



Remote Patient Monitoring Medicare Billing Guide

Medicare / Medicare Advantage CPT Codes

- This is applicable to clinics across the US (including Alaska, Hawaii, and Puerto Rico)
- Medicare Traditional and Medicare Advantage commercial carriers reimburse for Telemonitoring (with the exception of VA - Veterans Affairs which have their own exclusive program)

99453 - Initiating visit with the patient to describe the program and get patient acceptance to participate. Typically, this is when the patient is provided an Accuhealth brochure. This is a one-time billable code, and the Date of Service is equal to the first successfully recorded reading that comes into Evelyn for the respective patient. This code reimburses \$15 to \$20 depending on the locality.

99454 - This is for providing the monitoring device(s) to the patient, the software to ingest readings from the patient, and ensuring that both are functioning on an ongoing basis. This code is billed once every 30-days. The patient must record at least one successful reading in the 30-day period. The first date of service for 99454 is equal to the first successfully recorded reading in Evelyn, and is billed every 30-day calendar days subsequently. This code reimburses \$55 to \$62 depending on locality.

99457 - This is for providing between a minimum of 20 minutes of interactive telemonitoring services with the patient and/or patient caregiver over the calendar month. This time can be provided incident to and under the clinics general supervision, meaning Accuhealth can provide 100% of this time. It's encouraged that clinics work within our platform, as any time spent by the clinic also goes towards this cumulative time. This code reimburses ~\$49 across most localities.

99458 - This is for providing additional units of 20 minutes of cumulative interactive time spent providing telemonitoring services to the patient and/or patient caregivers. There is no limit to how many units of 99458 a clinic can bill; however, it's legally recommended NOT to exceed more than 2 units of 99458. In other words, if a clinic records 40 to 59 minutes of time with a patient in a calendar month, they would submit a claim for 99457 and one unit of 99458. If a clinic spends 60 or more minutes, they would submit a claim for 99457 and two units of 99458. This code reimburses ~\$49 for each unit across most localities.



How Physicians Submit A Claim

The best practice is for clinics to submit claims once per month. Most EMRs or billing clearing house applications allow for “superbills”. In essence, the clinic can create one claim, and enter line items for each CPT code with the relevant Date of Service.

1. Medicare Revenue Reports that include Monthly Patient Vitals Reports will be provided by Accuhealth to the clinic within the first week of the subsequent month (i.e. January 2020 reporting will be provided no later than Feb 7 2020).
2. Understanding Dates of Service
 1. **CPT 99453** - One time code with a date of service equal to the patient's first successful reading.
 2. **CPT 99454** - Billed every 30-days with the first Date of Service equal to the first successful reading. For example, if a patient took their first reading Jan 1st 2020, 99454 can be billed with a DOS 01/01/2020 and the subsequent would be DOS 01/31/2020, and so on. Our platform evelyn tracks all this, the clinic never needs to track this manually.
 3. **CPT 99457** - Billed monthly with a Date of Service equal to the last calendar day of each Month (i.e. if a minimum of 20min of time is spent with a patient during Jan 2020, the clinic can submit claim for 99457 with the DOS 01/31/2020)
 4. **CPT 99458** - Billed monthly with a Date of Service equal to the last calendar day of each Month (i.e. if 40-59 minutes of time is spent with a patient during Jan 2020, the clinic can submit claim for one unit of 99458 with the DOS 01/31/2020. If a clinic spends 60+ minutes, the clinic can submit claim for two units of 99458 with a DOS 01/31/2020)
3. Billing Rules and Guidelines
 1. 99453 can only be billed after 16 days of monitoring.
 2. 99454 requires at least 16 days of monitoring in a 30 day period in order to be billed.
 3. Report once each 30 days, regardless of the number of parameters monitored
 4. Do not report in conjunction with 99091 (legacy remote patient monitoring code)
 5. CAN be billed in the same months as CCM, TCM, and BPI (but time spent doing one service, e.g., CCM, can not also count towards time for another service (RPM)).
 6. Do not count any time on a day when the physician or qualified health care provider reports an evaluation/management service
 7. Do not count any time related to other reported services (eg, 93290)
 8. May be billed as an "incident to" service
 9. Billing provider must have at least one face-to-face visit with the patient in the preceding 12 months
 10. Billing provider must be a Qualified Healthcare Provider (QHCP = MD, DO, NP, PA)



11. It is assumed that similar to CCM, the following rules apply:
 - i. If two staff members are furnishing services at the same time (e.g., discussing together the beneficiary's condition), only the time spent by one individual may be counted
 - ii. Time of less than 20 minutes during a calendar month cannot be rounded up to meet the billing requirement;
 - iii. Excess time in one month cannot be carried forward to the next month.

Documentation Best Practices

1. Please contact your local payer/carrier and/or legal counsel for interpretation of coding and coverage.
2. As a best practice, when a Provider identifies a patient who can benefit from the utilization of RPM technology, it must be clearly documented in the medical record. Documentation should be based upon the provider's clinical judgment of the patient's condition and include:
 - a. Nature and severity of condition
 - b. Detailed history of condition
 - c. Medical necessity and clear rationale for monitoring
 - d. Goals to be achieved by RPM

References

Remote Patient Monitoring: Reimbursement, RPM Success Stories, and Adoption

NOTE: this article was published before the "incident to" rule for RPM was updated from direct supervision to general supervision effective Jan 1, 2020.

<https://www.powerslaw.com/wp-content/uploads/2019/06/CTel-Telehealth-Summit-Spring-2019-Presentation-June-13-14-2019-D0839491.pdf>

Medicare Remote Patient Monitoring: CMS Finalizes New Code and General Supervision

<https://www.foley.com/en/insights/publications/2019/11/cms-finalizes-new-rpm-code-general-supervision>

2019 Medicare Physician Fee Schedule and Quality Payment Program CMS Proposed Rule CPT Codes 99453, 99454, and 99457 – Everything You Need to Know

<https://mtelehealth.com/2019-medicare-physician-fee-schedule-and-quality-payment-program-cms-proposed-rule-cpt-codes-99453-99454-and-99457-everything-you-need-to-know/>

Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies;



<https://www.federalregister.gov/documents/2019/11/15/2019-24086/medicare-program-cy-2020-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other>

PYA: Providing and Billing Medicare for Remote Patient Monitoring

<http://www.pyapc.com/wp-content/uploads/2019/10/Providing-and-Billing-Medicare-for-Remote-Patient-Monitoring-PYA.pdf>