

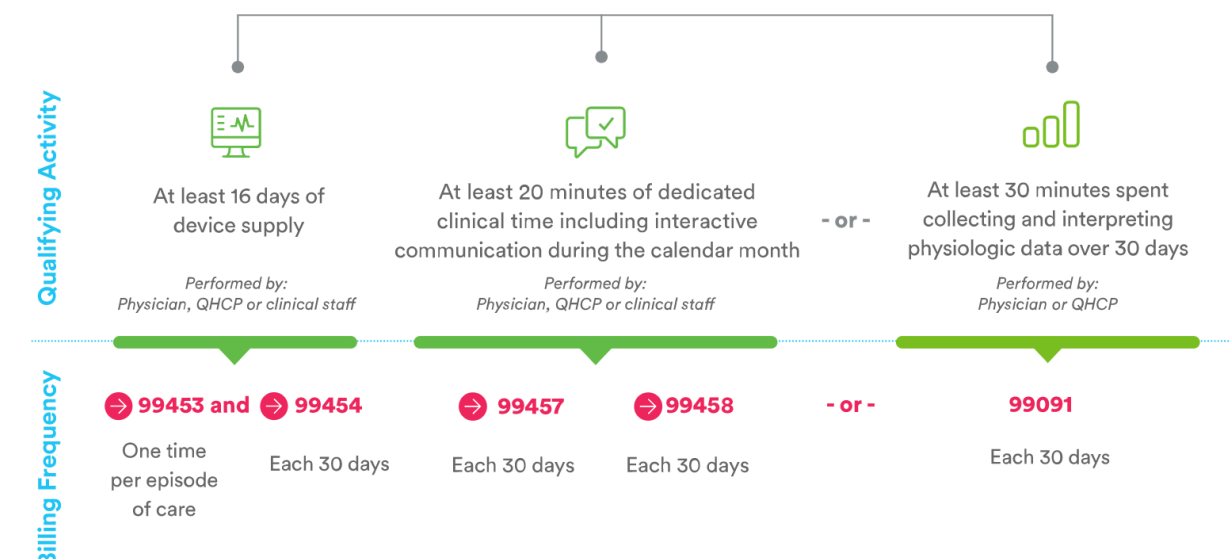


CSE CPAP COMPLIANCE INITIATIVE

Remote Patient Monitoring CPT® codes (NOT billable on Evaluation & Management (E/M) date of service).

Remote patient monitoring is a clinical service that uses technology to enable monitoring of patients' physiologic data outside of conventional clinical settings. The provider can be reimbursed for the onboarding and patient education on the program, the device supply, patient monitoring and management of their condition.

One example of how to bill for remote care:



CPT CODE—99453 Remote monitoring of physiologic parameter(s) (e.g. weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment

Who—Must be ordered by physician or qualified health care professional (QHCP)**

How often—Billed 1x per episode of care, minimum 16 days of monitoring

How much (Medicare Rate)*—\$18.77 (Both non-Facility and Facility)

CPT CODE—99454 Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

Who—Must be ordered by physician or QHCP**

How often—Billed each 30 days, minimum 16 days of monitoring \$64.44 (Both non-Facility and Facility)



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How much (Medicare Rate)*—\$64.44 (Both non-Facility and Facility)

****Clinical Sleep Educator CPT CODE—99457** 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; **first 20 minutes**

Who—Performed by physician, other QHCP or clinical staff under general supervision

How often—Billed each 30 days

How much (Medicare Rate)*—\$51.61 (Non-Facility Rate) \$32.84 (Facility Rate)

****Clinical Sleep Educator CPT CODE—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**

Who—Performed by physician, other QHCP or clinical staff under general supervision

How often—Billed each 30 days

How much (Medicare Rate)*—\$42.22 (Non-Facility Rate) \$32.84 (Facility Rate)

CPT 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

Who—Performed by physician or other QHCP, **not clinical staff**

How often—Billed each 30 days

How much (Medicare Rate)*—\$59.19 (Both non-Facility and Facility)

*Centers for Medicare & Medicaid Services, revisions to payment policies under the Medicare Physician Fee Schedule, quality payment program and other revisions to Part B for CY 2019, CMS-1693-F Final Rule, updated November 2, 2018, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSchd/PFS-Federal-Regulation-Notices-Items/CMS-1693-F.html>.

**Under Medicare, CPT codes 99453 and 99454 are both practice-expense-only codes. Practice expense is the portion of the resources used in furnishing a service that reflects the general categories of physician and practitioner expenses, such as office rent and personnel wages. There is no physician time or work built into these codes.

Source: RPM. Propeller Health. <https://www.propellerhealth.com/rpm/>.