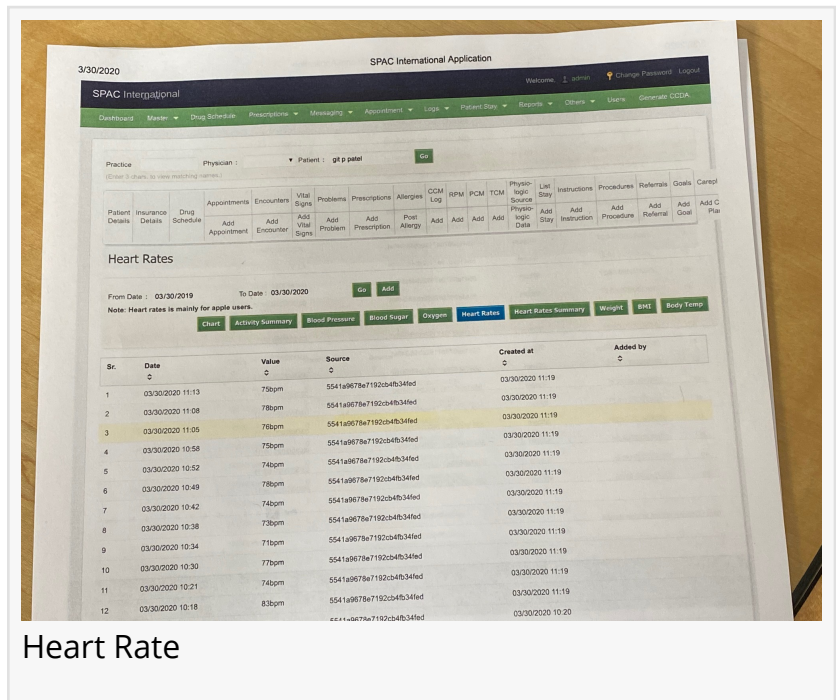


# Sargas's Remote Physiological Monitoring hru? is compliant with newly released 2021 CMS Physician Fees on December 1

*hru? Platform in Sargas International's proprietary Chronic Care Cloud helps deliver the latest in Remote Physiologic Patient Monitoring for Medicare patients.*

BAKERSFIELD, CA, UNITED STATES, December 3, 2020 /EINPresswire.com/ -- CMS issues the First Ever Guidance on Remote Patient Monitoring for final 2021 Physician Fee Schedule CMS guidance states that RPM Device must meet the FDA's definition of medical device and that the "interactive communication" requires a practitioner/clinical staff to spend at least 20 minutes per month of time communicating via audio or video with the patient. [The first ever guidance issued on](#) Remote Physiologic Patient Monitoring that is about 16 pages long is available at



Heart Rate

<https://spacinternational.com/pdf/RPM%202021%20PFS%20Final.pdf>

Dr. Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS) initially unbundled the cpt code 99091 for 2019 Physician Fee Schedule (PFS) and then CMS released the codes 99453, 99454 and 99457 for 2020 PFS for Remote Physiologic Monitoring. Dr. Verma stated in November 2018 "You may have already heard my story about my husband's near death experience last year. Thanks to the bystanders and the medical team that treated him, he was able to survive a very serious cardiac episode. But taking it a step further, maybe we could have predicted his cardiac arrest before it happened if his electronic watch, or some other novel device, had been compiling information about his activities, his heart rate, his breathing, as well as other data – and sending it to his doctor."

"At Sargas we have been servicing several hundred physicians with our hru? Technology platform

to help deliver Remote Physiological Patient Monitoring via an API integration with major medical devices that capture critical health data like heart rate, blood pressure, blood glucose, temperature, oxygen saturation level and more to help physicians deliver the triple aim in healthcare," said Git Patel CEO of Sargas. "Our physician advisory board unanimously wanted us to give patients an ability to upload the data on the portal or have the clinical staff call and synch the physiological data over the phone, so they can proactively manage these patients and prevent progression of disease that would lead to hospitalization. Our team has developed an interoperable Chronic Care Cloud® that automatically uploads the data from various blue tooth medical devices for the physicians to review." Patel continued.

The screenshot shows a software interface for 'SPAC International Application'. It displays a table with columns for 'Br', 'Date', 'Value', 'Notes', 'Status', 'Created At', and 'Added By'. The table contains 14 rows of data, with values ranging from 90% to 98% and dates from 03/20/2020 to 04/11/2020.

Br	Date	Value	Notes	Status	Created At	Added By
1	03/20/2020 15:12	90%	null	normal	03/20/2020 15:19	
2	03/20/2020 22:24	90%	null	normal	03/20/2020 22:05	
3	03/20/2020 21:29	90%	null	normal	03/20/2020 21:33	
4	04/02/2020 08:48	90%	null	normal	04/02/2020 13:02	
5	04/02/2020 08:41	90%	null	normal	04/02/2020 09:44	
6	04/02/2020 07:27	90%	null	normal	04/02/2020 07:42	
7	07/20/2019 09:09	98%	null	normal	08/19/2019 01:21	
8	07/20/2019 07:59	98%	null	normal	08/19/2019 01:21	
9	07/20/2019 07:57	94%	null	normal	04/04/2020 08:19	
10	04/22/2019 20:56	97%	null	normal	08/19/2019 01:21	
11	04/22/2019 20:55	94%	null	normal	08/19/2019 01:21	
12	04/22/2019 20:54	90%	null	normal	04/02/2019 06:19	
13	04/22/2019 19:36	90%	null	normal	04/11/2019 02:25	
14	04/11/2019 02:25	90%	null	normal		

### Oxygen Saturation Rate



Company Logo

CMS Updates the Care management Codes for 2021 can be found in Table 17 on page 203 of the 2021 Physician Fee Schedule on display at Federal Register.



Our hru? helps our compassionate case managers extend their promise of helping chronically ill Medicare patients via our state of the art Remote Physiological Monitoring Chronic Care Cloud®”

*Git Patel, CEO*

<https://www.cms.gov/files/document/12120-pfs-final-rule.pdf>

Additionally CMS now allows for billing of 99439 formerly G2058 for each additional 20 minutes of clinical staff time directed by physician or QHP to be billed with TCM and Complex Chronic Care management codes. CMS also Allowed the addition of Online Digital E & M Codes 99421, 99422 and 99423.

FQHC and RHC can now bill for Principal Care Management

CMS is finalizing the proposal to add the PCM HCPCS codes, G2064 and G2065, to the general care management code, G0511, as a comprehensive care management service for RHCs and

FQHCs, starting January 1, 2021 as proposed. CMS also finalizing that when RHCs and FQHCs furnish PCM services, they will also be able to bill the services using HCPCS code G0511, either alone or with other payable services on an RHC or FQHC claim for dates of service on or after January 1, 2021. The payment rate for HCPCS code G0511 will be the average of the national non-facility PFS payment rates for the RHC/FQHC care management and general behavioral health codes (CPT codes 99484, 99487, 99490, and 99491) with the addition of HCPCS G2064 and G2065. That is, the PCM services will be added to G0511 to calculate a new average for the national non-facility PFS payment rate. The payment rate for HCPCS code G0511 will be updated annually based on the PFS amounts for these codes.

CMS has also added care management codes for the shared savings program for Accountable Care Organizations and for MIPS.

CMS is also adding additional information about the CPT and HCPCS codes that they proposed to add to the definition of primary care services used in assignment including chronic care management and Digital E&M codes :

Online Digital Evaluation and Management Services (CPT codes 99421, 99422, and 99423): In the CY 2020 PFS final rule (84 FR 62797), CMS finalized payment for new online digital assessment services, also referred to as “E-Visits,” beginning in CY 2020 for practitioners billing under the PFS. These services are non-face-to-face, patient-initiated communications CMS-1734-F CLL/TLP (11/27/20) 820 INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law. These digital assessment services are for established patients who require a clinical decision that otherwise typically would have been provided in the office.

Practitioners who may independently bill Medicare for E/M services (for instance, physicians and NPs) can bill the following codes:

- ++ 99421 (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.)
- ++ 99422 (Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11-20 minutes.)
- ++ 99423 (Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.)

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