Coding and Billing for Remote Patient Monitoring (RPM) of Your Patients

RPM is the use of digital technologies to receive physiologic data electronically from patients in one location to healthcare providers (HCPs) in a different location for assessment and recommendations.[1]

Physiologic data that is collected through RPM can be used by HCPs to make adjustments to treatment plans accordingly, without the need for an office visit.[1]

There are other modalities of digital health that can use telecommunications to provide patient care, as shown below. It is important to note that these types of services are distinct from RPM.

Chronic Care Management (CCM) is defined as the coordination of medical care provided outside the regular office visit for patients with 2 or more chronic conditions expected to last at least 12 months or until the death of the patient, and place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline.[2]

Telehealth refers to the exchange of medical information from one location to another through electronic communication to improve patients' health[3]

- **There are 3 main types of virtual services that HCPs can provide and bill for: Medicare telehealth visits, virtual check-ins, and E-visits[3]**

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How RPM Differs From CCM and Telehealth

RPM[4,5]

- Use of a medical device that can transmit data from patient to provider
- Acute or chronic conditions
- Established patient–physician relationship required
- 20-30 minute billing periods

CCM[2,6]

- Non-complex and complex billing codes
- More than 2 chronic conditions
- Established or non-established patients can use the service
- 20-60 minute billing periods

Telehealth[3]

- Primarily Medicare beneficiaries
- Services include telehealth visits, virtual check-ins, and E-visits

SIMILARITIES

- Patient consent is required to use the services[2,5,7]
- Services do not require an in-office visit[1-3]
- All services have specific codes
- Provides continuity of care outside of office visits[6,8]

This resource will focus on specific coding and billing criteria for RPM efforts

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RPM CPT® Codes for Reimbursement

The following CPT codes were created by CMS to bill for RPM services.*,†

CPT CODE	DESCRIPTION[5,9,10]
99091	**Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified healthcare professionals (QHCPs), qualified by education, training, licensure/regulation (when applicable)** Requires a minimum of 30 minutes of time per patient per month **Additional Requirements:** • An in-patient visit prior to service • Includes evaluation/management (E/M) services, preventative physical exam, translational care management • Does not include virtual face-to-face visits using other variations of telehealth • Billing is limited to once in a 30-day period CMS will reimburse for professional time dedicated to monitoring services and does not require interactive communication to bill. Codes 99457 and 99091 cannot be billed concurrently.
99453	**Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up, and patient education on use of equipment** CPT 99453 offers reimbursement for the work associated with onboarding a new patient onto an RPM service, setting up the equipment, and educating the patient on using the equipment.
99454	**Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days** CPT 99454 offers reimbursement for providing the patient with an RPM device for a 30-day period. Note that code 99454 can be billed each 30 days.
99457	**Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other QHCP time in a calendar month requiring interactive communication with the patient/caregiver during the month** First 20 minutes per patient per month CMS will reimburse for clinical staff time that contributes toward monitoring and interactive communication.
99458 (New in 2020)	**Remote physiologic monitoring treatment management services, clinical staff/physician/other QHCP time in a calendar month requiring interactive communication with the patient/caregiver during the month** Each additional 20 minutes per patient per month **Additional Requirements (99453-99454, 99457-99458):** • Billing is limited to once in a 30-day period • 99457 and 99091 cannot be billed together for the same billing period and patient

CMS, Centers for Medicare and Medicaid Services.

*Use of all codes requires providers to obtain patient consent to use the service in advance, and to have it documented in the patient's chart.[5]
†This guide will be updated over time to reflect changes in additional guidance that CMS is expected to provide for these highlighted services. All questions concerning CMS requirements should be addressed to the relevant Medicare contractor in your region.

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To bill and receive reimbursement for RPM using CPT codes, healthcare providers should take the following points into consideration[4]:

An established patient–physician relationship will be required for RPM services to be provided

Patient consent can be obtained at the time that RPM services are provided

Device supplied to the patient under CPT code 99454 must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act.

Data must be electronically collected and transmitted rather than self-reported

CPT codes 99453 and 99454 require 16 days of readings to be collected and transmitted for each 30-day billing period

CPT codes 99453 and 99454 can be provided by auxiliary personnel (including contracted employees) under physician supervision

RPM services may be provided to patients with acute or chronic conditions

For more information on current state-specific laws and reimbursement policies for RPM, CCM, and telehealth, please visit your state's website. Additional information can be found under "Telehealth Policy" on the National Telehealth Policy Resource Center website.

References: 1. Remote Patient Monitoring (RPM). Center for Connected Health Policy. Accessed November 4, 2020. https://www.cchpca.org/about/about-telehealth/remote-patient-monitoring-rpm. **2.** Connected Care Toolkit Chronic Care Management Resources for Healthcare Professionals and Communities. Centers for Medicare and Medicaid Services. Accessed November 4, 2020. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/connected-hcptoolkit.pdf. **3.** General Provider Telehealth and Telemedicine Tool Kit. Centers for Medicare and Medicaid Services. Accessed November 4, 2020. https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf. **4.** Proposed Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2021. Centers for Medicare and Medicaid Services. August 3, 2020. Accessed November 4, 2020. https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4. **5.** Navigating Digital Medicine Coding and Payment. American Medical Association. Accessed November 4, 2020. https://www.ama-assn.org/system/files/2018-12/playbook-resources-step-5-coding-payment-REV1.pdf. **6.** Chronic Care Management Services. Centers for Medicare and Medicaid Services. Accessed November 4, 2020. https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/chroniccaremanagement.pdf. **7.** Medicare Telemedicine Health Care Provider Fact Sheet. Centers for Medicare and Medicaid Services. March 17, 2020. Accessed November 4, 2020. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. **8.** Telehealth keeps care continuity during COVID-19—that must continue. American Medical Association. July 20, 2020. Accessed November 4, 2020. https://www.ama-assn.org/practice-management/digital/telehealth-keeps-care-continuity-during-covid-19-must-continue. **9.** CMS-1693-F. Centers for Medicare and Medicaid Services. Accessed November 4, 2020. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1693-F. **10.** CMS-1715-F. Centers for Medicare and Medicaid Services. Accessed November 4, 2020. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1715-F.

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