

**RPM** uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

**CMS Guidelines:** For providing RPM services to patients, as well for staff time spent monitoring these patients. These actions are billable through four CPT codes:

CPT <sup>1</sup>	Description	Practitioner	Billing Guide	Payment <sup>2</sup>
99453	Set up, patient instructions and education regarding use of RPM equipment.	Must be ordered by physician or qualified health care professional,(QHCP)	Billed 1x per episode of care, minimum 16 days	\$19.00 facility and non-facility
99454	Devices supply with daily recordings or programmed alert transmissions	Must be ordered by physician or QHCP	Billed for calendar month, minimum 16 days	\$63.00 facility and non-facility
99457	RPM treatment management services, requiring interactive communication with patient/caregiver	Performed by physician, QHCP, or clinical staff under general supervision	Billed for a minimum of 20 minutes in a calendar month	\$51.00 facility \$33.00 non-facility
99458	RPM treatment management services, each additional 20 minutes	Performed by physician, QHCP, or clinical staff under general supervision	Billed for each additional 20 minutes as an add on to 99457	\$42.00 facility \$33.00 non-facility

<sup>1</sup> Current Procedural Terminology (CPT), American Medical Association, 2021

<sup>2</sup> Physician Fee Schedule Relative Value Total for Facility and Non-Facility, (CMS 1715-F) multiplied by Conversation Factor of \$34.8931  
[www.cms.gov](http://www.cms.gov)

#### Disclaimer

Keenly Health provides this information for your convenience and information purposes only. This reference does not serve as reimbursement or legal advice, nor is it intended to increase payment by any payor. It is the responsibility of the provider to determine coverage and to submit appropriate codes, modifiers, and charges for the services rendered. To file under code 99453 and 99454, CMS requires that the device used must be a medical device as defined by the FDA that electronically collects and transmits patient physiological data.

**CCM** is defined as patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, are eligible for CCM services.

**CMS Guidelines:** For providing RPM services to patients, with 2 or more chronic medical conditions expected to persist for more than 12 months following diagnosis and place the patient at risk of death acute exacerbation or functional decline.

Physician <sup>1</sup>	Description	Practitioner	Billing Guide	Payment <sup>2</sup>
99487	First 60 minutes of clinical staff time for Complex CCM of a patient	Performed by physician, QHCP,	First 60 minutes of provider directed care plan per calendar month 1x	\$51.00 facility and \$92.00 non- facility
99489	Each additional 30 minutes of clinical staff time,	Performed or directed by a physician, QHCP, or clinical staff under general supervision	Use in conjunction with 99487 per calendar month	\$26.00 facility and \$46.00 non facility
-99490	First 20 minutes of clinical staff time	Directed by physician, QHCP, or clinical staff under general supervision	Use when at least 20 minutes of staff time is used monitoring CCM activities	\$32.00 facility and \$41.00 non- facility

<sup>1</sup> Current Procedural Terminology (CPT), American Medical Association, 2021

<sup>2</sup> Physician Fee Schedule Relative Value Total for Facility and Non-Facility, (CMS 1715-F) multiplied by Conversation Factor of \$34.8931  
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Additional Coverage Requirements for The Use of These CPT Codes Include:

- Advance patient consent: practitioners must obtain advanced consent for the service and document in the patient's record.
- 30-day reporting period: billing limited to once in a 30-day period.
- Can be billed with other services such as CCM (CPT Codes 99487-99490 & Transitional Care Management TCM (CPT 99495-99496) per CPT guidelines.

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