



General Insurance FAQ

Health insurance can be confusing. This packet will help you understand how insurance benefits typically work with respect to Remote Monitoring Program (RPM) and Physical Therapy Telehealth appointment billing. Depending on your program, you may be enrolled in both or just RPM. If you are scheduled to meet with a physical therapist, then you are enrolled in PT Telehealth. Otherwise, your insurance will be billed only through RPM with support provided by a clinical specialist or CSS.

EOB

An Explanation of Benefits (EOB) is a paper or electronic statement from your insurance company that shows charges that were submitted and the breakdown of how much is paid to the physician and how much is your responsibility.

Deductible

This is the amount you would need to pay before your insurance starts paying. This is based on the insurance negotiated rate and is paid after the claim is submitted and processed. Usually, you receive the EOB which will show you what is your responsibility to pay toward your deductible. In some plans, once the deductible is met, you may have no additional costs or co-insurance only.

Co-Insurance

Many plans have it stated that you are responsible for certain percentages of the negotiated prices. For example, in Medicare, there is a 20% co-insurance on ambulatory outpatient services. This is often picked up and paid by a secondary or supplemental insurance but is 20% of the Medicare negotiated rate. If you do not have a second insurance, then a charge of \$140 to see the physician would result in \$28 billed as patient responsibility and \$112 paid directly by the insurance to the physician.

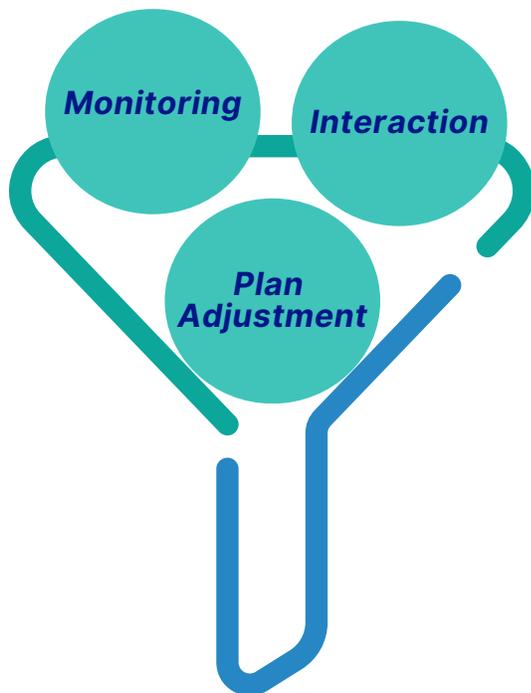
Co-Pay

Co-pays are a flat amount required for specific types of visits. For example, you may have a \$50 co-pay to see the orthopedist and a \$25 to see your primary care doctor regardless for what they charge for the office-visit portion of the encounter.



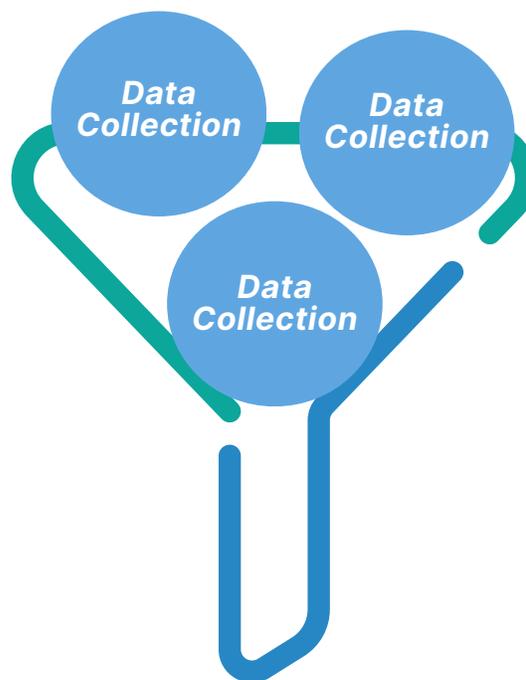
RPM Insurance FAQ

Remote Patient Monitoring (RPM) does not follow the traditional EOB pattern. There is no one-to-one relationship of “RPM done = here is a charge” like there is for office visits. RPM is billed in two channels using four codes at various points in the monitoring cycle. The two channels are illustrated below:



Billed @ END of Calendar Month
***99457-1st 20 minutes**
***99458-2nd 20 minutes**

ALL time spent monitoring, adjusting and communicating about program



Billed @ 30-Day Intervals
***99453-Set-Up**
***99454-Data Collection**

Data collection every 30 days while on program and billed once every 30 days from start of program. 99453 billed at first 99454 and never again

**All will be billed under physician*