

mymobility™ Coding Reference Guide



mymobility™ with Apple Watch® is a care management system and surgical journey companion used to guide patients through their episode of care, connect them with their care team, and send data about their progress to their surgeon’s dashboard so that they can monitor patient progress and watch for potential issues. In addition to tracking patient activity levels and compliance, the system monitors and reports the patient’s average daily heart rate and daily heart rate variability from the time they start using the system preoperatively to when they complete their episode of care postoperatively. Reported heart rate and heart rate variability are averaged over the previous 24hrs. The data is updated daily and can be found on the patient details page in the surgeon dashboard.

Current Procedural Terminology (CPT) Code and Description		
CPT® Code	CPT Description	CY 2020 Medicare Allowable*
99091	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 health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.	\$59
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.	\$19
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.	\$62
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	\$33 (facility) \$52 (nonfacility)
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)	\$33 (facility) \$42 (nonfacility)

* CY 2020 Medicare Physician Fee Schedule, Federal Register, November 2019. No geographic adjustment.

Medicare Coverage Requirements for Reporting Remote Patient Monitoring (RPM):

- *Advance patient consent:* Practitioners must obtain consent for RPM services in advance and document that consent in the patient’s medical record.
- *In-person visit prior to service:* For new patients or patients not seen within a year by the billing practitioner, RPM services must be initiated during a face-to-face visit with the patient.
- *Reporting period:* Code 99091 should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary and associated documentation. CPT code 99457 is reported one time per calendar month.
- *Use with other services:* Billing is permitted for the same service period as chronic care management (CCM) (99487-99490), transitional care management (TCM) (99495-99496), and behavioral health integration (BHI) (99484, 99492-99494).
 - Providers cannot double count the minutes spent furnishing these services; the required time for each code has to be met separately to bill for both codes in a single month.
 - The ability granted by CMS to bill CCM, TCM and 99091 codes during the same service period differs from CPT guidance, which does not allow CPT 99091 to be billed with CCM or TCM. Therefore, commercial and other payers may not allow CPT code 99091 to be billed with CCM or TCM services if following CPT guidance.
- CPT codes 99091, 99453, 99454, 99457, 99458 are bundled into the 90-day global surgical period for the primary surgical procedure.
- If the RPM service is provided on the same day the patient presents for an Evaluation and Management (E/M) service, this service should be considered part of the E/M service and are not separately reported.
- Do not report 99091 if it occurs within 30 days of care plan oversight services 99374-99380. Do not report 99091 if other more specific CPT codes exist (e.g., 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report

99091 for transfer and interpretation of data from hospital or clinical laboratory computers.

Differences Between the Remote Patient Monitoring Codes:

- CPT code 99091 requires a minimum of 30 minutes of time during a 30-day period while 99457 requires 20 minutes of time in a calendar month.
- Services for CPT code 99091 must be performed by a physician or other qualified healthcare professional. Services for 99457 and 99458 can be performed by a physician, qualified healthcare professional or other clinical staff such as RNs and medical assistants (subject to applicable state law, licensure, and scope of practice limitations).
- Interactive communication with the patient/caregiver is required to report CPT code 99457 and 99458. This interactive communication is not required for 99091.

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at reimbursement.zimmerbiomet.com.

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