



Remote Patient Monitoring Implementation Guide

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RPM Reimbursement / CPT Codes

While trying to weigh all of your options for billing and reimbursement surrounding an RPM solution in your practice, it is important to remember that whether you choose to be reimbursed or have your patients pay cash, an RPM solution in your practice is well worth the effort for both you and your patients.

Thanks to an overhaul of remote patient monitoring CPT codes, RPM has become one of the more lucrative Medicare and Insurance care management programs. The vast majority of RPM services are now billed under four CPT codes: 99453, 99454, 99457, and 99458. There is a small payment for initial patient enrollment into an RPM program, and then a monthly base payment for management of the device and patient readings. Finally, there is an optional service for every 20 minutes of care management — which can be provided by clinical staff — up to 60 minutes total. When added together, each RPM patient can earn your practice around \$160 per month (or more).

CPT code 99091

Originally, all remote patient monitoring was primarily covered under a single Current Procedural Technology (CPT®) code: 99091. This code covered “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 healthcare professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.” As a result, a recent Spyglass report shows that 88% of physicians have now invested in or are evaluating investments in it.

Code 99453

can only be used once per episode of care, which makes sense because there will only be one instance of the set-up of devices and instruction on how to use them. The average national Medicare payment for these services is \$18.77. CPT Code 99453 offers reimbursement for the work associated with onboarding a new patient onto a RPM service, including setting up the equipment and educating the patient on using the equipment.

Code 99454

can be used once for each 30-day period the approved devices for monitoring and transmission of data to the contact center are in use. Each device should be coded separately. This CPT code offers reimbursement for providing the patient with a RPM device that supplies daily recordings to the provider for monitoring. The average national Medicare payment for this CPT code is \$62.07 monthly.

Code 99457

covers the first 20 minutes each month that clinical staff, the physician or other qualified healthcare professionals spend communicating with the patient or caregiver about the RPM program or specific services within it. It pays the same amount regardless of how many parameters are being monitored. The average national payment for CPT code 99457 is \$51.54 non-facility and \$32.84 facility based physiologic monitoring services.

Code 99458

If your patient(s) require more time during the month, there is great news. A new CPT code, 99458, took effect on January 1, 2020. This code proposes paying approximately \$40 for up to two additional 20-minute blocks of time in a calendar month spent on treatment management services. This new code reflects the realities of RPM and the amount of time required to optimize health outcomes and patient management. The caution is that providers must remember to bill against 99457 for the first qualifying 20 minutes each month, then use 99458 in subsequent 20-minute blocks that month.

There are additional codes that may be used specifically for Chronic Care Management such as CPT Code G2058 and CPT Code 99490. These are not as common as codes 99453, 99454, 99457, and 99458. For auditing purposes and legal advice, you'll want to consult an expert about how to properly document and file for reimbursement in your practice and in your jurisdiction.



**For more information about
implementing remote patient
monitoring in your practice,
please contact us.**

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