whether the monitoring is being used as intended. Although CMS does not require providers to bill for all three components, the high percentage of enrollees who did not receive all components raises questions about whether these services are being used as intended.

Most commonly, enrollees did not receive education and setup or the device. In these

cases, the enrollee either did not receive education about how to use their device or support setting it up; did not receive a connected device from their provider; or did not take and transmit readings of their health data on at least 16 days in any month of the year. These components are critical, as they help to ensure that enrollees collect and transmit accurate health data.

In November 2023, the OIG raised concerns through a published alert about unscrupulous companies signing up Medicare enrollees for remote patient monitoring, regardless of whether they need these services. These companies make unsolicited contact with enrollees using (e.g., calls, texts, or internet ads) and sign them up for remote patient monitoring. Most often, the monitoring never happens, but the company bills for remote patient monitoring anyway.

CMS also reported that it has identified risks related to companies "cold calling" enrollees to solicit them for a remote patient monitoring device, without the company having information to support the enrollee's need for the device. Other risks include companies providing devices but not having sufficient staff to properly monitor enrollees, not monitoring for as many hours as are being billed, or not training enrollees to use the devices.

Given what OIG found in their review, they made the following recommendations to CMS:

- Implement additional safeguards to ensure that remote patient monitoring is used and billed appropriately in Medicare.
- Require that remote patient monitoring be ordered and that information about the ordering provider be included on claims and encounter data for remote patient monitoring.
- Develop methods to identify which health data points are being monitored.
- Conduct provider education about billing of remote patient monitoring.
- Identify and monitor companies that bill for remote patient monitoring.

This OIG work appears to only be their initial review in this area. Healthcare providers and compliance professionals can surely anticipate additional auditing and monitoring efforts by enforcement agencies for remote patient monitoring services.



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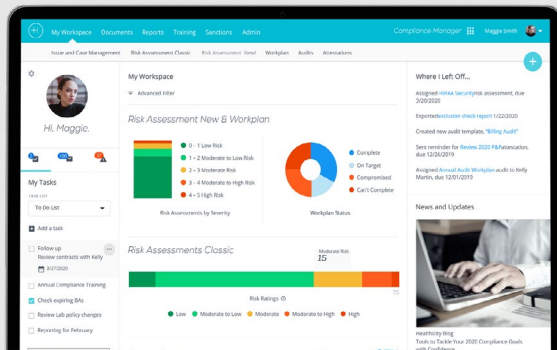
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CJ Wolf is a healthcare professional with more than 25 years of experience in hospital and physician revenue cycle, practice management, compliance, coding, billing, and client services. He has provided healthcare consulting and solution services to hospitals and physician organizations throughout the country.



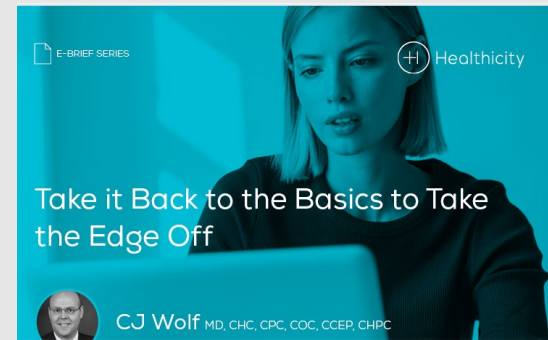
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