

## Remote Physiologic Monitoring (RPM) Fact Sheet Updates as of August 2020

Using proposed and final rules published in the Federal Register by the Centers for Medicare & Medicaid Services (CMS), Comagine Health has compiled relevant regulatory details for health care organizations to implement remote physiologic or patient monitoring (RPM), which enhances service delivery options and improves outcomes, augments the patient experience and reduces cost, particularly by keeping patients out of the emergency department and preventing hospitalizations.

### Summary of Key Details and Requirements

- There are seven RPM codes, two of which are specific to management of hypertension – see Tables 1 and 2 below.
- Beneficiaries' consent (verbal or written) to receive RPM and notification of any applicable cost-sharing must be documented in the patient's medical record.
- Because CMS has designated RPM as care management services, CPT codes 99457 and 99458 can be furnished by clinical staff under the general supervision of the physician or nonphysician practitioner.
- Practitioners may provide RPM services for patients with acute and/or chronic conditions. This had been a provision during the PHE, and CMS chose to make this permanent in the Calendar Year 2021 Physician Fee Schedule Proposed Rule (CY 2021 PFS Proposed Rule), published Aug. 17, 2020.
- Nurses, working with clinicians, can check in with the patient and then, using patient data, determine whether home treatment is safe.
- RPM and chronic care management codes, including Principal Care Management (new for 2020), can be billed concurrently by the same practitioner for the same beneficiary provided that the time is not counted twice.
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) cannot bill for RPM. According to CMS, "services such as RPM are not separately billable because they are already included in the RHC AIR or FQHC PPS payment."<sup>1</sup> CMS did not propose to change this in the CY 2021 PFS Proposed Rule.

### Specific to the PHE, RPM services may be:

- Used for physiologic monitoring for chronic and/or **acute conditions** (e.g., in the case of an acute respiratory virus – pulse and oxygen saturation levels using pulse oximetry)
- Furnished to **new patients**, as well as to established patients, starting March 1, 2020, and for the duration of the PHE
  - In the CY 2021 PFS – Proposed, CMS clarified when the PHE ends, RPM can only be furnished to established patients
- Initiated for patients for whom a face-to-face visit has not occurred
- Delivered without the requirement of cost-sharing by the patient

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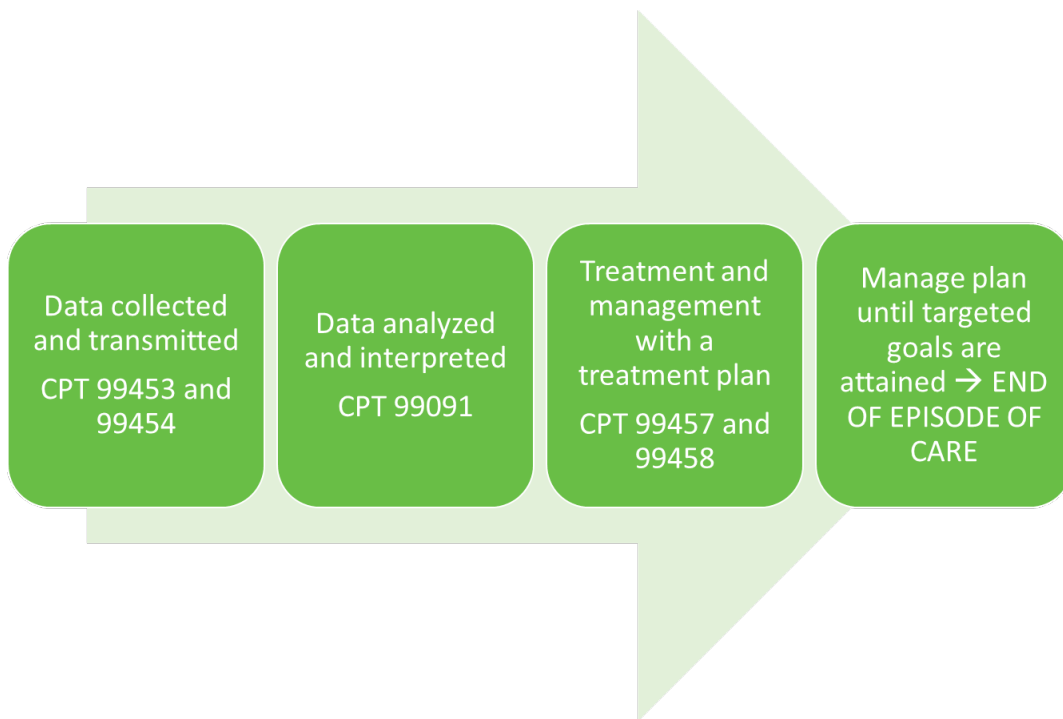
<sup>1</sup> Calendar Year 2020 Physician Fee Schedule Final Rule p. 62698; AIR – all-inclusive rate; PPS – prospective payment system

- Reported for shorter periods of time than 16 days - if the other code requirements are met
  - The CY 2021 PFS Proposed Rule clarifies that when the PHE ends, CMS will once again require that 16 days of data be collected within 30 days to meet the requirements to bill CPT codes 99453 and 99454

**Proposed for CY 2021 (to be included in the final rule published in November 2020):**

- On a permanent basis, allow consent to be obtained at the time that RPM services are furnished
- Allow auxiliary personnel (which includes other individuals who are not clinical staff but are employees or leased or contracted employees) to furnish services described by CPT codes 99453 and 99454 under the general supervision of the billing physician or practitioner

**Figure 1.** Overview and progression of services and codes through end of an episode of care



**Table 1. Service Descriptions, Codes and Prices for General RPM**

Service Description	Code – Price
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; <b>setup and patient education on use of equipment</b>	99453 - \$19
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; <b>device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days</b>	99454 - \$62
CPT 99453 and 99454 (considered care management codes) <ul style="list-style-type: none"> <li>● Include clinical staff time, supplies and equipment [including the medical device(s)]</li> <li>● Monitoring must occur over at least 16 days of a 30-day period to bill these codes</li> <li>● Not to be reported for a patient more than once during a 30-day period, even when multiple medical devices are provided to a patient</li> <li>● Can be billed only once per episode of care, where an episode of care is defined as “beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals”</li> </ul>	
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) <b>requiring a minimum of 30 minutes of time, each 30 days</b>	99091 - \$59
CPT 99091 <ul style="list-style-type: none"> <li>● After the 30-day data collection period for CPT codes 99453 and 99454, the physiologic data that are collected and transmitted are analyzed and interpreted by the physician or practitioner as described by CPT code 99091</li> <li>● Includes a total time of 40 minutes of physician or nonphysician practitioner work broken down as follows: 5 minutes of preservice work (for example, chart review); 30 minutes of intra-service work (for example, data analysis and interpretation, report based upon the physiologic data, as well as a possible phone call to the patient); and 5 minutes of post-service work (that is, chart documentation)</li> <li>● Can be billed once per patient during the same service period as Chronic Care Management CPT codes (99487, 99489, and 99490), Transitional Care Management CPT codes (99495 and 99496) and behavioral health integration (BHI) CPT codes (99492, 99493, 99494, and 99484)</li> </ul>	
BASE CODE: 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; <b>initial 20 minutes</b>	99457 - \$52
ADD-ON CODE: 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; <b>additional 20 minutes</b>	99458 - \$42
CPT 99457 and 99458 – 20 minutes of interactive communication <ul style="list-style-type: none"> <li>● Interactive communication must total at least 20 minutes of interactive time with the patient over the course of a calendar month for CPT code 99457 to be reported</li> <li>● Time spent in direct, real-time interactive communication with the patient</li> <li>● CMS defines interactive communication as “real-time interaction, between a patient and the physician, nonphysician practitioner, or clinical staff who provide the services” and “involves, at a minimum, a real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission”</li> </ul>	
The national payment amount for the non-facility price from the <a href="#">Physician Fee Schedule Search</a> as of Aug. 25, 2020, is rounded to the nearest dollar. Do not rely on the pricing information in this table; have your biller/coder double-check.	

**Table 2. RPM Service Descriptions, Codes and Prices for Self-Measured Blood Pressure Monitoring**

Service Description	Code – Price
<b>Self-measured blood pressure</b> using a device validated for clinical accuracy; patient education/training and device calibration	99473 - \$11
<b>Separate self-measurements of two blood pressure readings</b> 1 minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	99474 - \$15
The national payment amount for the non-facility price from the <a href="#">Physician Fee Schedule Search</a> as of Aug. 25, 2020, is rounded to the nearest dollar. Do not rely on the pricing information in this table; have your biller/coder double-check.	

### Medical Devices per the FDA

Since the initiation of RPM codes for reimbursement, there has been some debate over which kinds of medical devices can be used to collect the patient’s physiologic data. In the CY 2021 PFS Proposed Rule, CMS reiterates that devices used to capture a patient’s physiologic data must meet the FDA definition of being a medical device as described in [section 201\(h\) of the Federal Food, Drug and Cosmetic Act \(FFDCA\)](#) but do not need to be an FDA-approved or cleared device. Additionally, CMS clarifies that the medical device does not need to be prescribed by a physician, although this could be possible depending on the medical device. Perhaps most important is the clarification in the CY 2021 PFS Proposed Rule that “the medical device should digitally (that is, automatically) upload patient physiologic data (that is, *data are not patient self-recorded and/or self-reported.*)”

CMS also notes that the medical device or devices must be “reasonable and necessary for the diagnosis or treatment of the patient’s illness or injury or to improve the functioning of a malformed body member” and that “the device must be used to collect and transmit reliable and valid physiologic data that allow understanding of a patient’s health status to develop and manage a plan of treatment.”

### References

- **Calendar Year 2018 Physician Fee Schedule Final Rule**  
<https://www.govinfo.gov/content/pkg/FR-2017-11-15/pdf/2017-23953.pdf>
- **Calendar Year 2019 Physician Fee Schedule Final Rule**  
<https://www.govinfo.gov/content/pkg/FR-2018-11-23/pdf/2018-24170.pdf>
- **Calendar Year 2020 Physician Fee Schedule Final Rule**  
<https://www.govinfo.gov/content/pkg/FR-2019-11-15/pdf/2019-24086.pdf>
- **CMS Interim Final Rule, April 6, 2020**  
<https://www.cms.gov/files/document/covid-final-ifc.pdf>
- **Calendar Year 2021 Physician Fee Schedule Proposed Rule**  
<https://www.govinfo.gov/content/pkg/FR-2020-08-17/pdf/2020-17127.pdf>
- **COVID-19 FAQs on Medicare Fee-for-Service Billing**  
<https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- **Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19**  
<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>