INTRODUCTION

The benefits of remote patient monitoring (RPM) and chronic care management (CCM) have been clear for all to see over the past few years. As care facilities began to achieve more positive health outcomes while patient readmissions dwindled as the coordination of care improved, the CMS or Centers for Medicare and Medicaid Services intervened to sweeten the pot for care facilities. The CMS launched RPM reimbursements in January 2018 to reward providers that embraced the technology.

In the years henceforth, the CMS has immensely revised the remote patient billing system. The latest billing formula comes as good news for the lion's share of care facilities, as it will mean more revenue for practices. It features a set of three new codes and a few new requirements that will smooth over documentation and reporting. Our guide today looks to divvy into these codes in particular so facilities can know what to expect.

NON-MEDICARE COVERAGE

Most insurance providers are also beginning to implement RPM reimbursements, following in the footsteps of CMS. However, stipulations for eligibility may vary significantly with reference to the requirements that Medicare has put in place.

BILLING FOR RPM & CCM

- CPT codes mentioned can be billed along with an office visit

- Rates mentioned above are approximate and based on Medicare Reimbursements

- CCM can be billed together with RPM codes

- You can bill 3-4 times the Medicare rate, when billing

- RPM requires patients to have one or more chronic conditions, CCM requires patients to have two or more chronic conditions

- Patients must be seen by the doctor in the past 12 months to be eligible for these programs

- Billing reports are sent to the physician on monthly basis and physician's billing department submits to the Medicare and other payors

HERE'S HOW BOTH CODES WORK:

CPT Code 99453 - As per statistics from 2024 facilities reel in an average of $19 via this code. It covers the remote monitoring of physiologic parameters such as respiratory flow rate, pulse oximetry, weight, blood pressure, etc. This billing also spans the costs of training patients to use the technology as well as first-time set-up expenses

CPT Code 99454 - The average pay rate for this code was $46, as of 2024. It covers the remote monitoring of the physiologic parameters stated in Code CPT 99453, as well as costs related to programmed transmission alters or daily recordings within a 30-day window

Once the setup of RPM devices is complete and the practice has trained the patient, the facility can seek compensation by way of the code CPT 99453. Since these are actions or tasks that occur once, facilities can bill it just once for each patient after the rollout of the program and onboarding of the patient.

On the other hand, CPT 99454 offers the potential for recurring monthly income. Practices can submit billing under this code monthly to get compensation for expenses associated with patient data monitoring and supplying the device. However, eligibility requirements for this code stipulate not less than 16 days of patient monitoring for the month.

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SIMPLIFYING HEALTHCARE

RPM/CCM BILLING GUIDE

RPM MANAGEMENT CODES : 99457 AND 99458

These codes generally cover the running or operational expenses associated with managing a remote patient monitoring program for the duration of a month. It includes costs that result from interpreting patient data, medical interventions made due to said data, and interactive patient/caregiver communication regarding the care or treatment plan.
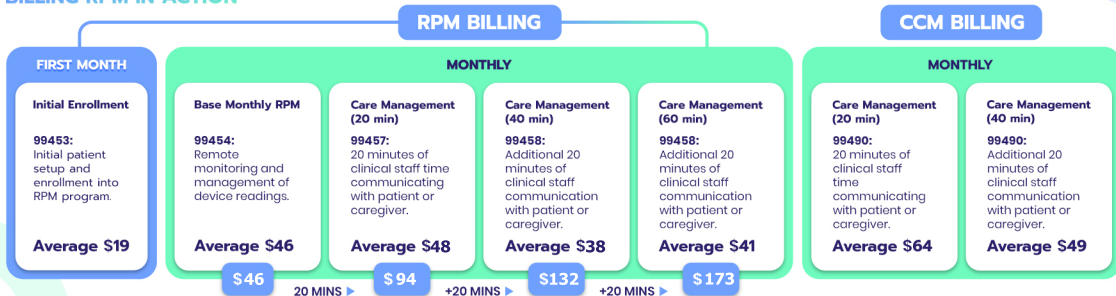
BOTH CODES BREAK DOWN AS FOLLOWS :

CPT CODE 99457

Facilities may earn on average $48 with this code for the initial 20 minutes of a month, covering interactive caregiver/patient communication as well as remote physiologic monitoring and treatment

CPT CODE 99458

This code kicks in once the above initial 20 minutes have been surpassed, and facilities earn on average $38 for the additional 20 minutes thereafter, encompassing interactive communication between physician and caregiver/patient, in addition to remote physiologic monitoring treatment management services.

BILLING RPM IN ACTION

RPM BILLING

CCM BILLING

FIRST MONTH	MONTHLY				MONTHLY	
Initial Enrollment	**Base Monthly RPM**	**Care Management (20 min)**	**Care Management (40 min)**	**Care Management (60 min)**	**Care Management (20 min)**	**Care Management (40 min)**
99453: Initial patient setup and enrollment into RPM program.	**99454:** Remote monitoring and management of device readings.	**99457:** 20 minutes of clinical staff time communicating with patient or caregiver.	**99458:** Additional 20 minutes of clinical staff communication with patient or caregiver.	**99458:** Additional 20 minutes of clinical staff communication with patient or caregiver.	**99490:** 20 minutes of clinical staff time communicating with patient or caregiver.	**99490:** Additional 20 minutes of clinical staff communication with patient or caregiver.
Average $19	**Average $46**	**Average $48**	**Average $38**	**Average $41**	**Average $64**	**Average $49**

$46   20 MINS ▶ $94   +20 MINS ▶ $132   +20 MINS ▶ $173

CONCLUSION

RPM & CCM holds benefits for both sides of the care equation. Patients enjoy more positive health outcomes, are kept activated and engaged, and notice fewer hospitalization expenses. Practices, on the other hand, can increase patient retention, improve the quality of care and uplift their bottom line through RPM/CCM reimbursements.