



# Remote Asthma Monitoring How and Why?

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# Learning Objective

- Upon completion of this activity, participants should be able to:
  - Explain what RTM and RPM is.**and**
  - Formulate key practice pearls to start a RPM and/or RTM program at their practice.





## What is RPM and RTM?

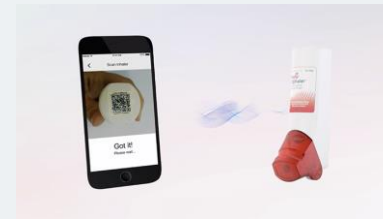
### RPM

The use of digital technology to capture and analyze patients' ***physiological data***, such as blood pressure, glucose levels, and respiratory rate from FDA-cleared devices.

### RTM

Focuses on ***non-physiological data*** collected from an FDA-approved software (SaMD), such as a medication adherence program or digital inhaler and associated mobile application.

- Inhaler Devices and Spirometry



# What devices are used in asthma monitoring?

Spirometry

Bio sensors

Pulse Oximeters

Smart Inhalers



## Why Bother?

A recent December 2023 Observational Asthma Study with RPM of O2 sats and spirometry was shown to have high patient satisfaction with prevention of patients from having flare ups and preventing ED visits. Thus allowing for improved quality of life, better outcomes and decreased healthcare costs.

For RTM- Difficulties with inhaler technique or lifestyle issues may come in where RTM would be able to identify and combat those hurdles to reduce healthcare and family burden.



## Why Bother Part 2

Peak inspiratory flow- PIF- How does it fit in?

This is where patients are

Opportunities for practice expansion and improved patient care



# IN PRACTICE



Dependent on if you choose RPM or RTM.



RPM as stated involves a physiologic parameter. The physician is not required to do the follow up phone calls. These can be done by a staff member.



RTM is approved for the musculoskeletal or respiratory system. A staff member may do the touch points with RTM. The physician is not required to do the follow up phone calls.

# Who should I monitor?



What population do you want to monitor?



What information do you want to gain?

# Case 1

52 year old Kevin presents to the clinic with Severe Asthma. He uses his rescue at 5x/week or more and often 1-3x/day. He has received 2 prednisone bursts this year for his asthma.

He states he is compliant with his maintenance inhaler, but still has the symptoms above.

If I choose to use RPM or RTM, what device(s) can I use to successfully monitor Kevin?

- 1) Spirometry
- 2) Bio sensors
- 3) Pulse Oximeters
- 4) Smart Inhalers
- 5) 1 and 4
- 6) All of the above



## Billing and Legal Coverage

- Organize the billing based on the start and stop of the month for the patient.
  - Examples- start and stops at different days of the month
  - Create a spreadsheet and make sure that it is monitored regularly- Who is to do that?
- Make sure to have legal coverage for your entity and store the data securely

# RPM Coding

99453 RPM Set Up (1x)

99454 RPM Monitoring every 30 days- Data has to be monitored at least 16 days per month (During the PHE 2 days with someone with COVID-19)

99457 RPM treatment management -20 min-

- One time every 30 days - Must be live/interactive

99458 RPM treatment management –

- additional 20 min- must be live/interactive

99091 RPM treatment management (self reporting)

- 30 min. One time every 30 days
- Not with 99457 or 99458

# RTM CODING

98975 RTM set-up (1x billing)

98976 Respiratory monitoring

- Technical. Data Monitoring every 30 days

98977 Musculo-skeletal monitoring

- Technical. Data Monitoring every 30 days

98980 Treatment Management- 1<sup>st</sup> 20 minutes (each 30 days)

- Interactive communication with patient/caregiver

98981 Treatment Management- each additional 20 minutes

- Interactive communication with patient/caregiver

# Ellen

Ellen is a 15 yo adolescent who is coming in with moderate asthma on an ICS/LABA who has been doing RPM for remote spirometry. She lately has been dropping her FEV1 on her home device.

What do we need in place to monitor her?

- 1) Only the clinician can teach the device to her.
- 2) Make sure to get a BAA signed to help cover yourself legally.
- 3) Don't worry about the time. You only need to chart the calls.
- 4) The biller needs to use 98980 to bill the first 20 minutes.

# Amanda

56 year old Amanda has been using RTM with a smart inhaler device to make sure she stays compliant with her high dose ics/laba inhaler. Lately, she feels that even though she takes her inhaler, she is short of breath and has tightness in her chest.

1) Continue to do RTM but add more time to assess FEV1 with home spirometry and bill for the extra RTM time.

2) Discontinue RTM billing and change to RPM Billing so that FEV1 can be assessed via home spirometry for Amanda.

3) Change to a stronger inhaler and continue to monitor compliance with RTM.

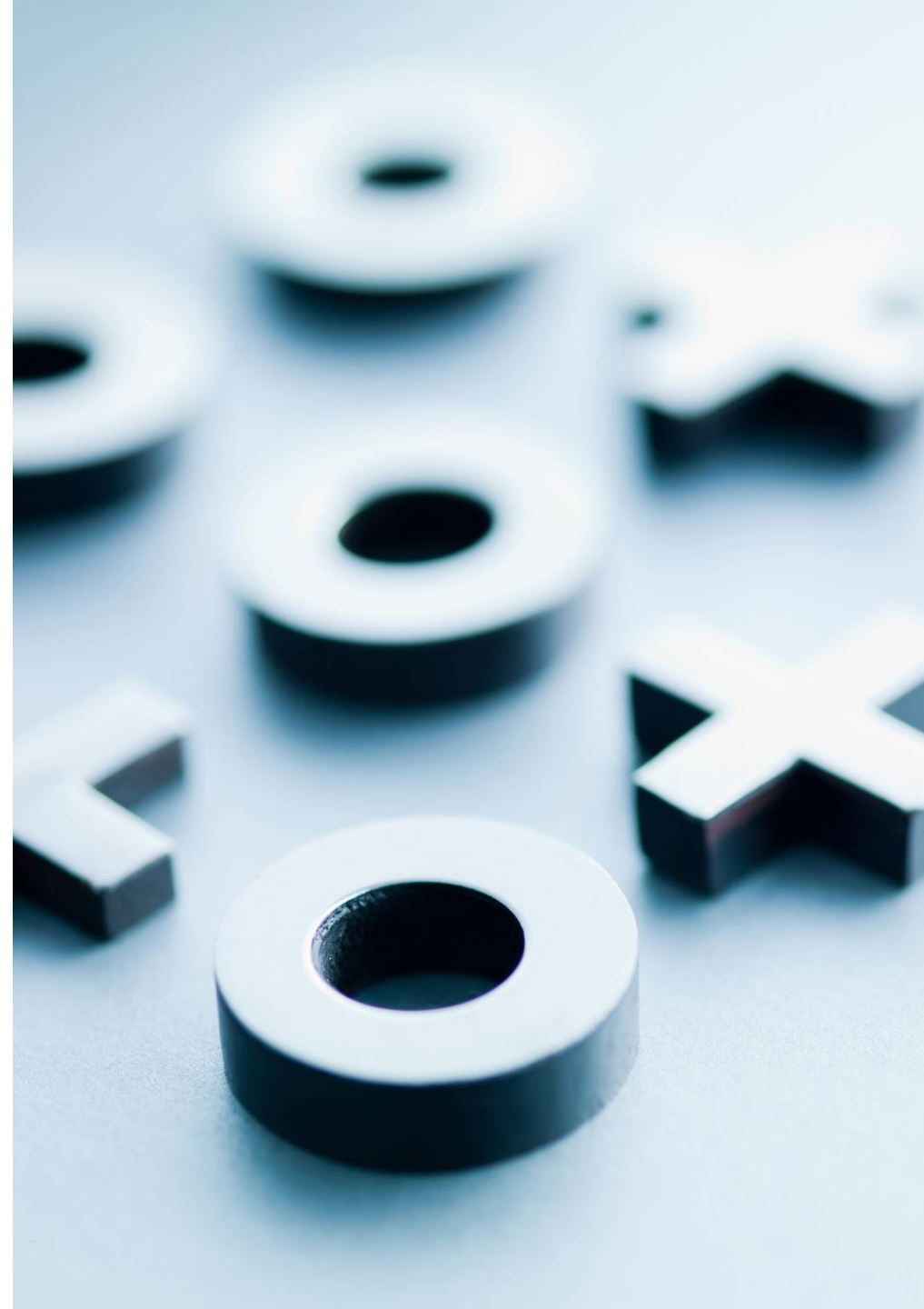
4) Discontinue the RTM monitoring as it has not been effective.

5) Answers 2 and 3



## Pearls for Success

- Track your overhead or 3<sup>rd</sup> party invoices
- Make sure to have set billing dates and set review dates to be consistent
- Run reports for the different codes you use in the practice
- Monitor and act on patient alerts in a timely fashion.
- Make sure time parameters are being charted.
- Actively track patient insurance changes as well as insurance policy changes in coverage.





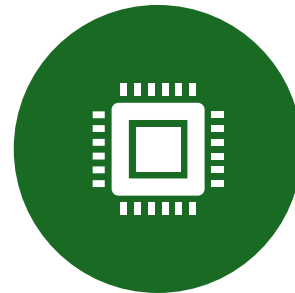
## Part 2

- Have a self pay price.
- Consider outsources for resources-  
Respiratory therapists, virtual MAs, outside company
- Do not start the program if you do not have the time/support/resources.
- Make sure to have a clear vision.
- Have your EMR help you identify patients.
- Do not me afraid to continuously modify your approach.

# Wish List



Extend RPM and RTM platforms and broaden to other disease states as well as being an advocate for insurance coverage will help us effectively care for our patients and obtain real world experience and data.



Further apps to help assist with RTM.  
Example: Biologics



Have streamlined billing guidelines/templates to assist physicians with the process.



Ensure robust legal and cyber protection

# Wish List Continued

Have a combined platform to navigate these parameters - scheduling/billing/monitoring/intervention with safeguards put into the EMR.

Address disparities in access to RPM and RTM- keeping in mind that technology may contribute to the disparities.

Advancement via AI and biosensors in the field.

Increased platforms that are patient facing for engagement and education.

