

## MEDI-CAL

### RPM & RTM Coding and Reimbursement *Fee-for-Service Providers*

#### Remote Physiological Monitoring (RPM)

Reimbursement is limited exclusively to codes reimbursed by the Centers for Medicare and Medicaid Services (CMS) as communication technology-based services (CTBS), interprofessional consultations, or remote physiologic monitoring. RPM services are provided for established patients ages 21 and older and are reimbursable when ordered by and billed by physicians or other qualified health professionals (QHP).

Source: [California Department of Health Care Services](#)

#### Consent for RPM Services

State law requires the health care provider initiating the use of telehealth to obtain written or verbal consent once before the initial delivery of telehealth services. Medi-Cal has developed [Telehealth Patient Consent Language](#), which includes language outlining a beneficiary's right to in-person services, the voluntary nature of consent, the availability of transport to access in-person services if needed, and potential limitations/risks of receiving services via telehealth. Patient consent can be completed verbally or in writing. Patients who consent to synchronous video must separately consent to synchronous audio-only services. Health care providers may document consent either by having the beneficiary sign a paper or electronic form that can be included in the patient's medical record or by having the provider note consent in the patient's medical record. Minors who receive confidential care, including sexual health, reproductive health, mental health under the Minor Consent Program, may consent to receive the same services via telehealth that are appropriate for telehealth. More information is available on the [Minor Consent Program](#).

Source: [California Department of Health Care Services](#)

#### Supervision Requirements

RPM services may be delivered by auxiliary personnel including contracted employees, when under the supervision of the billing physician or qualified health professional.

Source: [California Department of Health Care Services](#) (PDF)

### Established Patient

RPM services are for established patients only.

Source: [California Department of Health Care Services](#) (PDF)

### Eligible Clinicians

Remote physiologic monitoring (RPM) services for established patients ages 21 and older are reimbursable when ordered by and billed by physicians or other qualified health professionals (QHP). RPM services may be delivered by auxiliary personnel including contracted employees, when under the supervision of the billing physician or qualified health professional.

Source: [California Department of Health Care Services](#) (PDF)

### In-Person Requirement

Under existing law, subject to federal approval, in-person, face-to-face contact is not required under Medi-Cal when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.

Source: [AB2339](#)

### Originating/Distant Site Requirements

Medi-Cal does not limit the type of setting where telehealth services may be provided to a patient by a health care provider. For example, the type of setting where a patient may be seen (i.e., “originating site”) includes, but is not limited to a medical office, community clinic, or the patient’s home. Medi-Cal does not place limits on the type of distant sites, but requires providers to ensure and maintain patient privacy in any location from where they are delivering services.

Source: [California Department of Health Care Services](#)

### Originating Site and Transmission Fees

Medi-Cal pays an originating site fee per transmission to the provider at the originating site for coordinating services via telehealth, via synchronous and/or asynchronous, to a distant site. The maximum is once per day per patient using HCPCS code Q3014. The originating site fee is not available for audio-only synchronous interaction.

Medi-Cal pays both the originating site and the distant site a transmission fee up to 90 minutes per beneficiary per day for services provided using a two-way, real time interactive visual telecommunications system (synchronous). The HCPCS code is T1014. Transmission fees are not available for audio-only synchronous interaction.

The originating site fee and transmission fees are not available to FQHCs, RHCs, or IHS-MOA clinics.

Questions about claims and billing may be directed to the Telephone Service Center (TSC) at (800) 541-5555 (outside of California, please call (916) 636-1980).

Source: [California Department of Health Care Services](#)

**Table 1. Medi-Cal RPM Codes, Coverage Requirements, and Basic Rates**

CPT/HCPC Codes	Coverage Requirements	Basic Rate
99091	<p>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.</p> <p>The frequency limit for 99453, 99454 and 99091 is one per 30 days, any provider.</p>	\$48.32
99453	<p>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.</p> <p>CPT code 99453 is reimbursable once per episode of care but cannot be used for monitoring fewer than 16 days during a 30-day billing period.</p> <p>The frequency limit for 99453, 99454 and 99091 is one per 30 days, any provider.</p>	\$17.77

CPT/HCPC Codes	Coverage Requirements	Basic Rate
99454	<p>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.</p> <p>CPT code 99454 covers the cost associated with leasing a home-use medical device or devices to and for the patient.</p> <p>The frequency limit for 99453, 99454 and 99091 is one per 30 days, any provider</p>	\$17.94
99457	<p>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; first 20 minutes.</p> <p>The interactive communication required for 99457 must be real-time synchronous with two-way audio with a minimum of 20 minutes per month and the patient must have a treatment plan for chronic care management.</p> <p>The frequency limit for 99457 is one per calendar month, any provider.</p>	\$44.84
99458	<p>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; each additional 20 minutes (list separately in addition to code for primary procedure).</p> <p>The frequency limit for 99458 is three per interactive communication session.</p>	\$35.79

CPT/HCPC Codes	Coverage Requirements	Basic Rate
95250, 95251	<p>Procedure codes 95250 and 95251 require a minimum of 72 hours of data and may be reimbursed up to four times per year but may not be reimbursed more than once per month. PA (prior authorization) is not required.</p> <p>Procedure code 99091 (Collection and interpretation of physiologic data [eg, 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) should not be used with professional continuous glucose monitoring and cannot be reported in conjunction with procedure code 95250 or 95251. Procedure code 95251 does not require a face-to-face visit.</p>	\$138.26, \$30.84

Table Source: [California Department of Health Care Services \(PDF\)](#)

## Remote Therapeutic Monitoring

Table 2. Medi-Cal RTM Coverage Requirements

Focus Area	Coverage Requirements
Remote Therapeutic Monitoring	Not covered by Medi-Cal

Table Source: [California Department of Health Care Services \(PDF\)](#)