

Remote Physiologic Monitoring (RPM) Fact Sheet Overview and Updates as of May 2020

This fact sheet is designed to help you assess the feasibility of and steps for implementing remote physiologic monitoring (RPM) at your organization. RPM can help enhance service delivery to improve the outcomes, enhance the patient experience, and reduce cost, particularly by keeping patients out of the emergency department and preventing hospitalizations.

The Centers for Medicare and Medicaid Services (CMS) describe RPM services as: “the collection, analysis, and interpretation of digitally collected physiologic data, followed by the development of a treatment plan, and the managing of a patient under the treatment plan.” Additionally, because CMS has designated RPM as care management services, they can be furnished under the general supervision of the billing practitioner.

Using RPM allows clinicians and health care teams the opportunity to monitor weight, blood pressure, blood glucose, pulse, temperature, oximetry, respiratory flow rates and more. This non face-to-face monitoring is especially important during a public health emergency to reduce risk of transmission while keeping patients and staff safe.

Summary of Requirements

- Beneficiaries’ consent (verbal or written) to receive the RPM *and* notification of any applicable cost sharing must be documented in the patient’s medical record.
- During a public health emergency RPM services can 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 public health emergency
 - Initiated for patients for whom a face-to-face visit has not occurred
 - Delivered without the requirement of cost-sharing by the patient
 - Reported for shorter periods of time than 16 days - if the other code requirements are met
- 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.

RPM Service Descriptions, Codes and Prices

Service Description	Code – Price
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	99453 - \$19
Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	99454 - \$62
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; initial 20 minutes	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; additional 20 minutes	99458 - \$42
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 healthcare professional , qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days Code 99091 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).	99091 - \$59
Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration)	99473 - \$11
Separate self-measurements of two blood pressure readings one 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 Physician Fee Schedule Search as of May 7, 2020 is rounded to the nearest dollar. Do not rely on the pricing information in this table; have your biller/coder double-check.	

At least through 2020, 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.”¹

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

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>

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>

Medical Devices per the FDA

Devices used to capture a patient’s physiologic data must meet the FDA definition of being a medical device but do not need to be an FDA-approved device. Medical devices are defined on the FDA website as follows: “Medical devices range from simple tongue depressors and bedpans to complex programmable pacemakers with micro-chip technology and laser surgical devices. In addition, medical devices include in vitro diagnostic products, such as general-purpose lab equipment, reagents, and test kits, which may include monoclonal antibody technology. Certain electronic radiation emitting products with medical application and claims meet the definition of medical device. Examples include diagnostic ultrasound products, x-ray machines, and medical lasers.” For more information, see the FDA link at: <https://www.fda.gov/medical-devices>.²

² Note that the quotation is from the COVID-19 FAQs on Medicare Fee-for-Service Billing <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>; Comagine Health has been unable to find the exact quote at the reference used by CMS. There is a comparable one at How to Determine if Your Product is a Medical Device <https://www.fda.gov/medical-devices>