MEDICARE FEE-FOR-SERVICE

BACK TO DOOR 2

Remote Patient Monitoring (RPM) & Remote Therapeutic Monitoring (RTM)

Federally Qualified Health Centers and Rural Health Clinics

Updates on RPM and RTM Reimbursement for FQHCs and RHCs

Effective January 1, 2024:

- **Medicare Reimbursement:** Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) will begin receiving reimbursement from Medicare for Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) services.
- **Billing under HCPCS Code G0511:** Providers can bill Medicare using HCPCS code G0511. Both RPM and RTM services may be furnished to the same patient within a given month.
- **Multiple Billing for G0511:** FQHCs and RHCs can submit multiple claims under code G0511 for the same patient within a month, provided that each service meets the minimum requirements for the specific subcategory code. This allows billing for a range of services within the same month.

For more information, refer to the Medicare Final Rule 2024: Key Takeaways for RPM and RTM and the official Federal Register document.

Sources: Tenovi, Federal Registrar Vol. 88, No, 220 (PDF)

Supervision Requirements

General supervision is required for RPM and RTM services, indicating that the physician or other qualified healthcare professional (QHP) must provide overall direction and control but does not need to be physically present during the service.

Sources: Tenovi, Federal Registrar Vol. 88, No, 220 (PDF)

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Consent Requirements

Patient consent must be obtained prior to the initiation of RPM and RTM services and must be documented in the patient's medical record.

Source: Federal Registrar Vol. 88, No, 220 (PDF)

Authorized Clinicians

Services may be provided by physicians and non-physician practitioners (NPPs), including nurse practitioners and physician assistants. Clinical staff operating under the supervision of authorized practitioners are also eligible to furnish RPM and RTM services.

Source: Federal Registrar Vol. 88, No, 220 (PDF)

Table 1. General Care Management for FQHCs and RHCs

(Abbreviations: Mod. = Modifiers)

Focus Area	Code	Mod.	Description
General Care Management	G0511	95 (audio-video) FQ or 93 (audio-only)	Rural health clinic or federally qualified health center (RHC or FQHC) only, general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner (physician, NP, PA, or CNM), per calendar month • **Requirements for Billing:** To bill G0511, at least 20 minutes of care coordination services related to RPM, RTM, CCM, or PCM must be provided. These services must be overseen by a billing provider from an FQHC or RHC and can also be supervised generally by such a provider. • **Multiple Billing:** With the new rule, FQHCs and RHCs can use G0511 more than once within a single month if the prerequisites for each service are fulfilled without overlap, allowing for separate billing for each service. • **Average Payment:** In 2024, the average payment for services billed under G0511 is approximately $72.98, though this varies by location.

Table Sources: Federal Registrar (PDF), HealthArc, webpt.com

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