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Remote patient monitoring

Billing Medicare for remote patient monitoring

The Centers for Medicare & Medicaid Services (CMS) has been increasingly reimbursing for remote patient monitoring (RPM) services since 2018. This whitepaper serves to provide a straightforward explanation of the CMS guidelines.

The CPT codes explained

CPT 99091

CPT 99091: Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

With the unbundling of CPT 99091 in 2018, CMS allowed the act of monitoring data to be billed separately from management services, as it previously had been. CMS also elected to apply some of the requirements for chronic care management (CCM) services as follows:

Specifically, given the non-face-to-face nature of the services described by CPT code 99091, we are requiring that the practitioner obtain advance beneficiary consent for the service and document this in the patient's medical record. Additionally, for new patients or patients not seen by the billing practitioner within 1 year prior to billing CPT code 99091, we are requiring initiation of the service during a face-to-face visit with the billing practitioner. We are also adopting the prefatory language for CPT code 99091, including the requirement that it should be reported no more than once in a 30-day period to include the physician or other qualified health care professional time involved with data accession, review and interpretation, modification of care plan as necessary (including communication to patient and/or caregiver), and associated documentation.

To bill for CPT 99091, the practitioner must conduct a 30-minute in-person visit and document the patient's consent to remote patient monitoring in the patient's medical record.

CPT 99453 & CPT 99454

CPT 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.

CPT 99453 is used to report the set up and corresponding patient education on the use of the device(s) used in remote monitoring – under the premise that data be transmitted for at least 16 days (can be non-consecutive). One should not bill for CPT 99453 if (a) monitoring for less than 16 days; (b) the patient receives and is educated on the device(s), but no data is transmitted; or (c) "these services are included in other codes for the duration of time of the physiologic monitoring service (e.g., 95250 for continuous glucose monitoring requires a minimum of 72 hours of monitoring)."

CPT 99454: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; each 30 days.

CPT 99454 is used to report the supply of the device for daily recording or programmed alert transmissions over a 30-day period — provided that monitoring occurs for at least 16 days (can be non-consecutive) during the 30-day period. One should not bill for CPT 99454 if (a) monitoring for less than 16 days; or, (b) "these services are included in other codes for the duration of time of the physiologic monitoring service (e.g., 95250 for continuous glucose monitoring requires a minimum of 72 hours of monitoring)."

No practitioner work is required to bill for CPT 99453 or CPT 99454, and both codes can be billed independently of one another, though usually billed together. CMS has not offered further guidance regarding the documents to support submitted claims.

CPT 99457 & CPT 99458

CCPT 99457: Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

CPT 99458: 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.

CPT 99457 is to be utilized as a base code that describes the first 20 minutes of the treatment management services and uses the add-on code CPT 99458 to describe additional 20-minute intervals in the same month (maximum of two). CPT 99457 and 99458 allow clinical staff to perform the services, but are required to be billed under the National Provider Identifier (NPI) of the physician or practitioner who supervises the clinical staff.

The CPT Guidelines state that CPT 99457 and 99458 can be billed under these circumstances: "(1) Time spent providing services on different days, or by different clinical staff members in the same calendar month, may be aggregated to total 20 minutes. (2) If two staff members are furnishing services at the same time (e.g., discussing together the beneficiary's condition), only the time spent by one individual may be counted. (3) Time of less than 20 minutes during a calendar month cannot be rounded up to meet this requirement (e.g., if only 18 minutes, no billable service; if only 38 minutes, bill CPT 99457 but not 99458). (4) Time in excess of 20 minutes (but less than the 20 minutes necessary to bill CPT 99458) in one month cannot be carried forward to the next month."

Based on CMS guidance regarding CCM, the claim's date of service should be the date on which the 20th minute of work occurs or any later date in the calendar month. The place for service would be the location at which the billing physician maintains their practice. None of the RPM codes may be billed as rural health clinic (RHC) or federally qualified health center (FQHC) services.

Medicare RPM billing rules

Beneficiary eligibility:

A physician or practitioner may bill RPM for established patients only. The beneficiary must at least provide verbal consent to receive the service, including acknowledgement of cost-sharing liability. The physician or practitioner should document the beneficiary's consent in their medical record.

Medical necessity:

RPM services must be ordered by a physician or non-physician practitioner. CMS has advised that monitoring is appropriate for chronic and acute conditions. A physician or practitioner should order RPM only if the provided data regarding the patient would be directly relevant to how the physician or practitioner would manage the patient. Justification should be documented in the patient's medical record.

Technology requirements:

Currently, the only guidance regarding technology requirements for RPM is found in the CPT Guidelines for CPT 99453 and CPT 99454, which state that the monitoring device "must be a medical device as defined by the FDA," and must be capable of generating and transmitting either daily recordings of the patient's physiologic data or an alert if the patient's recorded values fall outside pre-determined parameters.

Public Health Emergency (PHE) waivers & flexibilities

During public health emergencies (PHEs) such as the COVID-19 pandemic, the Secretary of the Department of Health and Human Services (HHS) using section 1135 of the Social Security Act (SSA) can temporarily modify or waive certain Medicare, Medicaid, CHIP, or HIPAA requirements, called 1135 waivers. These waivers are designed to help beneficiaries access care such as:

- Waiving patient copay/"cost sharing"
- Waiving prior relationship requirement (until after the PHE, then an existing relationship is required)
- Allowing patient consent at the time of service documented in the patient record
- When treating suspected COVID-19 infections, Medicare will allow the services of CPT 99454 to be reported for shorter periods of time than 16 days, as long as the other code requirements are met
- RPM technology type flexibility

2021 national payment rates

CPT code	APC code	Facility rate	Non-facility rate
99453		$19.19	$19.19
	5012	$120.88	
99454		$63.16	$63.16
	5741	$37.76	
99457		$31.75	$50.94
99458		$31.75	$41.17
99091		$56.88	$56.88

For RPM billed as outpatient services, CMS has assigned CPT 99453 to APC 5012 (Clinical Visit and Related Services) with a rate of $120.88, and CPT 99454 to APC 5741 (Level 1 Electronic Analysis of Devices) with a rate of approximately $37.76. CPT 99457 and CPT 99458 do not have an APC assigned.

APC 5741 has a status indicator "T", which means that it is packaged when billed with another service with the same date of service. APC 5012 has status indicator "S", which means it will be paid separately even if billed with another service with the same date of service. If APC 5741 and 5012 are billed on the same date of service, the hospital will only receive the payment associated with APC 5012.

Potential RPM reimbursement for 50 patients

RPM Medicare reimbursement opportunity

50 patients monitored

	Facility (physician + hospital payment)		Non-facility (physician practice payment)	
Initial setup & education (one-time fee)	Physician Prof. Fee (CPT 99453) Hospital Facility Fee (APC 5012)	$959.50 $6,044	$959.50	CPT 99453
Generating & transmitting data (monthly fee)	Physician Prof. Fee (CPT 99454) Hospital Facility Fee (APC 5741)	$37,896 $22,656	$37,896	CPT 99454
Monitoring (monthly fee)	Physician Prof. Fee (CPT 99457) (no seperate hospital facility fee available)	$19,050	$30,564	CPT 99457
Monitoring (billed up to twice monthly)	Physician Prof. Fee (CPT 99458) (no seperate hospital facility fee available)	$38,100	$49,404	CPT 99458
Potential annual reimbursement (less program cost)	**$124,705.50**		**$118,823.50**	

To learn more about remote patient monitoring, visit www.biotelcare.com

Assumes 12 months of data generation and transmission for all 50 Medicare patients.
Assumes 12 months of monitoring for all 50 Medicare patients under CPT 99457 & 99458.
Estimates calculated using 2021 Medicare Physician Fee Schedule national payment rates.
Medicare reimbursement for these services subject to patient co-payment and deductible.
Estimated utilization for illustrative purposes only; not based on empirical data.

Source: Centers for Medicare & Medicaid Services. (2021, June 18). Physician Fee Schedule.

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