Comagine Health

Remote Health Care Service Delivery:

Opportunities for Nurses in Primary Care

Introduction

Registered nurses (RNs) are a highly skilled yet often underutilized member of the care team in the primary care setting. Their job descriptions and responsibilities are not always aligned with the basic tenet of high-functioning primary care teams, ensuring that everyone is working to the top of licensure, training and comfort level. Additionally, the salaries of RNs are higher than for licensed practical nurses (LPNs) and medical assistants (MAs), making it important to demonstrate the value of the RN on the team.

This short resource demonstrates the key roles and revenue-generating opportunities in the delivery of remote health care service delivery in the primary care setting. As always, ensure that all activities comply with federal and state guidelines governing licensure and scope of practice in your state. For the purposes of this resource, telehealth refers to the specific codes and services pertaining to the CMS List of Telehealth Services that are posted annually; this list of services has been modified and expanded during the public health emergency (PHE) declaration (currently extended through January 20, 2021). Virtual services refer to the additional options to deliver healthcare services remotely (e.g., chronic care management (CCM), remote patient monitoring (RPM), virtual communication services (VCS), etc.).

These suggestions do not constitute billing advice! Check with your managerial staff, billers, coders, medical staff and other relevant stakeholders before proceeding with any of the ideas or changes mentioned in this resource.

Telehealth Services

At the time of the writing of this resource – November 2020 – there are 248 Medicare telehealth codes, which has been expanded from ~ 100 codes due to the PHE. In general, state Medicaid agencies reimburse for the same services and codes that are annually published by the Centers for Medicare and Medicaid Services (CMS)[1]. However, there's a smaller subset of telehealth codes that apply to the primary care setting – see Table 1. While RNs are not currently listed eligible providers for telehealth visits, they can still provide important support for the services defined by each of the codes. Note that for Medicare, the codes and reimbursement for each code is the same as an in-person visit (i.e., payment parity). This is not an exhaustive list; there are several telehealth codes related to tobacco, alcohol and other substance use, depression screening, behavioral counseling (e.g., obesity, cardiovascular disease, sexually transmitted infections, etc.) and others that RNs support by ensuring those services are delivered virtually (and in-person) and consistently to improve patients' health and wellbeing and to ensure capture revenue.

[1] To understand telehealth coverage by other insurers, check their website or contact them directly.

Table 1. Telehealth services and codes for RNs in primary care to consider

SERVICE DETAILS	CODE-CMS PRICE
New and established E/M visits: the RN role can be essentially the same as for in-person visits. RNs can provide services in person or using telehealth under 99211.	99202-99205[2] $74-$204 99211-99215 $22-$143
Advance care planning (ACP) 30 min AND additional 30 min[3]: RNs can provide portions of ACP	99497-$85, 99498-$74
Transitional care management (TCM) – 7 days and 14 days[4]: the RN role for post-discharge follow-up is important and includes reconciling medications from pre-and post-hospital stay, facilitating access to prescribed medications, educating patients on conditions and necessary follow-up, coordinating additional follow-up and/or specialty care, and enrolling the patient in a care management program, if appropriate	99495-$180, 99496-$238
Screening and Assessment Services[5]: RNs can administer the screenings or assessments for review by the clinician	96127-$5
Initial and subsequent annual wellness visits (AWV)6: RNs can conduct several elements of these visits and can execute ongoing processes to ensure Medicare beneficiaries continue to receive their AWVs.	G0438-$167, G0439-$113
Chronic kidney disease patient education – individual and group: while the education must be delivered by a physician or non-physician practitioner, an RN can be instrumental in developing the education program, ensuring patients receive the education, and overcoming clinician and system barriers[7].	G0420-$112, G0421-$26
Counseling visit to discuss need for lung cancer screening using low dose CT scan: RNs can design and implement a closed-loop process to screen and identify those who will benefit with a counseling visit with a clinician[8]	G0296-$29
Treatment for opioid use disorder: the three codes include myriad aspects of care including treatment plans, care coordination, counseling, individual and group therapy and more. There are ample opportunities to identify how and where an RN can be leveraged to optimize this important work, depending on how a health care organization has operationalized these services.	G2086-$401, G2087-$360, G2088-$67

[2] As per the CY 2021 Physician Fee Schedule Proposed Rule CMS will delete 99201.
[3] CMS' Advance Care Planning Fact Sheet and FAQs (check question #4 "Who can perform ACP services?")
[4] CMS has not yet updated the TCM Fact Sheet; CMS TCM FAQs
[5] How CPT Code 96127 Can Impact Your Income
[6] CMS' Medicare Wellness Visits Quick Start Guide
[7] Narva AS, Norton JM, Boulware JE. Educating patients about CKD: The path to self-management and patient-centered care. Clin J Am Soc Nephrol 11: 694–703, 2016
[8] CMS' Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography

SERVICE DETAILS	CODE-CMS PRICE
Non-facility price in UT from the Physician Fee Schedule Search as of November 8, 2020, rounded to the nearest dollar. Do not rely on these prices; have your biller/coder double-check.	

Virtual Services

Listed below are virtual services, which do not require both the audio and visual component that telehealth does (lifted for several codes during the PHE). There are also no distant or originating site considerations.

Chronic and Principal Care Management

RNs play a key role in care management of high-risk individuals. CMS' Chronic Care Management (CCM) codes cover a broad range of care coordination, patient education, continuity and care plan elements that can be provided by LPNs and MAs. However, implementing and managing a comprehensive care management program and providing care management to those with highest risk may be a perfect match for an RN. There are substantial opportunities to generate revenue – see Table 2. For the RN role, focus on those related to "clinical staff time". The details of CCM can be found in CMS' resources at the Connected Care: The Chronic Care Management Resource website. Principal Care Management Services is new for 2020 and has not yet been added to CMS resources [provide link to our new resource?]. These codes are very similar to the CCM codes but are focused on providing monthly services to an individual with a single high-risk disease.

Table 2. CCM and PCM codes with brief description and CMS price.

SERVICE DETAILS	CODE-CMS PRICE
20 minutes or more of CCM for clinical staff time directed by a physician or other qualified health care professional, per calendar month	99490-$41 (non-complex CCM)
30 minutes or more of CCM furnished by a physician or other qualified health care professional, per calendar month	99491-$82 (non-complex CCM)
Add-on code to CPT 99490 for each additional 20 minutes of clinical staff time; reportable up to two times per month (after 99490) CMS is proposing to replace this code in 2021 with a CPT code	G2058-$37 (non-complex CCM)
60 min or more of complex CCM for clinical staff time directed by a physician or other qualified health care professional, per calendar month	99487-$88 (complex CCM)
Add-on code to CPT 99487 for each additional 30 minutes of clinical staff time	99489-$43 (complex add-on CCM)
30 minutes or more of physician or other qualified health care professional time, per calendar month	G2064-89 (PCM)
30 minutes or more of clinical staff time directed by a physician or other qualified health care professional, per calendar month	G2065-$38 (PCM)*

SERVICE DETAILS	CODE-CMS PRICE
Add-on code to the CCM initiating visit that describes the work of the billing practitioner for a comprehensive assessment and care planning to patients outside of the usual effort described by the initiating visit code	G0506-$61 (CCM add-on code)
This is the only code that FQHCs and RHCs may bill for CCM and PCM (may bill for PCM as of Jan 1, 2021).	G0511-$67 (CCM and PCM)
Non-facility price in UT from the Physician Fee Schedule Search as of November 8, 2020, rounded to the nearest dollar. Do not rely on these prices; have your biller/coder double-check.	

*CMS has added G2065 to the list of designated care management services for which they allow general supervision.

Behavioral Health Integration (BHI) and Psychiatric Collaborative Care Services (CoCM)

Similar to the CCM and PCM services noted above, RNs with an interest in behavioral health integration have opportunities to provide services and generate revenue by supporting BHI and CoCM[9,10].

Table 3. BHI and CoCM codes and services

SERVICE DETAILS	CODE-CMS PRICE
Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with required elements	99492-$150 (CoCM 1st month)
Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the required elements	99493-$121 (CoCM subsequent months)
Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional	99494-$61 (add-on CoCM any month)
Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional time, per calendar month, with required elements	99484-$46 (general BHI)
Non-facility price in UT from the Physician Fee Schedule Search as of November 8, 2020, rounded to the nearest dollar. Do not rely on these prices; have your biller/coder double-check.	

[9] CMS' Behavioral Health Integration Services Booklet

[10] CMS' FAQs about Billing Medicare BHI Services

Remote physiologic monitoring

There are ample opportunities for an RN to support a remote patient monitoring (RPM) program. CMS has not created materials around these services yet, but details may be found in the Comagine Health Remote Physiologic Monitoring Fact Sheet.

Table 4. Service descriptions, codes and prices for RPM

SERVICE DETAILS	CODE-CMS PRICE
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; **set-up and patient education on use of equipment**	99453-$17
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; **device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days**	99454-$58
CPT 99453 and 99454 (considered care management codes) • Include clinical staff time, supplies and equipment (including the medical device(s)) • Monitoring must occur over at least 16 days of a 30-day period to bill these codes • Not to be reported for a patient more than once during a 30-day period, even when multiple medical devices are provided to a patient • Can be billed only once per episode of care, where an episode of care is defined as ‘‘beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals’’	
Collection and interpretation of physiologic data (e.g. ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professional, qualified by education, training, licensure/regulation (when applicable) **requiring a minimum of 30 minutes of time, each 30 days**	99091-$58
CPT 99091 • After the 30-day data collection period for CPT codes 99453 and 99454, the physiologic data that are collected and transmitted are analyzed and interpreted by the physician or practitioner as described by CPT code 99091 • Includes a total time of 40 minutes of physician or nonphysician practitioner work broken down as follows: 5 minutes of preservice work (for example, chart review); 30 minutes of intra-service work (for example, data analysis and interpretation, report based upon the physiologic data, as well as a possible phone call to the patient); and 5 minutes of post-service work (that is, chart documentation). • Can be billed once per patient during the same service period as Chronic Care Management CPT codes (99487, 99489, and 99490), Transitional Care Management CPT codes (99495 and 99496), and behavioral health integration (BHI) CPT codes (99492, 99493, 99494, and 99484).	
BASE CODE: 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; **initial 20 minutes**	99457-$49
ADD-ON CODE: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar	99458-$41

SERVICE DETAILS	CODE-CMS PRICE
month requiring interactive communication with the patient/caregiver during the month; **additional 20 minutes**	
CPT 99457 and 99458 – 20 minutes of interactive communication • Interactive communication must total at least 20 minutes of interactive time with the patient over the course of a calendar month for CPT code 99457 to be reported. • Time spent in direct, real-time interactive communication with the patient. • CMS defines interactive communication as "real-time interaction, between a patient and the physician, nonphysician practitioner, or clinical staff who provide the services" and "involves, at a minimum, a real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission."	
Non-facility price in UT from the Physician Fee Schedule Search as of November 8, 2020, rounded to the nearest dollar. Do not rely on these prices; have your biller/coder double-check.	

Table 5. RPM for self-measured blood pressure monitoring

SERVICE DETAILS	CODE-CMS PRICE
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	99473-$10
Separate self-measurements of two blood pressure 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	99474-$15
Non-facility price in UT from the Physician Fee Schedule Search as of November 8, 2020, rounded to the nearest dollar. Do not rely on these prices; have your biller/coder double-check.	

E-visits – Online Digital Evaluation Services

RNs are not included in the six code descriptions for these services, but it may be worthwhile to identify at your clinic whether these services and codes are being used and whether there is a role for the RN for team-based service delivery. E-visits provide online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days

Telephone Evaluation and Management (E/M) (only during PHE)

Same as for E-Visits. While reimbursement will not be enhanced by having an RN engage with the patient, this may be an excellent opportunity for an RN to talk to the patient either before or after the clinician to complete the same aspects of care that happen during an in-person visit that can be accomplished over the phone (e.g., self-management support, discussion about chronic and preventive gaps in care, etc.)

Virtual Communication Services

There are two services/codes that describe virtual check ins and remote evaluations of pre-recorded patient information. These are short interactions with patients, usually 5-10 minutes, that are unlikely to provide opportunities for RN inclusion.

Interprofessional Consultation

There are five services/codes for the consultative physician and one code for the treating clinician. Besides facilitating the operational pieces of the interprofessional consultation process, there is not a clear role for the RN.