



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

# MARYLAND MEDICAL ASSISTANCE PROGRAM

**Clinics No. 5**

**Dental No. 63**

**Medical Supply and Equipment No. 77**

**FQHC No. 30**

**Home Health No. 78**

**Hospital No. 319**

**Local Health Department No. 21**

**MCO No. 242**

**Nurse Midwives No. 33**

**May 27, 2025**

TO: Clinics  
Dental Providers  
Durable Medical Equipment Providers  
Federally Qualified Health Centers  
Home Health Agencies  
Hospitals  
Local Health Departments  
Managed Care Organizations  
Nurse Midwives

FROM: Sandra E. Kick, Director *Sandra E. Kick*  
Office of Medical Benefits Management

Jamie Smith, Director *Jamie Smith*  
Office of Long Term Services and Supports

RE: Update to Reimbursement for Remote Patient Monitoring Services: Self-Measured Blood Pressure (SMBP) Codes

**NOTE: Please ensure that the appropriate staff members in your organizations are informed of the content of this transmittal.**

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This transmittal will supersede [Provider Transmittal 37-23](#) to clarify that, effective May 15, 2025, several new codes for remote patient monitoring (RPM) and self-measured blood pressure (SMBP) have been included in the Maryland Department of Health's (MDH) remote patient monitoring coverage policy.

### **Remote Patient Monitoring (RPM)**

RPM is a service which uses digital technologies to collect medical and other forms of health data from individuals and electronically transmits that information securely to health care providers for assessment, recommendations, and interventions. Providers should order RPM when it is medically necessary to improve chronic disease control and it is expected to reduce potentially preventable hospital utilization.

Medicaid has permanently expanded access to RPM services to include participants who qualify based on any conditions and medical histories capable of monitoring via RPM. Additionally, Medicaid has eliminated fee-for-service prior authorization requirements.

Physicians or home health agencies can provide RPM. RPM may be billed using revenue code 0581 for home health agencies. The following HCPCS codes are for all other professionals.

<b>CPT Code</b>	<b>Description</b>	<b>Reimbursement Rate per Billable Episode</b>	<b>Limitations</b>
S9110	All-inclusive rate for 30 days of monitoring		<b>** No longer covered by MD Medicaid</b>
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.	\$21.42	Once Per Device
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.  Code 99454 covers the automated data transmission from the patient's device to the practice's Remote Physiologic Monitoring platform.	\$46.45	Can be billed once every 30 days. (Bill only once per patient, per provider, per 30-days, and only when at least 16 days of data have been collected on at least one medical device).
99457	First 20 minutes of physician's interpretation and interactive communication with the patient/care giver every month. "Interactive communication" involves, at a minimum, a real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission. (The 20 minutes includes both synchronous, real-time interactions as well as non-face-to-face care management services.)	\$50.76	Billed once Monthly: (Billed by Calendar Month)

99458	Subsequent 20 minutes of physician's interpretation and interactive communication with the patient/caregiver every month. (The 20 minutes includes both synchronous, real-time interactions as well as non-face-to-face care management services.)	\$40.65	Billed once Monthly: (Billed by Calendar Month)
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These rates do not include;

- RPM equipment;
- Upgrades to RPM equipment; or
- Internet service for participants.

To receive RPM, the participants must be enrolled in Medicaid, consent to RPM, have the necessary internet connections, and be capable of using the monitoring tools in their homes.

### **Self-Measured Blood Pressure Monitoring (SMBP)**

SMBP is patient-led, and involves patients regularly measuring their blood pressure at home using a device, and providing data to healthcare providers, and should be billed using the codes indicated below.

To receive SMBP, the participants must;

- be enrolled in Medicaid
- consent to SMBP
- have the necessary internet connections, and
- be capable of using the monitoring tools in their homes.

Referrals for SMBP may cover an episode of monitoring in a single year period. Eligible participants may only receive one unit of SMBP in a given 30-day period.

<b>CPT Code</b>	<b>Description</b>	<b>Reimbursement Rate per Billable Episode</b>	<b>Limitations</b>
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.	\$15.07 for both facility and non-facility	Can be submitted once per device. Should not be billed with 99453.
99474*	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.	facility - \$8.80 non-facility- \$17.52	Can be submitted only one time in a given 30-day period. Cannot be used in the same calendar month as codes for ambulatory blood pressure monitoring (93784, 93786, 93788, 93790), remote monitoring of physiologic parameters (99453, 99454); remote data collection and interpretation, 30 min or more every 30 days (99091); remote physiologic monitoring treatment management services (99457) or chronic care management (99487, 99489-99491).

**\*Note:** If 99474 services are provided on the same day the patient presents for an evaluation and management (E/M) service to the same provider, these services should be considered part of the E/M service and not reported separately. HCPCS code S9110 (for all other professionals) is no longer reimbursable for RPM.

The SMBP rate does not include:

- SMBP equipment
- Upgrades to SMBP equipment; or
- Internet service for participants

Coverage of blood pressure monitoring equipment as durable medical equipment (DME) has not changed. Please see COMAR 10.09.12.04 and PT 10-23: Fiscal Year [2023] Rate Increase for DMS/DME Oxygen Services for a copy of the current fee schedule. The referring provider may submit a referral for the SMBP cuff to a DME vendor participating with Medicaid fee-for-service or a HealthChoice MCO, who will then fulfill the order for the member. Generally, the DME vendor will either deliver or direct ship the item to the member to use.

The criteria outlined are for the fee-for-service participants receiving SMBP. Managed Care Organizations may preauthorize and reimburse differently for HealthChoice participants. Please contact HealthChoice MCOs for more information on their SMBP programs and providers. Providers or members in HealthChoice MCOs experiencing challenges with obtaining blood pressure monitoring equipment should contact the HealthChoice MCO's Special Needs Coordinator for assistance.

For questions regarding this transmittal, please email [mdh.healthchoiceprovider@maryland.gov](mailto:mdh.healthchoiceprovider@maryland.gov).