Latest Update in Telehealth & Remote Patient Monitoring

Vanderbilt Transplant APP Symposium

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VANDERBILT HEALTH

Today's Discussion

1. Telehealth Today
2. Regulatory Changes
3. Cross-State Practice
4. Video visits, asynchronous care, and remote patient monitoring (RPM)

Key Takeaways

- Telehealth remains a core care delivery model
- Medicare flexibilities continue through 2027
- Controlled substance prescribing rules remain in flux
- RPM is growing and creating new care opportunities

Types of Telehealth

Video Visits

Real-time care

eVisits

Patient-initiated questionnaires

eConsults

Provider-to-provider expertise

RPM

Ongoing monitoring

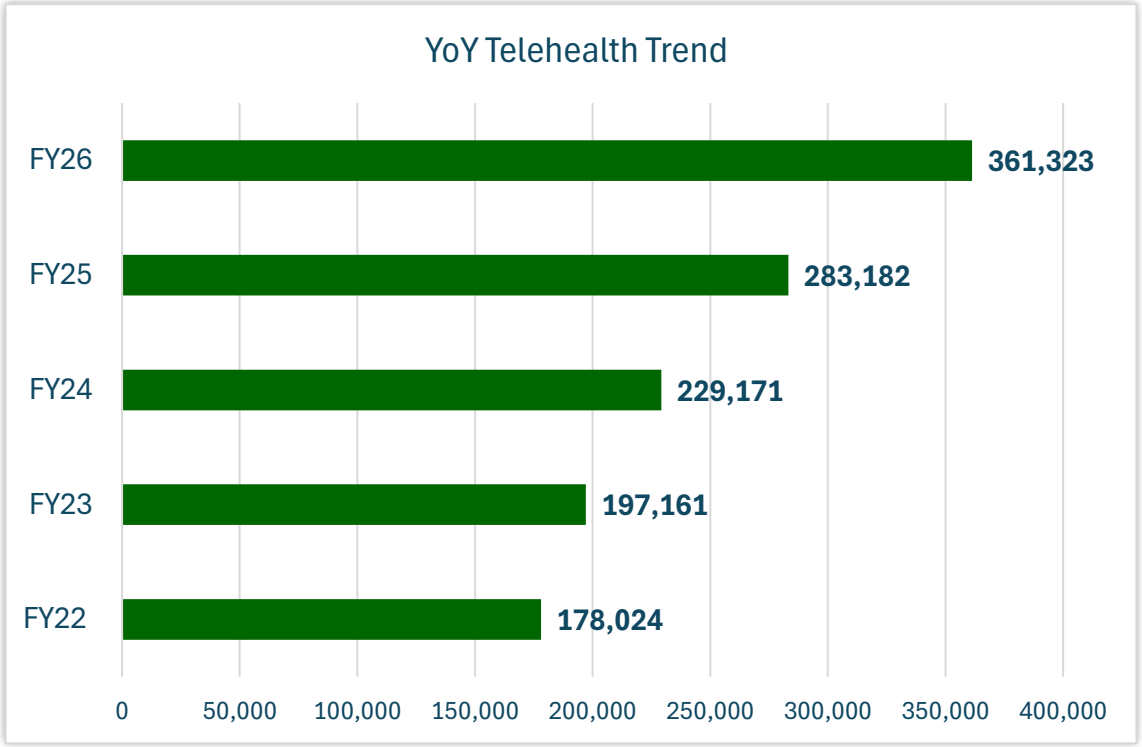
Telehealth Utilization

Overview

- 10% Adult ambulatory visits conducted via telehealth
- 95 Counties Patients served across Tennessee
- 6,000+ Regional hospital telehealth encounters annually

FY26 Digital Health Metric: Telehealth

Baseline	YTD	Target (7% increase)	FY End
283,083	232,185	301,838	**361,323**



Regulatory Updates

Federal Landscape

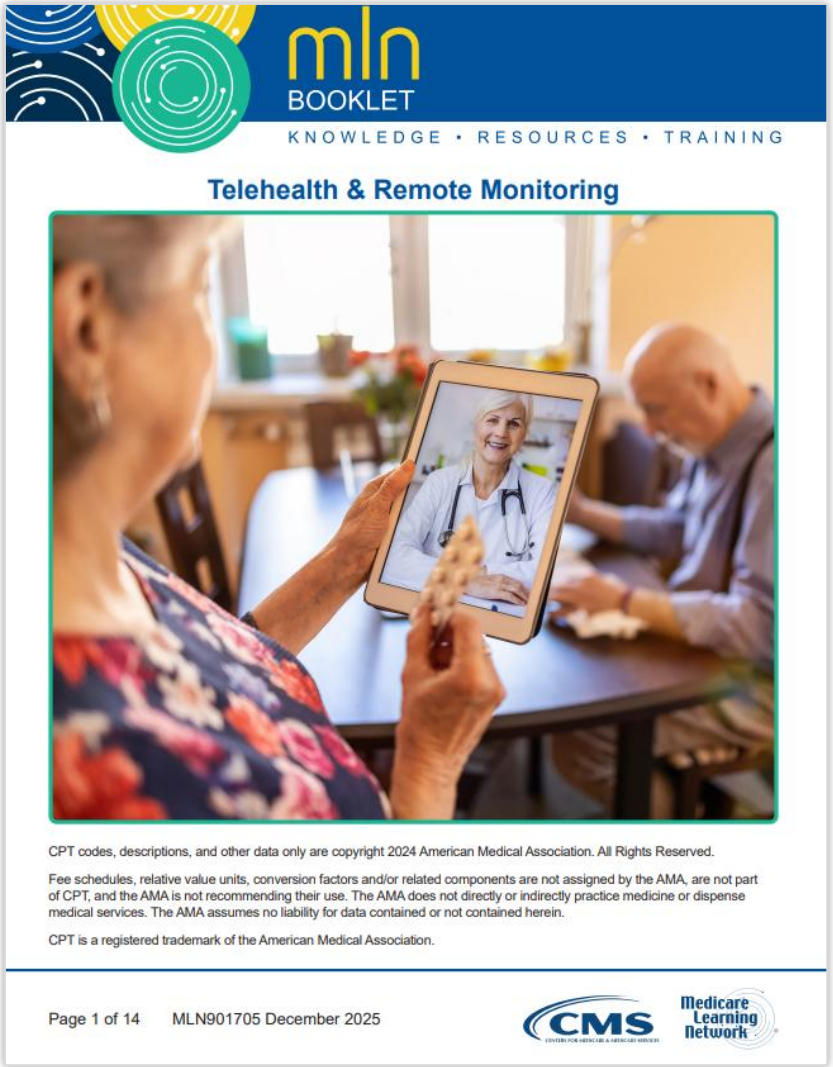
Federal Waiver

- Medicare telehealth extended through December 31, 2027
- Key flexibilities: continuation of telehealth visits without geographic restrictions and a broader range of practitioners to deliver telehealth services

Medicare Telehealth Flexibilities

- 2026 Physician Fee Schedule
  - Removed the distinction between provisional and permanent services, removed frequency limitations for telehealth visits in inpatient/SNFs, and made virtual supervision permanent.
  - Increased the originating site facility fee rate to $31.85

- Proposed 2027 Physician Fee Schedule
  - Includes changes to reimbursement for remote patient monitoring
  - Increases the telehealth facility fee rate to $32.65
  - Final rule should be available in November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Telehealth & Remote Monitoring
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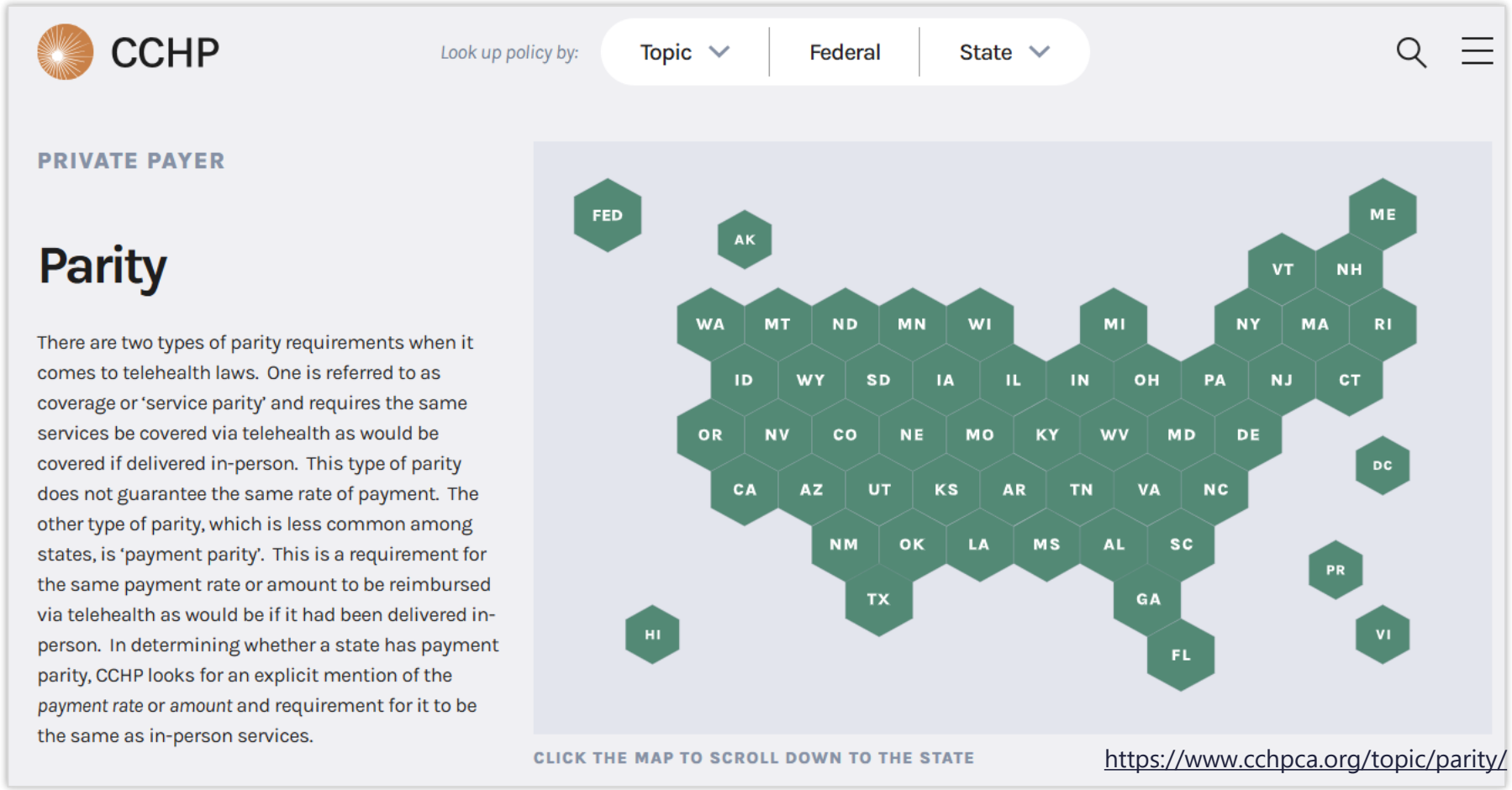
CMS
Medicare Learning Network

https://www.cms.gov/files/document/mln901705-telehealth-remote-monitoring.pdf

What is Parity?

Parity laws determine whether telehealth can be provided and reimbursed similarly to in-person care.



https://www.cchpca.org/topic/parity/

Prescribing Controlled Substances

Background

- Pre pandemic, state-specific DEAs were required for prescribing controlled substances.
- During the pandemic, the federal DEA waived state requirements
- DEA-registered practitioners are not required to obtain additional registration(s) with DEA in the additional state(s) where the dispensing (including prescribing and administering) occurs, for the duration of the public health emergency if authorized to dispense controlled substances by both the state in which a practitioner is registered with DEA and the state in which the dispensing occurs.
- Practitioners must be registered with DEA in at least one state and have permission under state law to practice using controlled substances in the state where the dispensing occurs.
- When the pandemic ended in May 2023, the federal DEA waiver was extended through **December 31, 2026**.

Current Guidance

- Controlled substance prescribing (**except for chronic non-malignant pain meds**) via telehealth may continue for new and established patients until December 31, 2026.
- For chronic non-malignant pain medications (controlled substances only), there is a separate state TN policy limiting prescribing from telehealth.
- We're awaiting guidance for 2027.

Exception: Kentucky

- Despite the federal waiver extension, Kentucky's statute includes language requiring KY DEA registration for APRNs.
- APRNs conducting telehealth services to patients in the state of KY should be required to obtain KY DEA Registration for:
  - New KY license requests and all KY license renewal requests *AND*
  - Write controlled substances as a part of your telehealth practice

Advanced Practice Registered Nurse

Overview | Initial | Endorsement | Reinstatement | National Certification | Prescriptive Authority | Military | APRN Scope Practice | Continuing Education

APRN Prescriptive Authority

Before an APRN may prescribe non-controlled/legend medications, an APRN is required to enter into a collaborative agreement for prescriptive authority for non-scheduled/legend substances (CAPA-NS) with a licensed Kentucky physician in a same or similar specialty. In addition, the APRN must notify the KBN through the KBN portal that the APRN has entered into such an agreement.

**Please note that this does not apply to the Certified Registered Nurse Anesthetist (CRNA) who is delivering anesthesia care.*

Before an APRN may prescribe controlled medications, an APRN is required to enter into a collaborative agreement for prescriptive authority for controlled substances (CAPA-CS) with a licensed Kentucky physician in a same or similar specialty. In addition, the APRN must also:

- Notify the KBN that the APRN has entered into a CAPA-CS agreement through the KBN portal;
- Upload a copy of the Kentucky DEA registration through the KBN portal; and
- Upload verification of having a PDMP/KASPER master account to the KBN portal
  - See KRS 314.042 and 201 KAR 20:057.

https://kbn.ky.gov/advanced-practice-registered-nurse/Pages/prescriptive-authority.aspx

Remote Patient Monitoring

Remote Patient Monitoring

Key takeaways

- RPM allows clinicians to monitor patients between visits and intervene earlier
- CMS also refers to this as remote physiological monitoring

Billing Guidance

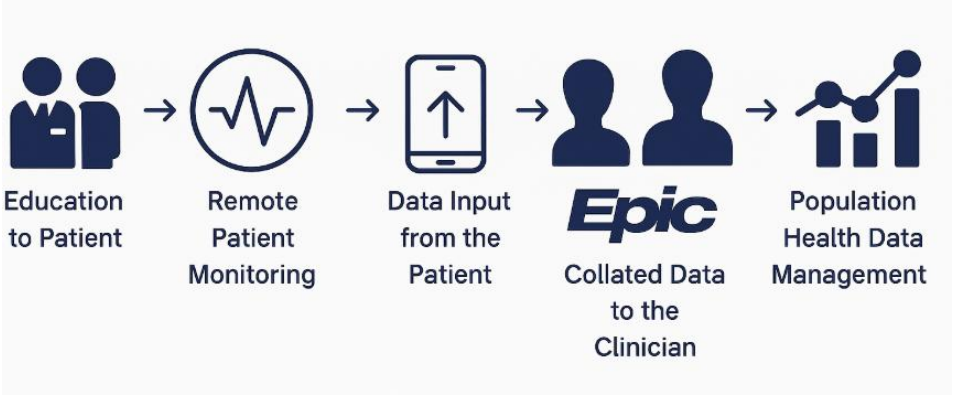
- RPM may be provided under general supervision and billed by staff under an NPI-holding practitioner.
- Uploading and transmission of data must be **automated** and cannot be billed if the data is entered manually.

Current Vanderbilt Health programs

- Cardiology
- Oncology
- Hypertension pilot

Future Opportunities

- Diabetes
- Obesity
- BYOD



Three Components of RPM Billing

Initial Device Set Up

- **99453**: Staff service: initial set up of device

Data Collection

- **99445**: Staff or facility service: 2-15 days of receipt of and monitoring readings, bill every 30 days.
- **99454**: Staff or facility service: 16 or more days of receipt of and monitoring readings, bill every 30 days.

Education

- **99470**: 10 minutes of education time spent in analysis and via synchronous communication (in-person, telehealth, or phone) with patient the findings or care plan.
- **99457**: 20 minutes of education time spent in analysis and via synchronous communication (in-person, telehealth, or phone) with patient the findings or care plan.
- **99458**: Add-on code; full additional 20 minutes for services described in 99457
- **99091**: Interpretation of medical information, such as ECG recordings, blood pressure records, and home glucose monitoring results, received in digital form from a patient requiring at least 30 minutes of the provider's time. A physician or other qualified healthcare professional may report this code once each 30–day period. (But not at the same time as any of the CPT codes listed above).

Where is Telehealth Headed?

It's not going anywhere; telehealth is here to stay!

Expanded asynchronous care

Increased RPM adoption

Cross-state care growth

AI-enabled patient monitoring

Thank you

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