December 22, 2020

Final 2021 CMS RPM Guidelines

General Guidelines

During the pandemic, a physician may order RPM for both new and established patients. Post-pandemic, RPM may only be ordered for established patients, requiring a prior visit with the billing provider either in person or via telehealth.

Patients must consent to receive RPM services, but consent may be obtained at the time that RPM services are first furnished rather than ahead of time.

RPM may be ordered for patients with either chronic OR acute conditions. RPM codes (99453, 99454, 99091, 99457 and 99458) may only be billed by physicians, nurse practitioners or physician assistants. RPM devices must meet the FDA's definition of a medical device as described in section 201(h) of the Federal, Food, Drug and Cosmetic Act (FEDCA).

RPM devices must digitally and automatically upload patient physiological data (that is, data is NOT patient self-recorded and/or self-reported).

RPM services must be considered reasonable and necessary for the diagnosis and/or treatment of the patient's illness or injury to improve the condition(s). The RPM devices must be used to collect and transmit reliable and valid physiologic data that allow understanding of a patient's health status in order to develop and manage a plan of treatment for the patient.

The RPM Process

1. RPM process begins with two practice expense (PE) codes 99453 and 99454, which are valued to include clinical staff time, supplies, and equipment, including the medical device for the RPM. There are no wRVU's associated with these two RPM codes.

CODE 99453: Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; setup and patient education on use of equipment. This code includes work associated with onboarding a new patient onto a RPM service, setting up the equipment and educating the patient on using the equipment.

- This code is valued to reflect auxiliary and clinical staff time that includes instructing the patient and/or caregiver about using one or more medical devices.
- This code can only be billed once per episode of care which is defined as "beginning when the RPM service is initiated and ends with attainment of targeted treatment goals listed in the plan of treatment".
- This code can only be billed if monitoring has occurred with daily transmissions and data recordings (code 99454) for a minimum of 2 days during the pandemic and for 16 days after the pandemic is over.
- Auxiliary personnel (including clinical staff and contracted employees) may provide these services, incident-to and under the general supervision of the billing provider.
- This code may be billed in the same month with TCM and CCM codes.

CODE 99454: 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. This code covers providing the patient with an RPM device for a 30-day period and may be billed each 30 days. The device must be ordered by a physician or QHP and supplied for at least 16 days to be applied to a billing period. The data must be wirelessly synced where it can be evaluated.

- This code is valued to include the medical device or devices supplied to the patient and programming of the medical device(s) for repeated monitoring.
- This code can only be billed once every 30 days even when multiple devices are provided to the patient.

- These services associated with all the medical devices can be billed once ever 30-day period only if monitoring has occurred with daily transmissions and data recordings for a minimum of 2 days during the pandemic and for 16 days after the pandemic is over.
- Auxiliary personnel (including clinical staff and contracted employees) may provide these services, incident-to and under the general supervision of the billing provider.
- This code can be billed even if the 20 minutes of RPM treatment managements services is not met to bill the 99457 code during the same month.
- This code may be billed in the same month with TCM and CCM codes.

3. After the initial collection period for CPT codes 99453 and 99454, the physiologic data that is collected and transmitted may be analyzed, interpreted and used to develop a treatment plan for the patient.

CODE 99091: 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, each 30 days.

- This code is valued to include a total of 40 minutes of billing provider (physician, nurse practitioner or physician assistant) work broken down as follows:
    - 5 minutes of preservice work (ex: chart review, etc.),
    - 30 minutes of intra-service work (ex: data analysis & interpretation, etc.),
    - 5 minutes of post-service work (ex: EMR documentation, etc.).
- It is of note that the documented time included in 99091 may NOT be performed by clinical staff, but rather must be directly performed by the billing provider.
- This code does not require any communication between patient and provider.
- This code cannot be billed in the same month with TCM or CCM codes.
- This code, if billed at all, will typically be billed during the first month RPM is initiated, as it requires the billing provider/physician to directly spend 30 min of their time per the CPT code book (and per AMA 40 min including assumed 5 min of preservice and 5 min of post service work). This will usually only be the case while working to create the initial treatment plan to be utilized to manage the patient's care. If the physician does not document this amount of time interpreting and analyzing the data, this code should not be billed.

- Does not require the RPM device to be meet the FDA's definition of a medical device as described in section 201(h) of the Federal, Food, Drug and Cosmetic Act (FEDCA).
- The treatment plan should be documented in EMR and include:
    - Substantiated diagnosis(es);
    - Short and long-term goals;
    - Specific devices and amount/types of modalities being utilized; and
    - Responsibilities of the care team members.
- When the stated targeted goals for the patient are met, this ultimately signals the end of the episode of care.

4. Once the patient-centered care plan has been developed, documented and shared with the patient and/or caregiver, RPM treatment and management services should be performed and documented including aggregated time spent each calendar month.

CODE 99457: Remote physiologic monitoring treatment management services, the first 20 minutes or more of clinical staff/physician/other qualified healthcare professional time per calendar month requiring interactive communication with the patient/caregiver during the month. This code includes physician, QHP and/or clinical staff time that contributes toward monitoring and interactive communication which includes phone, text and email.

CODE 99458: each additional 20 minutes; add-on code

- These codes are valued as care management services which include treatment and management services for RPM, including interactive communication (real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission) between patient and the physician, billing provider, or clinical staff members who provide the services. You should ensure that there is at least one phone call or telehealth session per calendar month to avoid any audit/denial issues. There is no specific length of time required for this two-way audio interaction. Text and email also are acceptable forms of additional communication regarding the treatment and management of RPM services.

- These codes may be furnished by clinical staff incident-to and under the general supervision of the physician/billing provider (unlike CPT code 99091 which may NOT be performed by clinical staff).
- These codes may be billed when 20+ minutes of care management services time has accrued during a calendar month, even when codes 99454 and 99453 are not billable because the required 2 day minimum of monitoring with transmissions and recordings during the pandemic (and required 16 day minimum after the pandemic is over) has not been met.

The 2021 Final Rule clarified that it IS POSSIBLE in limited, reasonable and necessary circumstances that CPT 99091 and 99457 can be billed together for the same month. CMS states both codes could be billed for the same patient in the same month as long as the same documented time was not used to meet the criteria for both codes. It also states when complex data is collected, it may require more time be devoted to data analysis and interpretation by a physician in addition to RPM treatment management services including direct patient communication.

Final 2021 CMS CCM Updates

CPT 2021 revises complex chronic care management code to be changed from G2058 to 99439. 99490 defines the first 20 minutes of non-complex clinical staff time in a calendar month for CCM, and 99439 now replaces G2058 as the code for each additional 20 minutes in that month. The code 99439 may only be reported twice per calendar month.

- 20 – 39 minutes of non-complex minutes, report 99490;
- 40-59 minutes, report 99490, 99439;
- 60 minutes or more, report 99490 and 99439 X 2.