RPM Billing Guide

Introduction

In 2018, the Centers for Medicare and Medicaid Services (CMS) began reimbursing providers for remote patient monitoring (RPM) after recognizing the mounting evidence that such monitoring reduces hospitalization rates, enhances care coordination, and improves patient outcomes.

Since then, CMS has drastically changed the RPM billing system. It introduced new CPT codes, streamlined the reporting and documentation requirements, allowed for clinical staff to furnish RPM under general supervision, and increased reimbursement. The vast majority of providers will benefit from using this newer billing regime.

Non-Medicare Coverage

Since CMS adopted RPM, other insurance providers have also begun to reimburse for the service. Currently, more than 35 state Medicaid programs and many private insurers reimburse for RPM, although some have different requirements compared to Medicare. The Center for Connected Health Policy publishes a semi-annual report that outlines current non-Medicare reimbursement policies.

Billing for Remote Patient Monitoring

The vast majority of RPM services will be billed under four CPT codes. Generally, these codes can be split up into two categories: RPM "service codes" and timed RPM "management codes."

RPM Service Codes: 99453 and 99454

RPM service codes reimburse for the expense associated with furnishing RPM services, including the cost associated with the device, the initial education and training of the patient, and the transmission of the data to the practice. These codes include:

CPT Code 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. (2024 average pay rate: ~$19)
CPT Code 99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days (2024 average pay rate: ~$46)

CPT 99453 is used to report the setup and patient education on RPM and use of the device(s). This code is typically billed once per patient on the initiation of RPM services.

CPT 99454 is the monthly code that reimburses for the supply of the device and monitoring of patient data. This code requires that patient readings be performed at least 16 days each month.

RPM Management Codes: 99457 and 99458

RPM management codes are monthly time-based codes covering interactive communication with the patient (or caregiver) to manage treatment or the care plan or interpreting and acting on transmitted data. They include:

CPT Code 99457 — 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. (2024 average pay rate: ~$48)

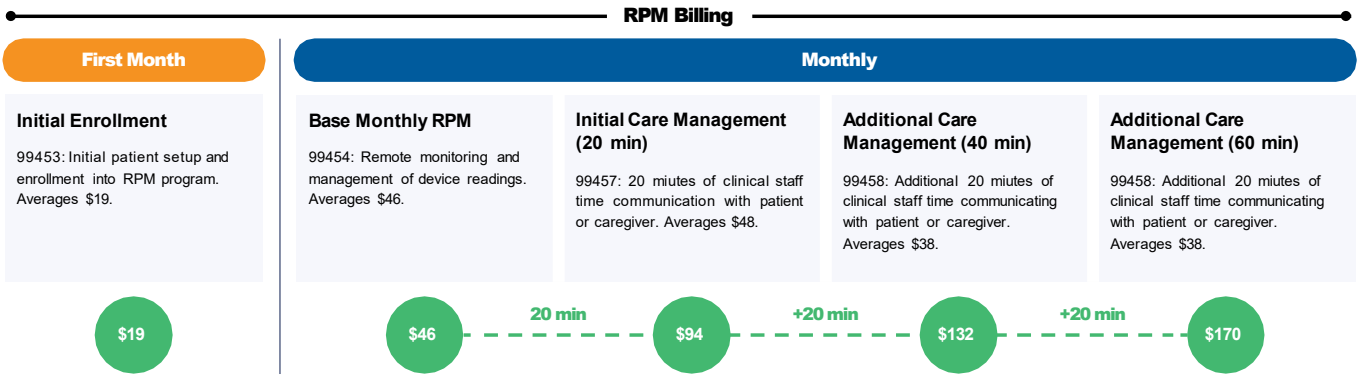
CPT Code 99458 — Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes. (2024 average pay rate: ~$38)

For the first 20 minutes of logged management time each month a practice can bill 99457. Once 99457 has been billed, a practice can add up to two instances of 99458 at 40 minutes and 60 minutes, respectively.

Both 99457 and 99458 can be furnished by clinical staff under the general supervision of the billing provider..

Billing RPM in Action

Putting all four of the above RPM codes into action, the billing for RPM looks something like this:



You bill 99453 when you first initiate RPM services on a patient. Then you bill 99454 for each month the patient transmits readings at least 16 days.

In addition to the monthly 99454, you also bill for the amount of time you spend managing the patient within the program. The first 20 minutes of such management is billed under 99457. You can then bill 99458 for each additional 20 minutes, up to a total of 60 minutes of management time.

Remote Patient Monitoring CPT Codes: 4 Tips

Here are four tips to help ensure you use these RPM codes properly:

- A provider can only bill 99454 once per patient every 30 days regardless of the number of devices used.
- Under 99457, remote physiologic monitoring can be performed by the billing physician, qualified healthcare professional (QHCP), or clinical staff. It requires at least 20 minutes logged care management time each month.
- Once 99457 has been billed, a practice can add up to two instances of 99458 per month: once at 40 minutes and once at 60 minutes.
- A provider can bill via these RPM codes during the same service period as other care management services, such as chronic care management (CCM), transitional care management (TCM), and behavioral health integration (BHI). Combining RPM with CCM as part of a broader comprehensive care management program can lead to an even more beneficial program for patients and organizations.