

CONNQ T PULSE*

Vascular Biometric Monitor



2023 Reimbursement Guide

In-office and Remote Patient Monitoring V1.1

For questions, please contact us at:

reimbursement@conneqthealth.com

Phone: 888-216-6768

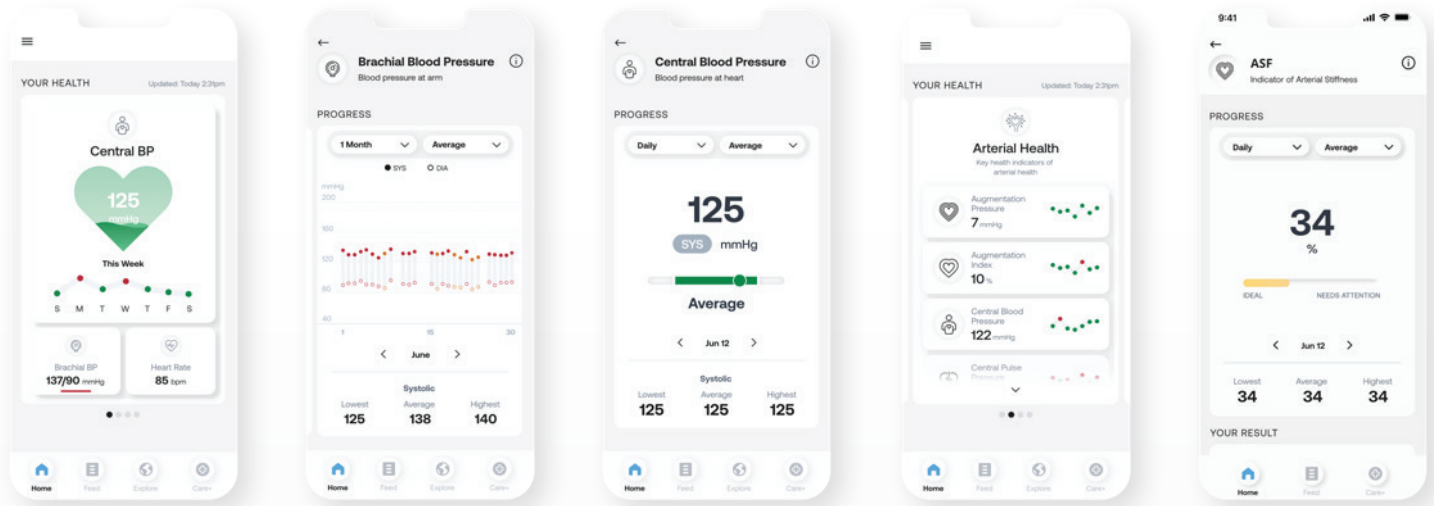
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*Pending FDA Clearance. For Investigational Use Only.



PRODUCT DESCRIPTION

The CONNEQT Pulse* is the world's first dual blood pressure and complete arterial health monitor designed for home health, remote patient monitoring, and decentralized clinical trial markets. Built upon the company's FDA-cleared, "gold standard" SphygmoCor® central blood pressure technology, Pulse non-invasively measures "central aortic waveforms" and enables deep, personalized insights into clinically relevant arterial health indicators - such as a patient's arterial stiffness, central blood pressure (the blood pressure at your heart), pulse pressures, and other proprietary arterial health indicators not available from traditional blood pressure devices.



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CODING AND PAYMENT

Remote Physiologic Monitoring (RPM)

RPM involves the collection and analysis of patient physiologic data such as weight, blood pressure, pulse oximetry, or glucose that are used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition. It is sometimes referred to as Remote Patient Monitoring. It allows patients to be monitored remotely while in their homes, while healthcare providers (HCPs) track physiologic parameters such as blood pressure and implement changes to treatment as appropriate.

CPT® CODE	DESCRIPTION	2023 RVUS NON-FACILITY	2023 NATIONAL AVG PAYMENT NON-FACILITY
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	0.57	\$19.89
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	1.48	\$51.63
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes	1.44	\$50.24
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)	1.17	\$40.82
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	1.60	\$55.82

Coding Notes:

Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99424, 99425, 99426, 99427, 99437, 99439, 99453, 99454, 99457, 99487, 99489, 99490, 99491

Do not report 99474 more than once per calendar month

Do not report 99091 in conjunction with 99457, 99458

Do not report 99091 for time in a calendar month when used to meet the criteria for 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99457, 99487, 99491



Self Measured Blood Pressure (BP)

Self-measured blood pressure requires use of device validated for clinical accuracy; patient education/training and device calibration. Separate self-measurements of two readings one minute apart, twice daily over a 30-day period with a minimum of 12 readings are required.

CPT® CODE	DESCRIPTION	2023 RVUS NON-FACILITY	2023 NATIONAL AVG PAYMENT NON-FACILITY
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	0.38	\$13.26
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	0.45	\$15.70

Coding Notes:

Do not report 99473 more than once per device

For ambulatory blood pressure monitoring, see 93784, 93786, 93788, 93790



Pulse Wave Analysis (PWA) FOR IN OFFICE USE ONLY

The CONNEQT Pulse* is the world's first dual blood pressure and complete arterial health monitor designed for remote patient monitoring. Built upon the company's FDA-cleared, "gold standard" SphygmoCor® central blood pressure technology, Pulse provides personalized insights into clinically relevant arterial health indicators - such as a patient's arterial stiffness, central blood pressure, pulse pressures, and other proprietary arterial health indicators not available from traditional blood pressure devices.

Pulse enables noninvasive measurement of the central aortic pressure waveform. The incorporation of PWA was developed as complementary to brachial pressure measurements to help guide treatment decisions designed to prevent or reduce long-term target organ damage and cardiovascular events resulting from increased pressure.

When submitting a claim for CPT 93050, attach a copy of the Pulse report, downloadable from the CONNEQT Portal, displaying the blood pressure pulse waveform and associated parameters in addition to any other documentation supporting medical necessity.

CPT® CODE	DESCRIPTION	2023 RVUS NON-FACILITY	2023 NATIONAL AVG PAYMENT NON-FACILITY
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	0.47	\$16.40

Coding Notes:

Do not report 93050 in conjunction with diagnostic or interventional intra-arterial procedures.

Dashboard Team Management
Logout

BACK TO DASHBOARD
LAST SYNC: 3/21/2021 11:25 AM

101010

Print Report

Overview
PWA
PWV

Assessment
6/22/21 9:45 AM CST

Measurement Details

QUALITY CONTROL
✓ PASSED

OPERATOR
Stephanie Thompson

BRACHIAL BP (SYS/DIA)
122/79 mmHg

Notes

Latest Report
Detailed
Reference Ranges
Wave Reflection

Aortic

SP
123 mmHg

DP
91 mmHg

PP
32 mmHg

MAP
103 mmHg

HR
60 bpm

Aortic Clinical Parameters

SP mmHg: 99 - 123 (123)

PP mmHg: 25 - 42 (32)

AP mmHg: 0 - 12 (3)

ALX %: 6 - 29 (10)

ALX75 %: 1 - 24 (3)

Average Aortic Pressure Pulse

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FREQUENTLY ASKED QUESTIONS

What is Remote Physiologic Monitoring (RPM)?

RPM involves the collection and analysis of patient physiologic data that are used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition. It allows patients to be monitored remotely while in their homes, and for providers to track patient's physiologic parameters (e.g., weight, blood pressure, glucose) and implement changes to treatment as appropriate.

What kinds of devices can be used for RPM?

The device used must meet the FDA definition of a device as described in section 201(h) of the Federal Food, Drug and Cosmetic Act (FFDCA) and be ordered by a physician or other qualified healthcare provider. CONNEQT Pulse* meets the FDA definition of a device.

Who can bill for RPM?

RPM can be ordered and billed only by physicians and non-physician healthcare providers who are eligible to bill Medicare for Evaluation and Management (E/M) services. The patient must be an established patient with the physician or eligible non-physician healthcare provider.

What relationship between the physician and patient is required?

The patient must be an established patient with the physician.

How often can RPM be reported?

RPM may be reported only once each 30 days (minimum of 16 patient readings over 30 days), after having completed an initial set-up and patient education on the use of the equipment.

How many days of monitoring are required to report 99453?

A minimum of 16 days of recording out of a 30-day period must be collected. If less than 16 days of recordings are collected, 99453 should not be reported. Within the reported period, there must be at least one interactive communication with the patient or caregiver.

If the patient is under the care of multiple HCPs, can RPM be billed more than once per patient in a 30-day period?

Multiple devices are reported under one code, even when multiple medical devices are provided to a patient by different healthcare practitioners, the services associated with all the medical devices can be billed only once per patient.

If different devices monitoring different parameters are used on a single patient during the same time period, can RPM be billed more than once?

Multiple devices are reported under one code, even when multiple medical devices are provided to a patient, the services associated with all the medical devices can be billed only once per patient.

Can 99091 be reported in the same 30-day period as RPM?

No, CPT parenthetical notes state that 99091 may not be reported in conjunction with 99457, 99458.

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What is an episode of care?

According to CMS the “episode of care” begins “when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals.”

Can an Independent Diagnostic Testing Facility (IDTF) bill for RPM?

No, IDTFs cannot bill the RPM codes as they are not considered to be diagnostic tests but considered to be E/M services.

What documentation should be submitted when billing RPM?

CMS has not published guidance for RPM, but local payers may list requirements in their medical policies. Always be sure to check requirements before billing. The following types of documentation should be included with the claim:

- Physician order for deployment of the device
- Beneficiary consent for transmission of RPM data
- Condition that the patient is being monitored for including an ICD-10-CM diagnosis code, medical necessity information, parameters being monitored and treatment plan / goal
- Date of delivery of the device (including serial number) and date that education / instructions were provided to the patient for how to use the device
- A report (downloadable from the CONNEQT Portal) displaying a minimum of 16 recordings in a 30-day period, results and physician comments

What data of service should be used to report RPM?

CMS has not published guidance or billing instruction for determining the appropriate date of service for RPM codes. Please check with the payer directly prior to submitting a claim.

What Place-of-Service (POS) should be used to report RPM?

CMS has not published guidance or billing instruction for determining the appropriate POS code for RPM codes. Please check with the payer directly prior to submitting a claim.

What should I do if I have a denial?

If you have a denial, check the reason code on the Explanation of Benefits (EOB) from the payer. It will indicate where the issue is. It may be that an incorrect code was listed, prior authorization was required or that it was not a covered patient benefit. Once you have identified the issue, correct it and resubmit the claim. If the service was not covered by the patient’s plan, you can submit an appeal to the payer. It is best practice to conduct a benefit verification check prior to initiating RPM to ensure it is a covered benefit under the patient’s plan. Be sure to inquire about prior authorization, payer specific documentation and/or coding requirements. If you need assistance understanding the reason for the denial or need help submitting an appeal, please contact our reimbursement specialists at reimbursement@conneqthealth.com or 1-888-216-6768.

Coverage

RPM, PWA and Self-Measured BP may be covered by Public and Commercial Payers.

Medicare does not have any National Coverage Determinations (NCDs) or Local Coverage Determinations (LCDs) pertaining to RPM or PWA. However, it does allow coverage and payment for services considered medically reasonable and necessary which are determined on a case-by-case basis.

Commercial payers have medical policies that differ from payer to payer. For coverage details, contact the patient's insurance plan directly.

References

1. Calendar Year 2023 Medicare Physician Fee Schedule, Final Rule (CMS-1751-F), November 2, 2021. CF=33.8872
2. Calendar Year 2023 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1771-F, Vol. 87, No. 225 November 23, 2022
3. CPT® Assistant and CPT® Changes- An Insider's View, published January 2022 by the American Medical Association (AMA)
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These procedures may be a covered service if they meet all of the requirements established by Medicare and private payers. It is essential that each claim be coded properly and supported with appropriate documentation in the medical record. The information is provided to assist you in understanding the reimbursement process. It is intended to assist providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement by any payer. We strongly suggest that you consult your payer organization with regard to local reimbursement policies. The information contained in this document is provided for information purposes only and represents no statement, promise or guarantee concerning levels of reimbursement, payment, or charge.

CONNQ™ RESOURCES

conneqthealth.com

If you have additional questions on coding or billing, please reach out to a reimbursement specialist at:

reimbursement@conneqthealth.com

Phone: 888-216-6768

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