

## MEDICARE FEE-FOR-SERVICE

### Remote Physiological Monitoring (RPM)

The Centers for Medicare and Medicaid Services (CMS) guidelines are used to determine coverage and reimbursement policies for Remote Patient Monitoring (RPM). RPM is a digital health service that involves the collection and analysis of patients' physiologic data, such as vital signs, through digital devices. This data is transmitted to healthcare providers for ongoing monitoring and management of chronic conditions, enabling timely interventions without the need for in-person visits.

Providers who are enrolled and eligible to bill Medicare for professional services can also bill for RPM services. The updated payment policies and rates for RPM are detailed in the 2024 Physician Fee Schedule.

### Consent for RPM Services

Medicare mandates that patient consent be obtained for RPM services, which can be collected at the same time the initial service is provided. This ensures patients are informed and agreeable to monitoring their health data via RPM devices. Direct supervision isn't necessary for securing and documenting consent. Auxiliary personnel, operating under the general supervision of the billing practitioner, can manage consent documentation. These personnel can include employees, independent contractors, or leased employees of the practitioner.

Source: [Telehealth.HHS](https://www.hhs.gov/telehealth)

### Supervision Requirements

RPM services are considered Evaluation and management services, requiring only general supervision. This classification allows qualified healthcare professionals to deliver RPM services without being physically present. Practitioners must ensure the overall direction and control, guaranteeing adherence to established protocols and standards, providing flexibility in integrating these services across diverse healthcare environments.

Source: [Federal Registrar Vol. 88, No, 220 \(PDF\)](#)

### Established Patient

With the end of the Public Health Emergency (PHE) for COVID-19, Remote Patient

Monitoring (RPM) services are now required to be furnished only to established patients. According to the CY 2021 Physician Fee Schedule (PFS) final rule (85 FR 84542–6), an established patient relationship is necessary to continue providing RPM services. Patients who began receiving remote monitoring services during the PHE are now considered established patients, ensuring that the necessary provider-patient relationship is maintained for effective ongoing care.

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

### Co-Pay

Medicare Part B covers RPM services, requiring beneficiaries to pay a 20% co-payment, subject to standard deductibles. This cost-sharing approach ensures beneficiaries contribute to their healthcare costs, promoting responsible use of services. Those with supplemental insurance may find additional coverage to mitigate these out-of-pocket expenses, making RPM services more financially accessible.

Source: [Prevounce.com](#)

### Eligible Clinicians

Physicians and qualified healthcare professionals, including nurse practitioners and physician assistants, are eligible to bill for RPM services. Providers must be authorized to furnish evaluation and management (E/M) services, allowing for broad access and the integration of RPM into various healthcare settings.

Sources: [Prevounce.com](#), [Telehealth.HHS](#)

**Table 1. Remote Physiological Monitoring (RPM)**

(Abbreviations: Mod. = Modifiers, N.P.A. = National Payment Amount, Fac. = Facility)

| Focus Area  | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements   | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|-------------|------------------------|------|---|--------------------------|----------------------------------|
| Home Health | G0322                  |      | <p>The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> G0322 should be reported as a single line item, including the start date and number of days of monitoring. This must be documented in the home health agency's claims.</li> <li>• <b>Plan of Care Integration:</b> The monitoring services must be included in the patient's plan of care, detailing how the technology meets specific patient needs.</li> <li>• <b>Non-Substitutive Nature:</b> G0322 cannot replace in-person home visits and does not count towards patient eligibility or payment for home visits.</li> <li>• <b>Documentation Requirements:</b> Records must show how G0322 supports the goals in the plan of care.</li> </ul> <p>Source: <a href="#">CMS</a></p> | NA                       | \$0                              |

| Focus Area      | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements  | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|-----------------|------------------------|------|--|--------------------------|----------------------------------|
| RPM Param Setup | 99453                  |      | <p>Can be billed concurrently with other care management services except RTM. Covers the initial setup and patient education on using equipment for remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate)</p> <ul style="list-style-type: none"> <li>• <b>Device Specifications:</b> The device must be a medical device as defined by the FDA, capable of transmitting data electronically.</li> <li>• <b>Data Collection:</b> Requires at least 16 days of data collection within a 30-day period to be eligible for billing.</li> <li>• <b>Frequency:</b> Can be billed once per patient per episode of care.</li> <li>• Only one practitioner can bill this code</li> <li>• RPM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RPM services cannot be billed concurrently with other RTM services</li> </ul> <p>Source: <a href="#">Federal Registrar</a> (PDF)</p> | NA                       | \$19.97                          |

| Focus Area       | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements   | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|------------------|------------------------|------|---|--------------------------|----------------------------------|
| RPM Param Device | 99454                  |      | <p>Includes the supply of devices with daily recording or programmed alert transmissions for each 30-day period.</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data collection within a 30-day period to be eligible for billing.</li> <li>• <b>Device Specifications:</b> Devices must comply with FDA definitions and provide continuous monitoring with capabilities for daily recording and alerts.</li> <li>• <b>Frequency:</b> Can be billed once per patient per 30-day period.</li> <li>• Only one practitioner can bill this code</li> <li>• RPM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RPM services cannot be billed concurrently with other RTM services.</li> </ul> <p>Source: <a href="#">Federal Registrar</a> (PDF)</p> | NA                       | \$47.27                          |

| Focus Area             | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements   | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|------------------------|------------------------|------|---|--------------------------|----------------------------------|
| RPM – First 20 Minutes | 99457                  |      | <p>Covers treatment management services requiring interactive communication with the patient or caregiver for the first 20 minutes in a calendar month.</p> <ul style="list-style-type: none"> <li>• <b>Communication:</b> Must include synchronous (real-time) interactive communication with the patient or caregiver during the month.</li> <li>• <b>Eligible Providers:</b> Can be billed by clinical staff, physicians, or other qualified healthcare professionals.</li> <li>• <b>Frequency:</b> Requires a minimum of 20 minutes of interactive time within a calendar month.</li> <li>• RPM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RPM services cannot be billed concurrently with other RTM services.</li> </ul> <p>Source: <a href="#">Federal Registrar</a> (PDF)</p> | \$29.63                  | \$48.93                          |

| Focus Area                            | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements   | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|---------------------------------------|------------------------|------|---|--------------------------|----------------------------------|
| RPM– Each<br>Additional 20<br>Minutes | 99458                  |      | <p>An add-on code for additional 20-minute intervals of treatment management services.</p> <ul style="list-style-type: none"> <li>• <b>Communication:</b> Must continue interactive communication with the patient</li> <li>• <b>Frequency:</b> Must be billed in conjunction with CPT 99457, for each additional 20 minutes of service provided</li> <li>• RPM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RPM services cannot be billed concurrently with other RTM services.</li> </ul> <p>Source: <a href="#">Federal Registrar</a> (PDF)</p> | \$29.63                  | \$39.28                          |

| Focus Area  | CPT/<br>HCPCS<br>Codes | Mod. | Coverage Requirements   | N.P.A.:<br>Fac.<br>Price | N.P.A.:<br>Non-<br>Fac.<br>Price |
|---|------------------------|------|---|--------------------------|----------------------------------|
| Collection and Interpretation of Data Data – Each 30 Days | 99091                  |      | <p>Involves the collection and interpretation of physiologic data (e.g., blood pressure, glucose monitoring) digitally stored and/or transmitted.</p> <ul style="list-style-type: none"> <li>• <b>Time Requirement:</b> Requires a minimum of 30 minutes of time spent by a physician or other qualified health professional each 30 days.</li> <li>• <b>Data Collection:</b> Data must be digitally stored and transmitted for interpretation.</li> <li>• <b>Frequency:</b> Can be billed once per 30-day period.</li> <li>• RPM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RPM services cannot be billed concurrently with other RTM services.</li> </ul> <p>Source: <a href="#">Federal Registrar</a> (PDF)</p> | \$53.59                  | \$53.59                          |



**Table 2. Medicare Physician Fee Schedule**

(Abbreviations: N.P.A. = National Payment Amount, Fac. = Facility)

| Code                  | NPA<br>Fac<br>Price | NPA<br>Non-<br>Fac<br>Price | Southern<br>California<br>Fac Price | Southern<br>California<br>non-<br>Facility<br>Price | Northern<br>California<br>Facility<br>Price | Northern<br>California<br>non-<br>Facility<br>Price | Short<br>Description                        |
|-----------------------|---------------------|-----------------------------|-------------------------------------|---|---|---|---|
| <a href="#">99091</a> | \$53.59             | \$53.59                     | \$56.24                             | \$56.24   | \$61.34                                     | \$61.34   | Coll. & interp.<br>data ea. 30 d.           |
| <a href="#">99453</a> | NA                  | \$19.97                     | NA                                  | \$23.27   | NA  | \$27.69   | Rem. mntr.<br>physiol.<br>param. setup      |
| <a href="#">99454</a> | NA                  | \$47.27                     | NA                                  | \$55.74   | NA  | \$66.75   | Rem. mntr.<br>physiol.<br>param. dev.       |
| <a href="#">99457</a> | \$29.63             | \$48.93                     | \$31.15                             | \$53.99   | \$34.02                                     | \$61.42   | Rem. physiol.<br>mntr. 1st<br>20 min.       |
| <a href="#">99458</a> | \$29.63             | \$39.28                     | \$31.15                             | \$42.57   | \$34.02                                     | \$47.72   | Rem. physiol.<br>mntr. ea. addl.<br>20 min. |

Table Source: [CMS](#)