



PAYMENT

Reimbursement Tips:

Remote Physiologic Monitoring (RPM) & Remote Therapeutic Monitoring (RTM)



Overview

Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) are services where providers and care team staff remotely, through the use of devices, assess and respond to their patients' health data between regular office visits and outside the clinical setting (usually with the patient at home). Data is used to develop and manage a patient-centered treatment plan.

- RPM services involve a patient's use of devices to remotely assess and record physiologic data (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate).
- RTM services involve a patient's use of devices to remotely monitor adherence and response to therapeutic treatment (e.g., respiratory, musculoskeletal) using non-physiologic data.

Effective January 1, 2024, CMS began reimbursing FQHCs separately from the Medicare Prospective Payment System (PPS) encounter rate for RPM and RTM services. RPM and RTM services are grouped in with the suite of care management services billable by FQHCs via G0511 (see NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#)). This Tip Sheet provides FQHCs with simplified, easy-to-understand instructions for providing and billing CMS for RPM and RTM services. Also see NACHC resource: [CMS Billing Lingo, Defined!](#) for definitions of terms used throughout this document.)



Initiating Visit Requirements

No initiating visit required prior to the start of RPM or RTM services.



Eligible Patients

RPM	RTM
<ul style="list-style-type: none"> • Medicare Part B beneficiaries. • Provide consent for services. • Have acute or chronic condition(s) for which the authorized billing provider determines that RPM services are medically necessary. • Established patients. <p><i>During the COVID-19 PHE, CMS allowed RPM services to be provided to new and established patients. Since the end of the PHE on May 11, 2023, CMS has clarified that RPM services are allowed for only established patients. Any patients who received initial RPM services during the COVID-19 PHE are considered by CMS to be established patients.</i></p>	<ul style="list-style-type: none"> • Medicare Part B beneficiaries. • Provide consent for services. • Have acute or chronic respiratory, musculoskeletal, or other condition(s) for which the authorized billing provider determines that RTM services are medically necessary. • Have an established treatment plan in place prior to the start of RPM services. <p><i>CMS does not explicitly state that to be eligible for RTM services a patient must be an established patient but does require an established treatment plan to be in place prior to the start of services by the ordering practitioner. RTM services can then be used to further manage that treatment plan (one of the required service elements).</i></p>

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Authorized Billing Providers

What they do:

- ✓ Determine medical necessity of RPM/RTM and order services.
- ✓ Obtain patient consent for services (verbal or written). If not obtained by billing provider, consent may also be obtained by auxiliary personnel under general supervision.
- ✓ Furnish services personally and/or via general supervision of auxiliary personnel as indicated by the service CPT code.

RPM	RTM
<p>Physicians:</p> <ul style="list-style-type: none"> • Medical Doctor (MD) • Doctor of Osteopathic Medicine (DO) <p>Non-Physician Practitioners:</p> <ul style="list-style-type: none"> • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM) <p><i>RPM services are part of the Evaluation and Management services category, and RPM providers must therefore be qualified to perform and bill for E/M level services.</i></p>	<p>Physicians:</p> <ul style="list-style-type: none"> • Medical Doctor (MD) • Doctor of Osteopathic Medicine (DO) <p>Non-Physician Practitioners:</p> <ul style="list-style-type: none"> • Nurse Practitioner (NP) • Physician Assistant (PA) • Certified Nurse Midwife (CNM) <p><i>RTM services are part of the general medicine services category and can be furnished and billed by a broader list of qualified FQHC health care practitioners.</i></p>

Auxiliary Personnel

What they do:

- ✓ Obtain patient consent for services (verbal or written)
- ✓ Set-up equipment
- ✓ Provide patient education
- ✓ Continuous monitoring of devices and data collection
- ✓ Provide RPM Treatment Management Services – collects, reviews, interprets, reports, and manages data under a patient’s treatment plan (may NOT provide RTM Treatment Management Services)

Who they are (examples):

- ✓ Community Health Workers
- ✓ Nurses (nurse care manager, clinical nurse specialist (CNS), RN, LPN)
- ✓ Medical Assistants
- ✓ Clinical Pharmacists



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Service Elements, Coding & Billing: RPM

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
CPT© 99453	Initial device set-up and patient education on equipment use. Note: Medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act . Examples: <ul style="list-style-type: none"> • Blood pressure cuffs • Glucometers • Pulse oximeters • Weight scales • Sleep/activity monitors 	Authorized billing provider and/or auxiliary personnel under general supervision	G0511: \$72.90 Along with the CPT© service codes, FQHCs must submit HCPCS G0511 on the claim to be reimbursed. <i>Note: G0511 may be billed up to one time for each separately identifiable RPM CPT service, per calendar month, per patient. (E.g., if services for 99453 and 99454 were both provided to a single patient on separate dates in a calendar month, G0511 may be billed for both services.)</i>
CPT© 99454	The supply and use of device(s) to monitor and record physiological patient data. May be reported once per 30 days and includes scheduled (e.g. daily) recording(s) and/or programmed alert transmissions. Note: Requires at least 16 days of data collection in a 30-day period before it can be billed.		
CPT© 99457	RPM Treatment Management Services (TMS), clinical staff/physician/other qualified health care professional time in a calendar month requiring a live interactive communication with the patient/caregiver during the month, first 20 minutes. Note: Includes management of a patient centered treatment plan via interactive communication and via non-face-to-face activities during the 30 days of the service period.		
CPT© +99458*	Each add'tl 20 minutes of RPM TMS		
CPT© 99091	The 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 health care professional. The code requires a minimum of 30 minutes of interpretation and review. Note: Do not report 99091 during the same calendar month as 99457, 99458 or on the same day as other E/M services	Authorized billing provider only	

• The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.

• Code descriptions taken from the AMA's CPT 2024 Manual, Professional Edition.

• *Not permitted to be billed by FQHCs. Once a minimum CPT service time threshold is reached, FQHCs are expected to continue furnishing services, as applicable, during the calendar month and are not permitted to bill for any additional time via add-on service codes.

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Service Elements, Coding & Billing: RTM

CODE	Service Elements	Service Provider	FQHC Medicare Billing Code & Rate
CPT® 98975	<p>Initial device set-up and patient education on equipment use.</p> <p>Note: Medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act. Examples:</p> <ul style="list-style-type: none"> • Pulse oximeters • Spirometer • Range of motion devices • Inhaler sensors 	Authorized billing provider and/or auxiliary personnel under general supervision	<p>G0511: \$72.90</p> <p>Along with the CPT® service codes, FQHCs must submit HCPCS G0511 on the claim to be reimbursed.</p> <p><i>Note: G0511 may be billed up to one time for each separately identifiable RPM CPT service, per calendar month, per patient. (E.g., if services for 98975 and 98976 were both provided to a single patient on separate dates in a calendar month, G0511 may be billed for both services.)</i></p>
CPT® 98976	<p>The supply of device(s) used to monitor the respiratory system. May be reported once per 30 days and includes scheduled (e.g. daily) recording(s) and/or programmed alert transmissions. Patient data may be self-reported inputs or digitally collected via an FDA defined device to a secure location.</p> <p><i>Note: Requires at least 16 days of data collection in a 30-day period before it can be billed.</i></p>		
CPT® 98977	<p>The supply of device(s) used to monitor the musculoskeletal system. May be reported once per 30 days and includes scheduled (e.g. daily) recording(s) and/or programmed alert transmissions. Patient data may be self-reported inputs or digitally collected via an FDA defined device to a secure location.</p> <p><i>Note: Requires at least 16 days of data collection in a 30-day period before it can be billed.</i></p>		
CPT® 98980	<p>RTM Treatment Management Services (TMS), physician or other qualified health care professional time in a calendar month requiring a live interactive communication with the patient/caregiver during the month, first 20 minutes.</p> <p><i>Note: Includes management of a patient centered treatment plan via interactive communication and via non-face-to-face activities during the 30 days of the service period.</i></p> <p><i>Note: Do not report 98980 during the same calendar month as 99091, 99457, 99458 or on the same day as other E/M services.</i></p>	Authorized billing provider only	
CPT® +98981*	Each add'tl 20 minutes of RPM TMS		

- The payment rate is based on the 2024 Medicare Physician Fee Schedule (PFS). The most up-to-date 2024 payment rates, reflecting the changes effective March 9th, can be confirmed [here](#). The payment rate is based upon the date of service as opposed to the billing date. No Geographical Adjustment Factor (GAF) or Geographic Practice Cost Index (GPCI) has been applied; FQHCs can expect the payment to be slightly higher or lower depending on the GAF/GPCI.
- Code descriptions taken from the AMA's CPT 2024 Manual, Professional Edition.
- CMS does not include CPT®98978, device(s) supply with scheduled recording(s) and/or programmed alert transmissions, to monitor cognitive behavioral therapy as one of the FQHC RTM billable services.
- *Not permitted to be billed by FQHCs. Once a minimum CPT service time threshold is reached, FQHCs are expected to continue providing services, as applicable, during the calendar month and are not permitted to bill for any additional time via add-on service codes.

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Be sure to capture the following documentation elements when billing for RPM and RTM services:

- ✓ The medical necessity of the device and the condition for which the patient is being monitored.
- ✓ An order for the device, which validated device was chosen, when it was provided to the patient, and the date device training was provided.
- ✓ Patient consent.
- ✓ Identification of devices and any digital tools used to perform RPM and RTM activities.
- ✓ The date the device begins to record data and the last day the device records data and transmits to the provider.
- ✓ Time spent assessing, reviewing, and/or interpreting the data and by whom.
- ✓ Time spent communicating with the patient (and family caregiver, if applicable), along with the details of the communication.
- ✓ How the data is used to manage a patient under a specific treatment plan.
- ✓ For RTM, document data that is patient self-reported and the mechanism used to digitally upload to a connected

Where multiple medical devices are being used, 16 days of data needs to have been collected on at least one device before services can be billed. RPM and RTM treatment management service codes (99457, 98980) require a minimum service time threshold of 20 minutes to be met before they can be billed. Any additional service time above 20 minutes is typically billed for through the submission of add-on CPT® codes (+99458, +98981), however CMS does not reimburse FQHCs for additional service time for any G0511 services, including RPM and RTM Treatment Management Services. Once a minimum time threshold is reached, FQHCs are expected to continue furnishing services, as applicable, during the calendar month even after the minimum time threshold to bill the service has been reached.

Patients pay 20% coinsurance based upon the lesser of the submitted charges or the local payment rate for G0511. Patient self-measured blood pressure monitoring, patient education/training, and device calibration services (CPT® 99473, 99747) are not part of the RPM service codes CMS identified as being separately reimbursable to FQHCs.

Co-Occurring Care Management Services

RPM and RTM may not be billed for during the same period. CMS allows separately identifiable care management services to be delivered and billed during the same calendar month as RPM or RTM, including CCM, CCCM, PCM, TCM, BHI, CPM. See NACHC resource: [Summary of Medicare Care Management Services Billed Using G0511](#) for more information on Medicare Care Management Services.

References

- CMS. CY 2024 Physician Fee Schedule Final Rule <https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- CMS. CY 2021 Physician Fee Schedule Final Rule <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>
- AMA. 2024 CPT 2024 Codebook
- AAPC. 2024 HCPCS Level II Codebook

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