



# RPM Reimbursement & Billing Guide Outline

## Overview of RPM/RPM Billing

Remote Physiologic Monitoring or sometimes referred to as Remote Patient Monitoring (RPM) is a service utilizing a medical device as defined by the FDA to monitor and capture physiological and other health data. The service must be ordered by a physician or other qualified healthcare professional and transmit (via Bluetooth or cellular) data to a health care professional for assessment. RPM provides the patient with more control of their health and a provider an opportunity to care for their patient outside of their regularly scheduled appointments.

## RPM Codes

CPT Code	CPT Code Description	CMS Reimbursement National Average*
Code <b>99453</b>	Initial setup and patient education on use of equipment	\$19.19
Code <b>99454</b>	Supply of devices, collection, transmission, and report/summary services to the clinician	\$63.15
Code <b>99457</b>	Remote physiologic monitoring services by clinical staff/MD/QHCP for the first 20 minutes of RPM services	\$50.94
Code <b>99458</b>	Remote physiologic monitoring services by clinical staff/MD/QHCP that exceeds first 20 minutes of RPM services	\$41.17

\*Based on Consolidated Appropriations Act, 2021 modified (CY) 2021 Medicare Physician Fee Schedule (MPFS) [www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf](http://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf)

## FAQs

### **Q. Can my RPM interaction be combined with a regular office visit (E&M Visit) or does it need to be a separate interaction?**

A. Your RPM interaction cannot be combined with a regular office visit (E&M Visit) or billed on the same day as an E&M visit. Time for your RPM interaction must be a specific and separate interaction and billed separately.

### **Q. What is an RPM interaction? What types of tasks/interactions are considered billable moments under RPM?**

A. Any time spent that is associated with care management for your patient is considered a billable moment with RPM codes. In order to bill CPT 99457, there must be a synchronous, interactive communication with the patient/caregiver from a physician/clinical staff or other qualified health care professional during the 30-day period of the monitoring.

Examples using PKG for RPM:

- Entering PKG order into the Portal
- Downloading PKG Report & Uploading the PKG to EMR
- Reviewing and Interpreting PKG Report
- Discussing PKG Findings with Patient

### **Q. Is RPM time cumulative or does each 20-minute code (99457 and 99458) require a separate interaction with the patient?**

A. CPT codes 99457 and 99458 are used to report treatment management of a patient currently monitored remotely for physiological parameters. Report 99457 once per calendar month when at least 20 minutes of care management and communication is provided, regardless of the number of modalities performed. Report 99458 for each additional 20 minutes minimum of care management and communication during the same month.

The RPM time is the cumulative time spent tending to RPM tasks, including the patient interaction. The time should be compiled, documented and billed accordingly for each 30-day period. You must reach the respective time checks (20 minutes/40 minutes, etc.) to be eligible to bill the RPM time specific codes.

### **Q. How do I track/itemize my time with RPM? How detailed do I need to be in my notes to protect myself in the event of an audit?**

A. Practices should retain a detailed record showing itemized time spent in care management and communication for each patient. PKG Reports should be included in documentation as additional support for the use of the PKG Watch, transmission and analysis of the PKG data.

### **Q. How much are the potential out of pocket costs for my patient pay per month or for the term of the RPM program?**

A. Potential out of pocket cost is dependent on each patient's unique situation and insurance providers. Please check with the primary and secondary insurance providers to find out their specific coverage policies related to RPM.

**Q. Is the information shared with Global Kinetics HIPAA Compliant?**

A. Global Kinetics abides by all HIPAA standards and policies with respect to all patient data shared between the clinic and company. A Business Associate Agreement will be provided by Global Kinetics for the clinic to sign.

**Q. Should I include the PKG Reports in our notes and state that the reports were generated amounting to 16+ days of monitoring?**

A. Documentation is a crucial portion of the RPM service. All information relevant to the time spent managing the RPM service for each patient should be documented respectively as well as including all of the patient's PKG reports as proof of monitoring.

**Q. When should I bill for the 16 days of monitoring per 30 days?**

A. You are eligible to bill if you have at least 16 days of monitoring in a 30-day period. The CPT codes state and CMS has clarified that the RPM codes are not to be reported for a patient more than once during a 30-day period.

**Q. Should I be billing by calendar month or on a rolling 30-day period?**

A. You should be billing on a rolling 30-day period as the RPM codes are not to be reported for a patient more than once in a 30-day period regardless of the number of modalities performed.

**Q. Do I need to do a prior authorization for the RPM Codes if the payer is a private payer?**

A. RPM Codes are being reimbursed by an increasing number of private payers. Please check with the specific payer to see if prior authorization is required for the respective RPM codes.

Disclaimer: Provided for convenience only. Does not constitute reimbursement advice, legal advice, or clinical practice recommendation. Information is from third-party sources and is subject to change without notice. The provider has the responsibility to determine medical necessity based on independent medical judgment of the HCP and for submitting appropriate billing codes. Contact Medicare contractor or other counsel for interpretation of coding, coverage, and payment policies. Contact Medicare contractor or other counsel for effective dates for the service rates. That payer policies vary and should be verified prior to treatment for limitations on diagnosis, coding, or site of service requirements. Clinics should consult relevant manuals for appropriate coding options. Sequestration Disclaimer (assume applicable). Rates referenced in these guides do not reflect Sequestration, automatic reductions in federal spending that will result in a 2% across-the-board reduction to ALL Medicare rates as of January 1, 2020.



Caution: Federal law restricts this device to sale by or on the order of the physician.

The Personal KinetiGraph (PKG) is intended to quantify kinematics of movement disorder symptoms in conditions such as Parkinson's disease, including tremor, bradykinesia and dyskinesia. It includes a medication reminder, an event marker and is intended to monitor activity associated with movement. The device is indicated for use in individuals 46 to 83 years of age.

PKG® is Personal KinetiGraph® in the USA.  
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