Healthcare Team Outcomes Utilizing Remote Patient Monitoring in Pediatric Cardiology

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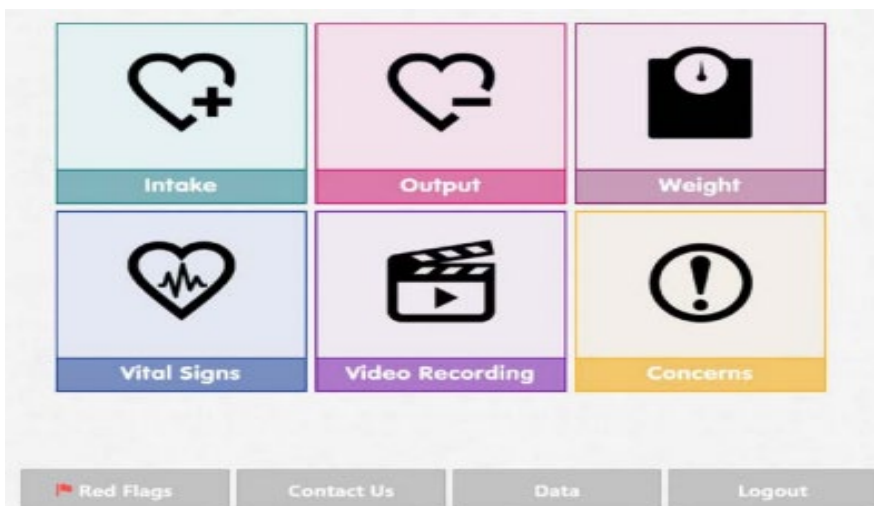
Children's Mercy Kansas City

Project Design

- To delineate an implementation project of remote patient monitoring (RPM) revenue codes in the pediatric cardiology population

Purpose

- Children's High Acuity Monitoring Program (CHAMP®) transfers the physiologic data of parent-measured oxygen saturations and heart rates via pulse oximeters.
- CMS updated RPM codes to match current care models of adherence including the monitoring physiologic parameters and provider time reviewing and communicating with patients and families.
- The use of CHAMP has been shown to improve high-risk populations' access to care and reduce mortality and morbidity. Still, we had yet to review the impact on the implementation of RPM billing from the administrative and healthcare team outcomes.

CHAMP App Main Screen

RPM Codes

99454	99457	99458
Remote monitoring of physiologic parameters with 16 days or more in the last 30 days ex HR, BP, weight	Remote Physiologic monitoring 20 minutes per month RVU- 0.61	Remote Physiologic Monitoring each additional 20 min RVU 0.61

Results

	99454	99457	99458
FY21 units	35	70	57
FY21 RVU		42.7	34.77
FY22 units	90	85	65
FY22 RVU		51.85	39.65

Monthly Note Example Statement for RPM billing: "For June 2022- More than 16 days of data transferred from family and 33 minutes total of data review by healthcare team providers and family communication"

Results

- July 2020 through June 2022 – 69 patients with qualified encounters were captured for RPM billing codes.
- 46.4% (32) commercial insurance, 49.3% (34) Medicaid, and 4.5% (3) self-pay
- Of the billed encounters, commercial insurances matched payments to charges ranging from 25-28%
- Kansas City Metro has a capitated contract with an integrated Pediatric Care Network (PCN), so no direct reimbursement from Medicaid for those patients
- Plan Do Study Act (PDSA) cycles enabled the team to identify RPM codes billed and how to ensure documentation meets the criteria of codes for billing

Conclusion

- PDSA cycles examined the innovation and collaboration of Healthcare, Revenue, Coding, Health Informatics, and Administration teams.
- Increase in number of RVUs from FY21 to FY22 likely due to this health informatics intervention
- Future PDSAs will be focused on the rate and reasons for non-billable encounters.

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