



2023 Remote Patient Monitoring Reimbursement Guide

An Overview from **Life365[®].health**

BACKGROUND

Studies have shown that remote patient monitoring can lead to more targeted care and better health outcomes for patients, and in 2019, remote physiologic monitoring (RPM) reimbursement codes were finally introduced in the Physician Fee Schedule.

Reimbursement creates a pathway for providers to offer digital health tools to their patient populations, enabling more individuals to realize the potential of these life-changing technologies. RPM can be used to efficiently provide on-going care and support to patients located at home, creating proactive care models, as opposed to the typical reactive care provided today.

While these codes have been available since 2019, providers and health systems have been reluctant to implement RPM programs due to confusion regarding requirements for compliance, and for billing and providing RPM services to patients.

We offer this guide to provide an easy to understand overview and explanation regarding the billing codes, the latest requirements, and clarifying answers to frequently asked questions.

Why you should implement a remote patient monitoring strategy

- Gain better insights into patient health status from frequent stream of data between visits and outside the point-of-care
- Provide faster interventions at signs of deterioration, enable effective navigation to the appropriate level of care as needed, prevent avoidable hospitalization / readmissions
- Efficient time management to allocate time and resources for patients that need more attention
- Increase patient loyalty and satisfaction while improving patient ability to self-manage
- Establish new revenue opportunities for providers

OVERVIEW OF RPM CODES

In 2019, the Centers for Medicare and Medicaid Services (CMS) added new codes to the *Physician Fee Schedule for Remote Physiologic Monitoring (RPM)*. Since the inception of these codes, there have been several updates and clarifications. This overview includes the latest information for furnishing and billing Remote Physiologic Monitoring services in 2023.

CPT[®]
CODE
99453

REIMBURSEMENT: **NF NATIONAL PAYMENT AMOUNT \$19.32**

Remote monitoring of physiologic parameter(s) (eg: blood pressure, pulse oximetry, respiratory flow rate, weight); initial set-up and patient education on use of equipment

CPT[®]
CODE
99454

REIMBURSEMENT: **NF NATIONAL PAYMENT AMOUNT \$50.15**

Remote monitoring of physiologic parameter(s) (eg: blood pressure, pulse oximetry, respiratory flow rate, weight); initial device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

CPT[®]
CODE
99457

REIMBURSEMENT: **NF NATIONAL PAYMENT AMOUNT \$48.80**

Remote physiologic monitoring treatment management services, clinical staff / physician / other qualified health care professional time in a calendar month requiring interactive communication with the patient / caregiver during the month; **initial** 20 minutes

CPT[®]
CODE
99458

REIMBURSEMENT: **NF NATIONAL PAYMENT AMOUNT \$39.65**

Remote physiologic monitoring treatment management services, clinical staff / physician / other qualified health care professional time in a calendar month requiring interactive communication with the patient / caregiver during the month; **additional** 20 minutes

RPM During the COVID-19 Public Health Emergency

For the duration of the PHE, CMS is not requiring patients to be established patients in order to receive RPM services. Patients that receive RPM services can be established or new, and this requirement may be satisfied via a telehealth visit. After the PHE ends, an initiation visit would be required to establish a patient - provider relationship.

It should be noted that only 2 days of device readings are required to bill for 99453 and 99454 for patients with COVID, or who are suspected of having COVID.

Patient Inclusion Criteria

- RPM must be reasonable, medically necessary, and “used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition.”
- An established patient-provider relationship is required to provide RPM services.
- Patient consent for RPM services must be captured annually, or for each new episode of care, and recorded in the medical record. The patient can consent verbally. As a Part B service, there is a 20% co-pay the patient should be made aware of.
- Beneficiary consent to receive RPM services may be obtained by auxiliary personnel under general supervision of the billing practitioner.

A Patient Use Case – Example Reimbursement

CPT[®] CODES: **99453 / 99454 / 99457**

An established patient is in the office and has poorly controlled, moderately severe persistent asthma. The patient is asked if they would like to participate in a remote physiologic monitoring program, and provided information on the costs, benefits, and expectations for participation. The patient provides consent to participate.

The patient is then provided a home spirometer that will transmit FEV1 and FVC to their providers for review. The patient is instructed on how to set up and use the device. The patient takes readings each day of the next month, and the provider and staff receive the data and review and analyze it.

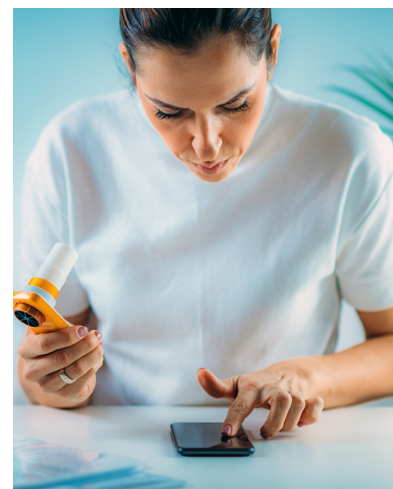
The time involved in retrieving and analyzing the information throughout the month is 20 minutes. Based on the data, the provider modified the patient’s therapy and describes a new treatment program during a telemedicine visit.

Billing would be 99453, 99454, and 99457 (each one unit). The E/M visit would be billed based on the time spent with the patient in describing the new treatment plan.

The documentation for these services might include a statement such as:

- (99453) “We have provided this patient a remote spirometer and taught the patient its proper use.”
- (99454) “The patient has transmitted daily readings this month.”
- (99457) “The staff and I have spent 20 minutes total in the monitoring and responding to this patient in regard to asthma management, and review of transmitted measurement readings.”

It is recommended to capture the date and time, activity start and end times, name of staff member and credentials, and a short description of the non-face-to-face services provided. Measurement readings should be accessible for documentation of 99454.



General

Who can order and bill for RPM?

RPM can be ordered and billed by physicians or non-physician practitioners who are eligible to bill Medicare for E/M services.

CPT 99453 – Patient Onboarding and Training

Can patient training be provided at the point of care?

Yes, and billable if not furnished on the same day as another E/M office visit.

Can patient education and training on use of equipment be provided virtually?

Yes, patient education on use of equipment and systems can be provided virtually through audio / video real-time communications technology.

Can 99453 be billed more than once for a patient if more than one device is provided?

No, 99453 can only be billed once per episode of care, even if training is provided for more than one device.

How many days of data collection are required to bill for 99453?

Even if a patient has been trained on use of system / equipment, 99453 should not be reported if monitoring / days of readings are less than 16 days. A minimum of 16 days of readings, within a 30 day period, are required.

CPT® 994534 – Equipment and Transmission of Data

What types of devices qualify for reimbursement?

The RPM device must meet the FDA's definition of a medical device as described in section 201(h) of the Federal, Food, Drug and Cosmetic Act. CMS confirmed there is no language in the CPT code descriptor indicating the RPM device must be FDA-cleared/registered, but such clearance may be appropriate. Devices that are not acceptable include devices classified by the FDA as Health and Wellness, which are used for general healthy lifestyle, wellness, and entertainment.

Are devices required to be Bluetooth®, or another type of connected device?

Yes. Physiologic measurement readings must be automatically captured from the measurement device. This requires the use of "connected" devices, such as Bluetooth®, Wi-Fi, and cellular enabled devices. Manual entry / self reported measurement readings would not qualify.

How many days of data collection are required to bill for 99454?

16 days of data collection in a 30 day period are required.

Can 99454 be billed more than once if multiple devices are used?

No. Regardless of the number of devices, 99454 can only be billed once per 30 day period.

Can a provider bill for 99454, without providing or meeting requirements of the treatment management service components (99457 / 99458)?

Yes – as long as the requirements of 99454 have been met.

CPT[®] 99457 and 99458 – Treatment Management Services

■ What is required to meet the 20 minute time requirement?

The 20-minutes of time required to bill for the services of CPT codes 99457 and 99458 can include time for furnishing care management services, but must also include the required interactive communication.

■ For 99457 / 99458, what qualifies as “interactive communication”?

CMS clarified that interactive communication “is a conversation that occurs in real-time and includes synchronous, two-way interactions that can be enhanced with video or other kinds of data as described by HCPCS code G2012.”

■ Is there a limit to the utilization of 99458?

After the initial 20 minutes of treatment management services (99457), each subsequent 20 minutes of treatment management service time can be billed using code 99458. There is not a limit to how many occurrences of 99458 can be furnished / billed for a patient.

■ If a patient does not take 16 days of readings for 99454, can I still bill for CPT 99457?

Yes, as long as requirements are met for 99457. You are not required to submit a claim for 99454 to submit a claim for 99457.

■ Who can provide treatment management services for 99457 / 99458?

A physician, QHP, or clinical staff can provide RPM treatment management services. Services can be billed as “incident to” under general supervision. General supervision does not require the physician and auxiliary personnel to be in the same building at the same time. While auxiliary staff do not need to be located in the same physical building as the billing provider, they do require a contractual relationship with the billing provider.

■ If two staff members are discussing the patient’s condition, or providing services to the patient at the same time, can time be counted for both staff members?

No. Only time for one staff member may be counted. However, if a staff member(s) are providing services to multiple patients at one time (e.g. group session), time can be counted towards each patient’s time requirements.

■ What should I document for treatment management services 99457 / 99458?

We recommend capturing the date and time, activity start and end times, name of staff member and credentials, and a short description of the non-face-to-face services provided. This could include calls made to the patient, time spent reviewing data, interaction with patient record / profile, etc. RPM is subject to requiring a “treatment plan” – not to be confused with the comprehensive “care plan” required for CCM (chronic care management). A treatment plan could consist of diagnosis, goals, measurement devices to be used, and services to be furnished by the care team.

REFERENCES:

Medicare Physician Fee Schedule for Calendar Year 2023 Final Rule –
<https://public-inspection.federalregister.gov/2022-23873.pdf>

Gross G. N. (2020). Coding Telemedicine Visits for Proper Reimbursement. *Current allergy and asthma reports*, 20(11), 73. –
<https://doi.org/10.1007/s11882-020-00970-0>

2021 Medicare Physician Fee Schedule Final Rule –
<https://www.cms.gov/files/document/12120-pls-final-rule.pdf>

Medicare Physician Fee Schedule for Calendar Year 2021 Fact Sheet –
<https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1>

Technical Correction - 2021 Physician Fee Schedule - January 19, 2021 –
<https://www.federalregister.gov/documents/2021/01/19/2021-00805/medicare-program-cy-2021-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>

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