

# PREVENTION LINK

*of Southern Maryland*  
www.preventionlinkmd.com

**Volume 1. Issue 4. June 2022**

**Focus: The Latest Innovations to Improve Men's Heart Health: Medications, Procedures and Devices**

**Funding Opportunities and Announcements**

**Power Up Your Practice: A Peek Inside PreventionLink's Remote Patient Monitoring Program and How It Could Benefit your Patients and Practice**

**5 CPT Codes for Remote Patient Monitoring**

**Webinars**

## **JUNE IS MEN'S HEALTH MONTH**

It's Men's Health Month, and we are making men's heart health a hot topic. Heart disease is the leading cause of death for men, so it's important we take steps to prevent it.



# Preventing and Treating Heart Disease in Men

Every year, about [610,000 Americans<sup>1</sup>](#) die from heart disease, and one in every [four of those deaths occurs in men<sup>2</sup>](#).

While there are many risk factors for developing heart disease, some of the most preventable include smoking, obesity, and lack of exercise.

Fortunately, there have been many recent innovations in the treatment of heart disease. In this issue, we discuss the latest innovations to improve and treat men's heart health

## Key U.S. Statistics on Men's Health

### Obesity

- [40.5% of men aged 20 and over are obese \(2015–2018\)](#)

### Physical Activity

- Only [57.6% of men aged 18 and over met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activities](#)

### Smoking

- [14.1% of men aged 18 and over currently smoke cigarettes \(2020\)](#)

### Hypertension

- [51.9% of men aged 20 and over have hypertension \(measured high blood pressure and/or take antihypertensive medication\) \(2015–2018\)](#)

Source: National Center for Health Statistics: [Men's Health data](#).

## Funding Opportunities and Announcements

Beginning mid-May through mid-July 2022, The Maryland Primary Care Program (MDPCP) will open its application for funding and technical support to eligible Maryland primary care clinicians. For more information on MDPCP, including [application resources](#), please visit the MDPCP [website](#).

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# Improving the Heart Health of Men

## New Procedures

Some of the newer procedures used to treat heart disease include transcatheter aortic valve replacement (TAVR), [left ventricular assist devices \(LVADs\)](#)<sup>3</sup>, and [cardiac resynchronization therapy \(CRT\)](#)<sup>4</sup>.

TAVR is a minimally invasive procedure that replaces the aortic valve without opening the chest. LVADs are mechanical pumps that help the heart pump blood. CRT is a procedure that helps the heart beat in a more coordinated way. These procedures can improve the quality of life for men with heart disease and help them live longer healthier lives.

## A Promising New Class of Drugs

When used together with lifestyle changes such as diet and exercise, drug therapies can assist with prevention and lower the risk of men being hospitalized with or dying from heart failure. One promising new group of FDA-approved drugs is [sodium-glucose cotransporter-2 \(SGLT2\)](#)<sup>5</sup>. These medications were originally developed to treat diabetes, but now these medications are becoming a viable option for diabetics and nondiabetics alike.

### FDA-Approved Medications in this Class

- Canagliflozin – brand name: [Invokana](#)
- Dapagliflozin - brand name [Farxiga](#)
- Empagliflozin – brand name [Jardiance](#)

These drugs work to lower blood sugar by causing the kidneys to remove sugar from the body through the urine. The FDA has not yet approved these drugs for use by people with Type 1 diabetes.



# The Future of Prevention is Here: Medical Devices to Improve Health Outcomes



Men's health is a serious and sometimes sensitive issue. Traditionally, men are not the easiest people to get into the doctor's office according to [a study](#)<sup>6</sup> published by the Centers for Disease Control and Prevention. Leveraging technology can make doctor's appointments less stressful and logistically challenging for men, which can increase the chances they will attend appointments and get the treatment they need.

With the increased uptake of [telemedicine](#)<sup>7</sup> due to the COVID-19 pandemic, we need to treat men and other new tech-savvy patients with increased patient monitoring. Remote patient monitoring can be used to track men's heart rates, activity levels, and other vital signs. This data can then be used to make treatment decisions for individual patients. Remote patient IT is quickly becoming an essential tool for preventing and monitoring chronic disease. It may also reduce hospitalizations and readmissions. PreventionLink practices are at the forefront of these new innovations and treatment options. We look forward to highlighting their work in subsequent issues. Stay tuned!



# Power Up Your Practice:

## Remote Patient Monitoring, PreventionLink and Your Practice

To further improve health outcomes in your practice, PreventionLink can provide participants, your referred patients, with [FDA-approved](#) monitoring devices such as glucose meters and digital devices to monitor blood pressure and cardio-metabolic conditions. The process is easy. Simply provide the referral and our team does the rest! Some of the devices we can provide your patients with include:

- Weight scales
- Pulse oximeters
- Blood glucose meters
- Blood pressure monitors

The good news is that providers who offer remote physiologic monitoring services are now able to [bill](#) Medicare, Medicaid, and some private insurers.



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# The Centers of Medicare & Medicaid Services (CMS)

## Payable Remote Patient Monitoring Codes

### Current Procedural

Terminology (CPT) codes	Billable Event or Billable Time	Description	*Reimbursement Rate
CPT 99453	Initial device set up and patient education	Remote monitoring of physiologic parameters – weight, blood pressure, pulse oximetry, respiratory flow rate	\$19.03, one-time
CPT 99454	Device/transmission fee	Device supply with daily recordings(s) or programmed alert(s) transmission, each 30 days	\$55.72 per month (30-day billing period)
CPT 99457	Monitoring and treatment - First 20 cumulative minutes of RPM services over 30-days	Remote physiologic monitoring (RPM) services by clinical staff/MD/QHCP assessing clinical stability, communicating with the patient via a synchronous two-way audio interaction, and oversight of the management and coordination of services as needed.	\$50.18 per month (30-day billing period)
CPT 99458	Monitoring and treatment – Additional 20 minutes of RPM services for as many times as is appropriate in 20-minute increments and must be used in conjunction with 99457.	Remote physiologic monitoring (RPM) services by clinical staff/MD/QHCP	\$40.84 per month (30-day billing period)
CPT 99091	Collection and interpretation - 30 minutes	Collection and interpretation of data by physician or QHCP reviewing, interpreting, and reporting data digitally stored or transmitted by the patient	\$56.41 per month (30-day billing period)

Source: Centers for Medicare & Medicaid Services [Physician Fee Schedule](#)<sup>8</sup>

\*Pricing amounts vary from area to area and are subject to change.

Some **conditions must be met, and preauthorization conditions** may apply. Read more about remote patient monitoring billing and payment options at [HHS.gov](#).<sup>9</sup>

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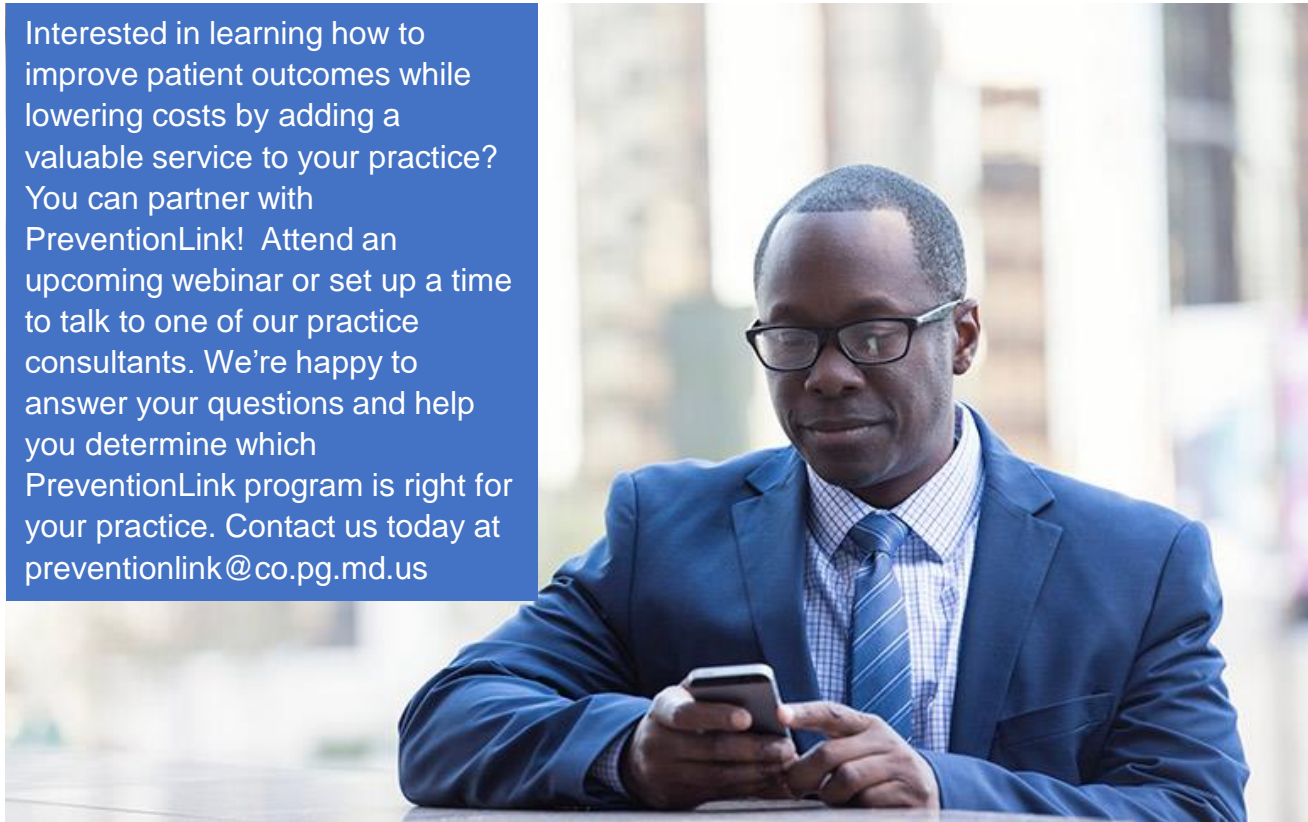




# We are Here for You!



Interested in learning how to improve patient outcomes while lowering costs by adding a valuable service to your practice? You can partner with PreventionLink! Attend an upcoming webinar or set up a time to talk to one of our practice consultants. We're happy to answer your questions and help you determine which PreventionLink program is right for your practice. Contact us today at [preventionlink@co.pg.md.us](mailto:preventionlink@co.pg.md.us)



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# Register for an Upcoming Webinar

**Learn more about how PreventionLink is helping providers transform their practices in Southern Maryland**

<https://tinyurl.com/TCLMD>



## Upcoming Dates

Jun 2, 2022, 05:00 PM Eastern Time (US and Canada)

Jun 7, 2022, 05:00 PM Eastern Time (US and Canada)

Jun 9, 2022, 12:00 PM Eastern Time (US and Canada)

Jun 14, 2022, 12:00 PM Eastern Time (US and Canada)

Jun 16, 2022, 05:00 PM Eastern Time (US and Canada)

Jun 21, 2022, 05:00 PM Eastern Time (US and Canada)

Jun 23, 2022, 12:00 PM Eastern Time (US and Canada)

Jun 28, 2022, 12:00 PM Eastern Time (US and Canada)

Jun 30, 2022, 05:00 PM Eastern Time (US and Canada)



## Like this newsletter?

Share it with your colleagues and let's make a difference in Southern Maryland together.

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