



American Academy of
Physical Medicine and Rehabilitation

Your Success is our Specialty

AAPM&R provides resources to members to ensure practices and careers are strong—taking care of physicians while physicians take care of their patients. The Academy supports the coverage of telehealth services and encourages members to utilize telehealth as an expansion of their practice.

Academy Telehealth Resources

As a result of the COVID-19 pandemic, telehealth has quickly become a more prominent aspect of clinical practice in physiatry. Beyond our efforts to support the integration and utilization of telehealth, the Academy continues to analyze innovative opportunities for physiatry as technology evolves. Todd Rowland, MD, FAAPMR, Chair of AAPM&R's Telehealth Innovation Workgroup, is leading an ongoing series regarding transformative care in telehealth for PM&R.

To stay up-to-date with our ongoing series, check out AAPM&R's interviews with Dr. James McDeavitt on Telehealth Advancement at Baylor and Dr. Stephen Lewis on Physiatry Led Remote Patient Monitoring from *The Physiatrist*, AAPM&R's member publication. As a member benefit, you can also visit AAPM&R's Online Learning Portal (onlinelearning.aapmr.org) for a podcast version of the full interviews. Learn more about our telehealth efforts on AAPM&R's website at aapmr.org/advocacy/current-priorities/telehealth.

Connect with Your PM&R Community

Strengthening the specialty of PM&R and supporting members' practices and patients, AAPM&R offers a full depth and breadth of benefits designed to help PM&R physicians meet new challenges and build successful careers, like these valuable telehealth resources. Not an AAPM&R member? Join the Academy today by visiting aapmr.org/join or calling (847) 737-6000.

Advancing Musculoskeletal Care with New Reimbursement Codes for Physiatrists – Remote Therapeutic Monitoring Technology: An Interview with Dr. Marc Gruner



From Left to Right:
Marc Gruner, DO, MBA, RMSK, FAAPMR; Todd Rowland, MD, FAAPMR; Megan Roop, AAPM&R Telehealth and Payment Innovation Specialist

Dr. Marc Gruner is a Mayo Clinic-trained Sports Medicine Physician and the co-founder and chief medical officer at Limber Health. Limber*, developed by doctors, is a digital therapy and remote monitoring tool of at-home therapy. Clinically validated, Limber is designed to be integrated with providers to help better manage an episode of musculoskeletal (MSK) care, reduce leakage and generate revenue. Providers receive access to a portal with real-time actionable data about their patient, playing an integral part in value-based healthcare initiatives.

In this issue, Dr. Gruner shares his experience treating musculoskeletal patients in their home using the advancement of remote therapeutic monitoring. The interview was conducted by Todd Rowland, MD, FAAPMR, Chair of the Academy's Telehealth Innovation Workgroup. Responses have been edited for length and clarity.

1. How long have you been providing remote care for your patients and how did you get started?

Limber was started by my brother and I in 2019. We are passionate about improving musculoskeletal care by integrating digital care with existing in-person MSK care networks. It started when I was volunteering at The Center for Medicare and Medicaid Innovation (The Innovation Center) working on orthopedic bundled and holistic care. We studied the marketplace and were surprised to learn that while exercise therapy is the evidence-based first line of musculoskeletal care, less than 12% of MSK patients attend physical therapy. Of the 12% of patients that make it to in-person physical therapy, only 30% make it to discharge. We found the challenges include access to care, time constraints of a busy schedule, cost barriers and COVID-19.

We believe that providers and their patients would greatly benefit from digital devices. Digital devices make it easy for patients to do exercise therapy at home and enable physicians and physical therapists to track therapy adherence and changes in pain and function. This information allows providers to effectively oversee a patient's care plan and determine if additional care is needed.

2. It's one thing to identify a problem, but you took the next step to create a company. Why did you decide to take this journey?

I have been excited about the ability to use digital tools to improve MSK care as an outreach of in-person care and had a goal to make these tools widely available. This

is especially important as musculoskeletal conditions are the most prevalent chronic condition, impacting one in two adults each year. It is the number one cost driver for most employers in the U.S.

Today, providers have limited access to real-time data to track their patients' adherence, pain, and function levels. I firmly believe that providers need more digital tools to follow evidence-based musculoskeletal care to appropriately evaluate improvement and order additional care when necessary. While remote patient monitoring has been used in other specialties to improve quality-of-care, it has not been available for the MSK specialty. Current CPT remote monitoring codes do not allow the use of therapeutic data such as pain, functional status, and adherence to therapy.

3. How can PM&R physicians be compensated for remote care? Has that changed during the COVID crisis?

The good news is that starting January 2022, PM&R physicians can get reimbursed by Medicare for remotely managing at-home therapy. Our projections indicate physicians have the potential of making about \$25,000 in additional profit when they add remote therapeutic monitoring to their practice. Limber has no upfront costs, and as a turnkey solution, it does not disrupt clinical workflows. Physiatrists or physical therapists can either build their personalized home-exercise program from Limber's library of thousands of exercise videos with verbal coaching or select from more than 100 pre-built, progressive protocols developed for non-surgical, regenerative, surgical and maintenance cases. Additionally, the platform features robust education for patients and tracks patient reported outcome measures (PROMs).

The Limber team has been working with the AMA over the past two years to drive the creation of a newly-approved CPT code set for remote therapeutic monitoring (RTM). This is in addition to the telemedicine codes that currently exist. The new RTM CPT code set is designed to enable providers, physicians, and physical therapists to bill monthly for remotely monitoring their MSK patients' pain, function, and adherence levels.

There are four new codes that can be used for remotely monitoring MSK care, including:

- 98975: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

- 98977: Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- 98980: Remote therapeutic monitoring treatment management services, physician/ other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/ caregiver during the calendar month; first 20 minutes
- 98981: Remote therapeutic monitoring treatment management services, physician/ other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/ caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure).

4. What do you see as the next steps for our specialty in the rapidly evolving world of Telemedicine?

I believe our specialty will greatly benefit from the new remote therapeutic monitoring codes and telemedicine. As physiatrists, we are looking for innovative ways to provide care for patients at home. One thing we are seeking as a specialty is how we can provide more value. Physiatrists are looking to be the leaders in management of conservative treatment for orthopedic injuries. These new codes allow clinicians to be more involved by remotely monitoring patients in a home setting. When we created Limber, I really wanted to make sure that it was just as easy for clinicians to use as it was for patients.

Allowing patients to have an extension of your practice in their hands and be connected to you remotely will help them on their journey to recovery, improve patient satisfaction, and result in better quality at lower overall costs.

For additional details regarding the new remote therapeutic monitoring CPT codes, please see the 2022 Medicare Physician Fee Schedule article in the February issue of *The Physiatrist*. AAPM&R's Telehealth Innovation Workgroup is continuing to explore telehealth opportunities for physiatry. The workgroup will provide additional updates regarding telehealth initiatives via the Academy website.

For more in-depth information, listen to Dr. Gruner's podcast on AAPM&R's online learning portal (onlinelearning.aapmr.org) and watch for more telehealth podcasts—coming soon!

* There is a fee associated with this service.