

# RPM Billing Guide



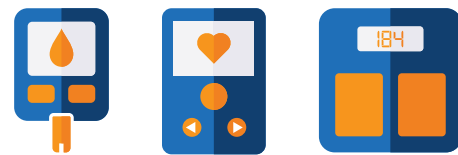
## Introduction

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 three 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. As such, it will be the focus of this guide.

## Non-Medicare Coverage

Since CMS adopted RPM, other insurance providers have also begun to reimburse for the service. As of this writing, more than 20 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 does a good job of outlining current non-Medicare reimbursement policies that you can find [here](#).



## 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. (2020 average pay rate: ~\$21)

#### 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 (2020 average pay rate: ~\$64)

**CPT 99453** is used to report the setup and patient education on RPM and use of the device(s). As such, this code is generally 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. (2020 average pay rate: ~\$55)

### CPT Code 99458

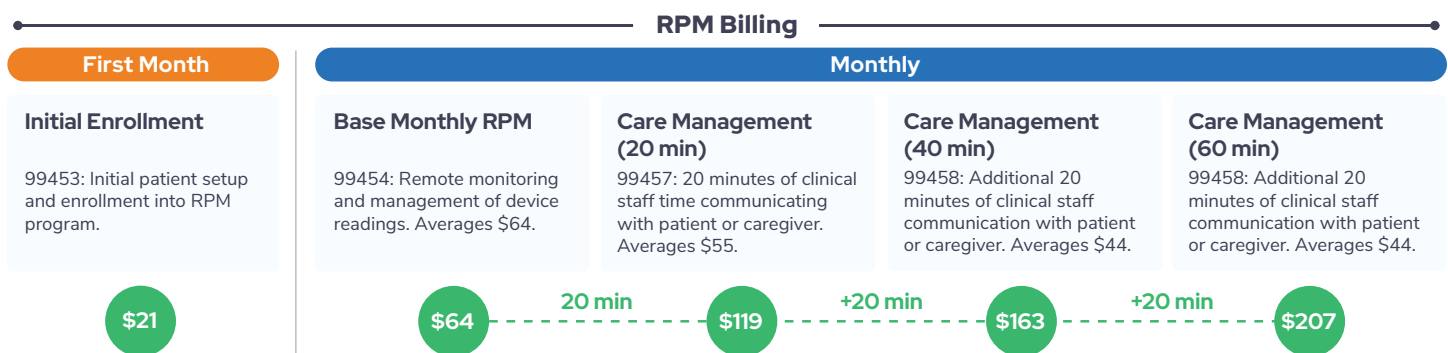
Remote physiologic monitoring treatment management services, clinical staff/physician/ other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes. (2020 average pay rate: ~\$44)

As such, 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.

As of 2020, CMS has announced that 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.

## Conclusion

The adoption of RPM by Medicare and other insurers holds great promise for lowering hospital admission rates and improving outcomes for patients with chronic conditions or who otherwise require ongoing monitoring.

Prevounce is committed to helping both patients and practices benefit from care management services such as RPM. In addition to this guide, you can find many more questions answered in our [RPM FAQ](#).