

Understanding Remote Patient Monitoring CPT Codes

HOW TO BILL FOR REMOTE PATIENT MONITORING TO GENERATE OPTIMIZED REIMBURSEMENT





REMOTE CARE, SPECIFICALLY REMOTE PATIENT MONITORING (RPM),

has gained increasing attention over the past few years from both government regulating bodies and healthcare providers. COVID-19 further fueled adoption of the service, as providers realized the value of establishing consistent care with remote care technologies to deliver a more personalized patient experience, increased practice efficiencies and, ultimately, more revenue.

The 2021 Physician Fee Schedule Final Rule outlines more detailed parameters around Remote Patient Monitoring, narrowing what qualifies for reimbursement while adopting other RPM codes for specific use cases. These changes are not slowing the momentous growth of the service; rather, they lead to increased opportunities for reimbursement for providers who understand how to use RPM to its fullest and bill for it appropriately.

HISTORY OF REMOTE PATIENT MONITORING CPT CODES

2002

The original RPM CPT code 99091 was established to report the physician or other qualified HCP's work of reviewing and interpreting patient data. This code did not include clinical staff time to collect the data or the costs of the equipment when the device was owned by the physician office.

2018

CMS separated payment for CPT code 99091, requiring a minimum of 30 minutes of time spent collecting and interpreting patient data in a 30-day period. Additional requirements were also applied, including a face-to-face with the billing practitioner for new patients and those who have not seen their practitioner one year prior to billing the code.

2019

The 2019 CMS Physician Fee Schedule Final Rule introduced an entirely new set of CPT codes—99453, 99454 and 99457—which covered initial setup, device supply and daily recordings and 20 minutes of care management, respectively.

2020

CMS finalized a new CPT code, 99458, for an additional 20 minutes of time spent monitoring a patient during a calendar month. It also recognized RPM as a Designated Care Management Service, which implied clinical staff did not need to be present in the same physical location as the billing practitioner. This opened the door to vendors to offer providers the option to outsource their RPM service and have clinical staff contracted or employed by the vendor to monitor patient data from an off-site location.

2021

The COVID-19 Public Health Emergency waived several restrictions related to RPM services. At its termination, the CMS stated it would reinstate the policy requiring RPM services to be limited to “established patients.” It also confirmed that it would once again require the collection and transmission of 16 days of data for each 30-day period in order for a provider to be able to bill for CPT codes 99453 and 99454.

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2021

TO ANSWER MANY OF THE QUESTIONS SURROUNDING THE POLICIES SET IN 2020 AND PRIOR YEARS, CMS ALSO:

Finalized that auxiliary personnel, including contracted employees, may provide services described by CPT codes 99453 and 99454.

Clarified that the medical device supplied to the patient must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable and valid and that the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.

Clarified that the 20 minutes of time associated with CPT codes 99457 and 99458 should include care management services and synchronous, real-time interactions, meaning not all 20 minutes necessarily must be “interactive communication.”

Expanded coverage of RPM services to patients with acute conditions in addition to those with chronic conditions.

This guide seeks to break down the important CPT codes for Remote Patient Monitoring and what you need to know about each to implement a successful RPM program in your practice.

BILLING FOR REMOTE PATIENT MONITORING

Remote Patient Monitoring enables practices to consistently monitor patient vitals, delivering a comprehensive view of a patient's health over time. The goal is to help patients manage their condition through personalized care plans and prevent acute episodes that are costly to the patient and the healthcare industry.

To better understand RPM billing, it is helpful to think of it as three components:

EDUCATION COMPONENT,

where practices teach patients how to use their new device

DEVICE AND DATA COMPONENT,

which centers on getting reimbursed for the readings and the transmission of device readings to the clinical staff

TIME COMPONENT,

which includes activities spent on patient care such as phone calls with the patient, reviewing vitals, reviewing surveys, coordinating patient care or building out educational materials



BY UNDERSTANDING WHAT EACH CODE COVERS, PRACTICES WILL KNOW HOW AND WHEN TO BILL FOR EACH.

CPT CODE 99453

A one-time reimbursement for setting up a new monitoring device for a patient and educating him or her about how to use it. A practice bills this when it first initiates RPM services with a patient.

Average reimbursement: \$20, per patient, per device, one time (regionally adjusted)

CPT CODE 99454

A monthly reimbursement for 16 captured readings from a remote patient monitoring device. Can be used once for each 30-day period the approved device is in use. Can only bill for one device per patient.

Average reimbursement: \$66 (regionally adjusted)

CPT CODE 99457

A monthly reimbursement for the first 20 minutes spent by a qualified health professional or clinical staff to check readings, speak with patients, coordinate treatment plans and/or develop educational materials.

Average reimbursement: \$52 (regionally adjusted)

CPT CODE 99458

This is an add-on code to 99457 that reimburses for up to two additional 20 minutes of time spent on RPM services for a patient each month. A practice can bill for up to two additional 20-minute blocks of time under 99458 at 40 minutes and 60 minutes. Providers must bill against 99457 for the first 20 minutes each month and then use 99458 for each subsequent 20-minute block.

Average reimbursement: \$42 (regionally adjusted)

CPT CODE 99091

With the 2021 Physician Fee Schedule Final Rule, Qualified Healthcare Providers can bill against 99091, in addition to 99457 and 99458. This code reimburses for time spent on the collection and interpretation of patient data at a minimum of 30 minutes each month.

Average reimbursement: \$59

REMOTE PATIENT MONITORING AND CHRONIC CARE MANAGEMENT

A well-organized chronic care management (CCM) program complements your RPM activities. Providers can bill for both RPM and CCM.



REMOTE PATIENT MONITORING IS THE NEW STANDARD OF CARE

Patients now expect technology and virtual coaching to help them manage their condition(s) and to keep them connected to their physician in between visits. With these expectations, as well as the rise of new virtual care competitors, physicians are looking to quickly adopt remote patient monitoring into their practices. But they may need some guidance on how to optimize their technology, coaching and billing partnerships to succeed.

PatientPoint, in partnership with Remote Care Partners, can help. As outlined in this guide, CMS now allows providers to partner with companies to perform RPM services on their behalf. PatientPoint and Remote Care Partners has a team of certified RNs/LNs dedicated to your practice, who can regularly monitor and communicate with patients for you. Our platform automatically logs each patient interaction and we provide a detailed report each month to ensure practices get reimbursed for all time spent on patient care.

To learn more about the value PatientPoint and Remote Care Partner's remote patient monitoring platform can bring to your practice, visit www.patientpoint.com/go/remote-monitoring.

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