



# Remote Patient Monitoring Regulations and Reimbursement Guide

Created March 16, 2020

*Updated May 7, 2020: Addendum A for Covid-19 Updates*

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## Remote Patient Monitoring

Remote patient monitoring (RPM), also known as remote patient management, uses the latest developments in information technology to capture patient data outside of the conventional healthcare settings. Providers are now well equipped to provide high quality care by remotely observing the health conditions of their patients with consistent data that creates a clear image of the health status of their patients. RPM allows providers the ability to learn the developments in their patients' status in real-time. Recognizing the benefits of remote patient monitoring to patients and the wider healthcare system, CMS has created significant opportunities to generate new revenue through these services.<sup>1</sup>

### RPM vs. Telemedicine

Remote Patient Monitoring	Telemedicine
<ul style="list-style-type: none"> <li>The use of connected electronic tools to record personal health and medical data in one location for review by a provider in another location, usually at a different time.<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>The use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration.<sup>2</sup></li> </ul>
<ul style="list-style-type: none"> <li>Can monitor daily health numbers (such as weight, heart rate, blood pressure and blood oxygen levels) using a scale, heart rate monitor, blood pressure monitor and pulse oximeter.<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Several technologies are included under telemedicine including mHealth (mobile health), real-time video and audio technologies, digital photography, remote patient monitoring (RPM), and store and forward technologies.<sup>2</sup></li> </ul>
<ul style="list-style-type: none"> <li>A specific technology to promote engagement between physicians and patients at home.<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>A wider term that refers to the entire sector, techniques and technologies that enable this type of healthcare.<sup>1</sup></li> </ul>

## CMS Regulations

In 2018, the AMA introduced three new CPT codes (99453, 99454 and 99457) to address the limitations of the original code and incentivize the adoption of RPM. CMS began reimbursing these codes in 2019 when they were added to the Medicare Physician Fee Schedule.

- 1) CPT 99091 has been active for more than a decade, but it has limitations:
  - It can still be used, but it doesn't offer reimbursement for setting up equipment or educating the patient on its use. It's limited to "physicians and qualified health care professionals" rather than clinical staff. It requires at least 30 minutes of professional time dedicated to the patient per 30-day period.
- 2) The new CPT codes (99453, 99454 and 99457) are better suited to reimburse for the realities of current technology and staffing models. While CMS has not specified which types of technology are covered under the new CPT codes, the device used must be a medical device as defined by the FDA<sup>4</sup>.
  - Code 99457 requires interactive communication with the patient or their caregiver and cannot be billed concurrently with 99091
- 3) Starting January 1, 2020, RPM services reported with CPT codes 99457 and 99458 may be billed "incident to" under general supervision.
  - The physician or other qualified healthcare professional supervising the auxiliary personnel need not be the same individual treating the patient more broadly.
  - However, only the supervising physician or other qualified healthcare professional may bill Medicare for "incident to" services.<sup>11</sup>
  - An "incident to" service is one that is performed under the supervision of a physician (broadly defined to include qualified healthcare professionals), and billed to Medicare in the name of the physician, subject to certain requirements.<sup>11</sup>
- 4) Effective January 1, 2019, RHCs and FQHCs are paid for Virtual Communication Services HCPCS code G0071 (See our Telehealth Guide for more information).<sup>12</sup>

## Reimbursement

In the 2019 final rule, CMS continued their ongoing work in this area through code set refinement related to Transitional Care Management (TCM) services and Chronic Care Management (CCM) services. In addition, they added new coding for principal care management (PCM) services, and addressed chronic care remote physiologic monitoring (RPM) services<sup>5</sup>. See the additional codes in the following chart below:

### Codes

Codes	Description
99091	Collection and interpretation of physiologic data (eg, 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)
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
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s)
99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month
99458	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; additional 20 minutes
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	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

## Commercial Payers

### **Aetna**

Aetna follows CMS guidelines and considers remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS), however this can vary based on the member's insurance policy.<sup>9</sup>

### **Anthem BCBS of Virginia**

Anthem BCBS follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).<sup>9</sup>

### **CareFirst BCBS of Maryland**

CareFirst BCBS does not cover remote patient monitoring services for reimbursement at this time.<sup>9</sup> Please check with your local provider representative for potential changes to their policy.

### **Cigna**

Cigna follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).<sup>9</sup>

### **United Healthcare**

UnitedHealth care follows CMS guidelines and considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).<sup>8</sup>

## Addendum A: COVID-19 Updates

*Last updated May 7, 2020 at 1:00 PM EST*

### **Medicare**

In the 2020 interim rule, CMS has made a number of changes in response to the COVID-19 pandemic. This has been done in an effort to reduce exposure risks to the novel coronavirus and to increase access to care. On an interim basis, CMS has waived RPM regulations by allowing services to be furnished to new patients, and established patients.<sup>12</sup>

In addition, RPM can be utilized for physiologic monitoring of patients with acute and/or chronic conditions. Prior to Covid-19, RPM could be utilized for patients with chronic conditions (high blood pressure, diabetes, COPD). In response to the Covid-19 pandemic, CMS has allowed RPM to be utilized for patients with an acute respiratory virus to monitor pulse and oxygen saturation levels using pulse oximetry.<sup>12</sup>

### **Aetna**

In response to the Covid-19 pandemic, Aetna is waiving all cost sharing regardless of the member's benefit package.<sup>16</sup>

### **Anthem BCBS of Virginia**

Due to the Covid-19 pandemic, Anthem BCBS of Virginia is waving cost-sharing for patients with Covid-19 related illnesses from April 1 to May 31.<sup>14</sup>

### **CareFirst BCBS of Maryland**

Due to the Covid-19 pandemic, CareFirst BCBS of Maryland is waiving cost sharing for patients with Covid-19 related illnesses.<sup>17</sup>

### **Cigna**

Due to the Covid-19 pandemic, Cigna is waiving cost sharing for patients with Covid-19 related illnesses. If the member already had a telehealth package, then they are automatically covered through May 31st. If the member does not have a package, it depends on severity of the case or medical necessity.<sup>9</sup>

### **United Healthcare**

In response to the Covid-19 pandemic, United Healthcare is waving cost sharing for patients with Covid-19 and non-Covid-19 related illnesses from March 31, 2020 until June 18, 2020.<sup>15</sup>

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