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Jessica L. Bailey-Wheaton, Esq., Editor
Todd A. Zigrang MBA, MHA, CVA, ASA, FACHE, Publisher


## Valuation of Remote Therapeutic Monitoring: Introduction

RTM, formally called Remote Therapeutic Monitoring/Treatment Management,[1] "encompasses the collection and monitoring of therapy adherence and therapy response data along with treatment management services."[2] The RTM concept was created in October 2020 by the Current Procedural Terminology (CPT) Editorial Panel.[3] RTM consists of five general medicine CPT codes, which were created in order to fill in some of the "noteworthy gaps that exist in the current coverage and delivery of [remote patient monitoring]….[and] help patients experience more consistency and quality along the continuum of care, especially in the realm of chronic disease monitoring."[4]

It is anticipated that incentivizing RTM may improve patient outcomes and reduce overall health spending as health issues may be identified earlier. This will likely become particularly pertinent for providers who participate in value-based reimbursement models. Additionally, RTM may improve data driven clinical decision making, allowing providers to construct personalized care plans to assist in achieving the best possible patient outcomes. Analyzing real-time data can also allow providers to identify trends and adjust care plans proactively. This may allow for a shorter recovery time for patients, further increasing cost effectiveness. From the provider perspective, the use of RTM has been found to result in improved workflow efficiencies, such as enhanced staff productivity and reduced administrative costs, which may lead to additional cost savings.

There are a number of similarities between RTM and remote patient (physiologic) monitoring (RPM). For example, the two services are billed at the same general rates, as the Centers for Medicare & Medicaid Services (CMS) has noted its intent to maintain payment parity between the two sets of codes.[5] The CPT codes themselves also generally mirror each other. However, RTM is different from RPM in two notable ways. First, RTM allows a greater number of provider types to order and bill for RTM (i.e., qualified healthcare practitioners who are unable to independently bill for evaluation & management services may bill for RTM). These practitioners may include physiatrists, physical therapists, occupational therapists, clinical psychologists, and dietitians.[6] Second, RTM does not monitor physiologic data such as heart rate, blood pressure, and blood sugar levels. Instead, RTM codes monitor health conditions (non-physiologic data) such as musculoskeletal system status, respiratory status, therapy/medication adherence, and therapy/medication response.[7] RTM is expected to be complementary to RPM.

RTM requires the use of a device to collect and report the non-physiologic data. Those devices must be "medical devices" (rather than a general wellness device such as an Apple Watch) as defined by the U.S. Food & Drug Administration (FDA).[8] However, the patient self-reported data may be from general wellness devices, provided the data is collected and submitted via Software as a Medical Device, in addition to the standalone peripheral devices.[9]

One example of how RTM may be utilized in practice is as follows:

> "*An asthmatic patient is prescribed a rescue inhaler equipped with an FDA-approved medical device that monitors when the patient uses the inhaler, how many times during the day the patient uses the inhaler, how many puffs/doses the patient uses each time, and the pollen count and environmental factors that exist in the patient's location at that time. This is non-physiologic data. The data is then used by the treating practitioner to assess the patient's therapeutic response and adherence to the asthma treatment plan. This can enable the practitioner to better determine how well the patient is responding to the particular medication, what social or environmental factors affect the patient's respiratory system status, and what changes could be made to improve the patient's health*."[10]

The market for RTM may experience increasing demand in the coming years, due to an aging U.S. population and the growing prevalence of musculoskeletal and respiratory conditions. These factors may augment the number of individuals that are candidates for RTM.

In most industries, such a demand may lead to rising prices. However, in the healthcare industry, the federal government has some power to set prices through the Medicare and Medicaid programs. Further, with respect to Medicare reimbursement, the CPT codes for RTM just became effective in 2022. Consequently, there will likely be issues that arise over the next couple years that causes CMS to revise the payment amounts, or billing requirements, for RTM. Further, RTM's requisite


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reliance on one or more FDA-approved devices may serve as a ceiling on the swiftness with which providers can adopt and bill for RTM. Nevertheless, RTM may allow providers to streamline care and reduce costs through earlier identification of health issues and improving data-driven clinical decision making, which will prepare them for participation in value-based reimbursement models. The second installment of this five-part series will therefore cover the reimbursement environment of RTM.

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1 "Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements" Federal Register, Vol. 86, No. 221 (November 19, 2021), p. 65114.

2 Internal quotations omitted. "New Reimbursement for Remote Therapeutic Monitoring in the Final 2022 Medicare Physician Fee Schedule" By Carrie Nixon, Nixon Gwilt Law, November 3, 2021, https://nixongwiltlaw.com/nlg-blog/2021/11/3/new-reimbursement-for-remote-therapeutic-monitoring-in-the-final-2022-medicare-physician-fee-schedule (Accessed 2/15/22).

3 "CPT® Editorial Summary of Panel Actions: October 2020" American Medical Association, available at: https://www.ama-assn.org/system/files/2020-11/october-2020-summary-panel-actions.pdf (Accessed 2/16/22).

4 "Remote Therapeutic Monitoring's Debut: What you should know (for now)" By Daniel Tashnek, JD and Logan Lutton, Physicians Practice, July 22, 2021, https://www.physicianspractice.com/view/remote-therapeutic-monitoring-s-debut-what-you-should-know-for-now-?page=4 (Accessed 2/16/22).

5 Internal quotations omitted. "New Reimbursement for Remote Therapeutic Monitoring in the Final 2022 Medicare Physician Fee Schedule" By Carrie Nixon, Nixon Gwilt Law, November 3, 2021, https://nixongwiltlaw.com/nlg-blog/2021/11/3/new-reimbursement-for-remote-therapeutic-monitoring-in-the-final-2022-medicare-physician-fee-schedule (Accessed 2/15/22).

6 "New Reimbursement for Remote Therapeutic Monitoring in the Final 2022 Medicare Physician Fee Schedule" By Carrie Nixon, Nixon Gwilt Law, November 3, 2021, https://nixongwiltlaw.com/nlg-blog/2021/11/3/new-reimbursement-for-remote-therapeutic-monitoring-in-the-final-2022-medicare-physician-fee-schedule (Accessed 2/15/22); Federal Register, Vol. 86, No. 221 (November 19, 2021), p. 65115.

7 Federal Register, Vol. 86, No. 221 (November 19, 2021), p. 65115.

8 Nixon, Nixon Gwilt Law, November 3, 2021.

9 Internal quotations omitted. "New Reimbursement for Remote Therapeutic Monitoring in the Final 2022 Medicare Physician Fee Schedule" By Carrie Nixon, Nixon Gwilt Law, November 3, 2021, https://nixongwiltlaw.com/nlg-blog/2021/11/3/new-reimbursement-for-remote-therapeutic-monitoring-in-the-final-2022-medicare-physician-fee-schedule (Accessed 2/15/22).

10 "2022 Medicare Remote Therapeutic Monitoring FAQs: CMS Final Rule" By Thomas B. Ferrante, et al., Foley & Lardner LLP, Health Care Law Today, November 11, 2021, https://www.foley.com/en/insights/publications/2021/11/2022-remote-therapeutic-monitoring-cms-final-rule (Accessed 2/15/22).





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**Todd A. Zigrang**, MBA, MHA, CVA, ASA, FACHE, is the President of **HEALTH CAPITAL CONSULTANTS** (HCC), where he focuses on the areas of valuation and financial analysis for hospitals, physician practices, and other healthcare enterprises. Mr. Zigrang has over 25 years of experience providing valuation, financial, transaction and strategic advisory services nationwide in over 2,000 transactions and joint ventures. Mr. Zigrang is also considered an expert in the field of healthcare compensation for physicians, executives and other professionals.

Mr. Zigrang is the co-author of "*The Adviser's Guide to Healthcare – 2nd Edition*" [2015 – AICPA], numerous chapters in legal treatises and anthologies, and peer-reviewed and industry articles such as: *The Accountant's Business Manual* (AICPA); *Valuing Professional Practices and Licenses* (Aspen Publishers); *Valuation Strategies; Business Appraisal Practice*; and, *NACVA QuickRead*. In addition to his contributions as an author, Mr. Zigrang has served as faculty before professional and trade associations such as the American Society of Appraisers (ASA); American Health Lawyers Associate (AHLA); the American Bar Association (ABA); the National Association of Certified Valuators and Analysts (NACVA); Physician Hospitals of America (PHA); the Institute of Business Appraisers (IBA); the Healthcare Financial Management Association (HFMA); and, the CPA Leadership Institute.

Mr. Zigrang holds a Master of Science in Health Administration (MHA) and a Master of Business Administration (MBA) from the University of Missouri at Columbia. He is a Fellow of the American College of Healthcare Executives (FACHE) and holds the Accredited Senior Appraiser (ASA) designation from the American Society of Appraisers, where he has served as President of the St. Louis Chapter, and is current Chair of the ASA Healthcare Special Interest Group (HSIG).

**Jessica L. Bailey-Wheaton**, Esq., is Senior Vice President and General Counsel of HCC. Her work focuses on the areas of Certificate of Need (CON) preparation and consulting, as well as project management and consulting services related to the impact of both federal and state regulations on healthcare transactions. In that role, Ms. Bailey-Wheaton provides research services necessary to support certified opinions of value related to the Fair Market Value and Commercial Reasonableness of transactions related to healthcare enterprises, assets, and services.

Additionally, Ms. Bailey-Wheaton heads HCC's CON and regulatory consulting service line. In this role, she prepares CON applications, including providing services such as: health planning; researching, developing, documenting, and reporting the market utilization demand and "need" for the proposed services in the subject market service area(s); researching and assisting legal counsel in meeting regulatory requirements relating to licensing and CON application development; and, providing any requested support services required in litigation challenging rules or decisions promulgated by a state agency. Ms. Bailey-Wheaton has also been engaged by both state government agencies and CON applicants to conduct an independent review of one or more CON applications and provide opinions on a variety of areas related to healthcare planning. She has been certified as an expert in healthcare planning in the State of Alabama.

Ms. Bailey-Wheaton is the co-author of numerous peer-reviewed and industry articles in publications such as: The Health Lawyer; Physician Leadership Journal; The Journal of Vascular Surgery; St. Louis Metropolitan Medicine; Chicago Medicine; The Value Examiner; and QuickRead. She has previously presented before the ABA, the NACVA, and the NSCHBC. She serves on the editorial boards of NACVA's QuickRead and AHLA's Journal of Health & Life Sciences Law.

**Janvi R. Shah**, MBA, MSF, serves as Senior Financial Analyst of HCC. Mrs. Shah holds a M.S. in Finance from Washington University Saint Louis. She develops fair market value and commercial reasonableness opinions related to healthcare enterprises, assets, and services. In addition she prepares, reviews and analyzes forecasted and pro forma financial statements to determine the most probable future net economic benefit related to healthcare enterprises, assets, and services and applies utilization demand and reimbursement trends to project professional medical revenue streams and ancillary services and technical component (ASTC) revenue streams.