

Update on Billing Medicare for Treating Patients with Insulin Pumps

The Endocrine Society has been working to help members determine how to appropriately bill for the work delivered to patients with insulin pumps. <u>Since January 1, 2019</u>, Medicare has been paid for remote physiologic monitoring (RPM) services since January 1, 2019, but there has been confusion regarding how these services may apply to care associated with insulin pumps.

The Centers for Medicare & Medicaid Services (CMS) has provided clarification on the use of the remote physiologic monitoring (RPM) services both in the context of care delivery during the COVID-19 public health emergency and after it concludes in its interim rulemaking and the final CY 2021 Medicare Physician Fee Schedule (MPFS) final rule. The Society sought clarification from the agency on how these services may be used for Medicare beneficiaries and believes these services may be used to reimburse providers for the care delivered to insulin pump patients. Specifically, the following two RPM services may be useful to members:

CPT Code	Descriptor
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
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

CPT Code 99091

The Endocrine Society has verified that insulin pump data is considered physiologic data and its review and analysis is covered by this service. The CPT codebook states the data should be "digitally stored and/or transmitted to the physician" and its vignette states the "data is transmitted from the home computer to the physician's office by email, downloaded by the physician, and the data is reviewed."

The majority of the insulin pump systems will meet these requirements, even those requiring the patient to obtain fingerstick blood sugar results with a glucometer and manually enters the results into a smartphone, computer, or similar device, where the results are stored digitally and transmitted to the physician. This service can be billed for 30 minutes of time spent each 30 days.

CPT Code 99457

This service is available to be billed for any treatment management service and the resulting communication with the patient and/or caregiver stemming from the review of insulin pump data. This management would occur remotely, not face-to-face, with the patient or a caregiver.

The CPT code book includes language prohibiting CPT code 99457 from being billed in the same calendar month as CPT code 99091; however, CMS addressed this issue in the CY 2021 MPFS final rule stating:

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We continue to believe that, if reasonable and necessary, CPT codes 99091 (*Collection & interpretation physiologic data*) and 99457 (*Remote physiologic monitoring treatment management*), given their descriptions of services in the CPT Codebook, could be reported for the same patient. We believe the two codes, as currently described, provide different types of services. We agree with commenters that the CPT Codebook states, "Do not report 99091 in conjunction with 99457." However, the next section states, "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, 99457, and 99491." We note that these two statements suggest that there may be instances where both codes could be billed for the same patient in the same month as long as the same time was not used to meet the criteria for both CPT codes 99091 and 99457.

The last sentence cited above is critical—both codes can be billed in the same month for the same patient as long as the **same time** is not used to meet the criteria for both codes.