

2021 Medicare Coverage of Remote Physiologic Monitoring (RPM)

CPT Codes: 99453, 99454, 99457, 99458, 99091

KEY TAKEAWAYS

- Health care providers and their patients can experience many benefits from the use of RPMs.
- CMS made some changes to eliminate some barriers to coverage and payment for RPM services during the COVID-19 PHE, making it easier for individuals to receive care virtually.
- The final 2021 Medicare Physician Fee Schedule Rule includes changes, clarifications, and interpretations of policies related to RPM services that practices will need to implement. Some of these changes are positive as they make permanent some of the policies put into effect during the PHE, while other policies are likely to be a barrier to provision of RPM services to patients who would benefit.

I. BACKGROUND

Remote physiologic monitoring (RPM) involves the collection and analysis of patient physiologic data that are used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition. It allows patients to be monitored remotely while in their homes, and for providers to track patients physiologic parameters (e.g. weight, blood pressure, glucose) and implement changes to treatment as appropriate. In the wake of the COVID-19 Public Health Emergency (PHE), some requirements for RPM have been modified to make it easier for individuals to receive care virtually. While some of these modified requirements will remain after the PHE, others will revert to the requirements in effect prior to the COVID pandemic.

II. REQUIREMENTS FOR MEDICARE COVERAGE AND PAYMENT

General Requirements

Physicians and practitioners may provide RPM services (CPT codes 99453, 99454, 99091, 99457, 99458) for patients with acute and chronic conditions. The services can be ordered and billed only by physicians or non-physician practitioners (nurse practitioners, physician assistants) who are eligible to bill Medicare for Evaluation/ Management (E/M) services. RPM services are not diagnostic tests and cannot be furnished or billed by an Independent Diagnostic Testing Facility. If a more specific code is available to describe the remote patient monitoring service, the more specific code should be billed instead (for example, CPT code 95250 for continuous glucose monitoring and CPT codes 99473 and 99474 for self-measured blood pressure monitoring).

Initial Set-up and Continued Monitoring; Supplies

CPT 99453; 99454

Providing Education and Set-up of device: All auxiliary personnel (including clinical staff and non-clinical) may provide education to patients on RPM services and set up of the device under CPT code 99453. The personnel can be either contracted or employed by the billing practitioner. This means that RPM vendors can provide the education and set-up of the device.

16 Days of Monitoring: To bill for initial set-up and continued monitoring, monitoring must occur over at least 16-days of a 30-day period. RPM services can only be billed by one practitioner per 30-day period and cannot be reported for a patient more than once during a 30-day period (even when multiple medical devices are provided to a patient). CPT code 99453 can be billed only once per episode of care which “begin[s] when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals”.

Definition of Medical Device: Medical devices that digitally collect and transmit a patient’s physiologic data must be *reasonable and necessary* for the diagnosis or treatment of the patient’s illness or injury or to improve the functioning of a malformed body member. The device must meet the FDA’s definition of medical device [201\(h\) of Federal, Food, Drug, and Cosmetic Act](#); however, it does not have to be FDA-cleared/registered. The devices must *digitally* (automatically) upload patient physiologic data and cannot be recorded or reported by the patient. Medical devices must be used to collect and transmit reliable and valid physiologic data that helps describes the patients’ health status to develop and manage a plan of treatment.

Collecting and Analyzing Physiologic Data

CPT 99091

After the data collection period for CPT codes 99453 and 99454, the physiologic data that are collected and transmitted may be analyzed by a “physician or other qualified health care professional, qualified by education, training, licensure/regulation.” This code includes only professional work and does not contain any direct practice expense (PE). The valuation for CPT code 99091 includes a total time of 40 minutes of physician or NPP work, broken down as follows: 5 minutes of preservice work (for example, chart review); 30 minutes of intra-service work (for example, data analysis and interpretation, report based upon the physiologic data, as well as a possible phone call to the patient); and 5 minutes of post-service work (that is, chart documentation).

Management Services (First 20 Minutes/Each Additional 20 Minutes)

CPT 99457 & 99458

Care Management by Clinical Staff: After analyzing and interpreting remotely collected physiologic data, the data is used to develop a treatment plan and then manage the plan until the targeted goals of the treatment plan are attained. CPT codes 99457 & 99458 are designated as care management services and as such can be provided by clinical staff under the general supervision of the physician or NPP.

Interactive Communication: Services are typically provided remotely using communications technologies that allow interactive communication. Interactive communication, involves, a real-time synchronous, two-way audio interaction that is capable of being enhanced with video or

other kinds of data transmission; as well as, time engaged in non-face-to-face care management services during calendar year. The first 20 minutes of interactive communication is reporting using CPT 99457 and each additional 20 minutes is reported using CPT code 99458.

III. RPM DURING THE PUBLIC HEALTH EMERGENCY

CMS made temporary modifications to RPM requirements to enable individuals to receive care virtually during the PHE. These changes include the following:

- New patients can receive RPM services without an in-person visit.
- Those who have contracted with a billing physician or practitioner to provide RPM services may obtain consent directly from individuals receiving care. Consent can also be obtained at the time services are provided.
- Monitoring days have been decreased from 16 to 2 allowing individuals who would benefit from shorter periods of monitoring to receive care. In many cases, short-term monitoring that traditionally occurs in-person can be provided virtually.

When the PHE ends RPM services will once again, only be provided to established patients. This is to ensure that physicians or practitioners have a pre-existing relationship and the opportunity to collect patient history and conduct a physical examination, as appropriate, prior to rendering RPM services. In addition, those contracting with physicians to provide RPM services will no longer be able to obtain consent directly from the individual and days of required monitoring will also return to 16-days. CMS however will continue its policy to allow consent for RPM services to be obtained at the time services are furnished on a permanent basis.

IV. IMPLICATIONS

Health care providers and their patients can experience many benefits from the use of RPMs, including reduced readmissions, shortened hospital stays, improvements in quality of life, and lower costs. The continuous monitoring of RPM services is beneficial in academic medicine whose physicians serve patients who are often sicker than the average patient and from low social-economic backgrounds. These services allow physicians to track their patients' health metrics without requiring multiple in-person visits from patients whose schedules cannot accommodate greater time commitments. The new clarifications finalized in the 2021 physician fee schedule rule regarding RPMs eliminated some barriers to coverage and payment for RPM services. Despite the benefits and clarifications to payment, CPSC data shows minimal use of RPM codes. Use of RPMs slightly increased during the PHE when CMS modified requirements lessening the administrative burdens; however, overall use remains low. Once the PHE waivers for RPMs expire, the use of RPMs may return to previously low levels.

The AAMC encourages the use of RPM services and supports permanently extending and finalizing the PHE waivers. The 16-day requirement prevents physicians from using these codes when clinically the patient would require less than 16-days of monitoring. Allowing fewer than 16-days of data transmission by a patient in a given month greatly increase access to care and promote high value use. Similarly, allowing new patients to receive RPM services further improves access to care. The AAMC also supports changing the rules to allow patients to

manually enter their physiologic readings by a device into a platform for remote transmission. This would allow physicians to collect additional information that requires self-reporting data such as pain, appetite, and other subjective metrics which could be beneficial when managing the patient's care.

Resources:

Physician fee schedule final rule:

<https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>

Physician fee schedule correction notice:

<https://www.govinfo.gov/content/pkg/FR-2021-01-19/pdf/2021-00805.pdf>

FDA's definition of a medical device:

<https://www.fda.gov/medical-devices/classify-your-medical-device/how-determine-if-your-product-medical-device>

CPT Code Index: Medicare Remote Physiologic Monitoring (RPM)

CPT code 99453: Initial Set-Up and Monitoring

Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment) is valued to reflect clinical staff time that includes instructing a patient and/or caregiver about using one or more medical devices.

CPT code 99454: Continued Monitoring Over 16-days

Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days) is valued to include the medical device or devices supplied to the patient and the programming of the medical device for repeated monitoring.

CPT code 99091: Collecting and Analyzing Physiologic Data

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 health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 day

CPT code 99457: Management Services for Initial 20 Minutes

Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes) and its add-on code;

CPT code 99458: Management Services for each Additional 20 Minutes

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; each additional 20 minutes (list separately in addition to code for primary procedure)

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