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2024 Edition

Remote Care Reimbursement and Coding Guide

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Take a closer look at the intricate web of remote care opportunities with remote patient monitoring (RPM), remote therapeutic monitoring (RTM), chronic care management (CCM), complex chronic care management (CCCM) and principal care management (PCM).

The realm of remote care is expanding – discover the latest developments for 2024.

Remote care initiatives enhance patient outcomes in individuals with chronic conditions and complex care requirements. The widespread acceptance is attributed to their demonstrated ability to enhance clinical outcomes and overall quality of life for patients involved.

Currently CMS reimburses five specific remote care program pathways:

- Remote patient monitoring or remote physiologic monitoring (RPM)
- Remote therapeutic monitoring (RTM)
- Chronic care management (CCM)
- Complex chronic care management (CCCM)
- Principal care management (PCM)

In this guide learn more about:

- RPM, RTM, CCM, CCCM and PCM reimbursement codes
- Adjustments to reimbursement criteria and figures
- Clarifications from CMS on RPM and RTM requirements

Notice

Kindly be advised: The content within this document should not be construed as legal counsel for the reader, and it does not assure reimbursement for any claims. The codes delineated in this guide are not classified as telehealth codes and do not adhere to the same constraints governing Medicare reimbursement for typical telehealth services.

Introduction to Remote Care Programs

Remote care programs encompass diverse initiatives aimed at providing physicians with greater insights into the management and progress of chronic and complex conditions. Patients who are at an elevated health risk require monitoring of vital signs beyond their in person appointments.

Related to the codes above, remote care programs encompass:

- Remote patient or physiologic monitoring (RPM)
- Remote therapeutic monitoring (RTM)
- Chronic care management (CCM)
- Complex chronic care management (CCCM)
- Principal care management (PCM)

Remote care initiatives provide assistance to individuals dealing with common chronic conditions such as hypertension, heart disease, chronic kidney disease (CKD), obesity, COPD, and diabetes. The surge in remote care adoption during the pandemic was propelled by the ongoing expansion and investment by the Centers for Medicare and Medicaid Services (CMS) in remote care programs to enhance accessibility.

Extensive research findings consistently indicate that remote care contributes to improved clinical outcomes and reduced healthcare expenses.

Who Engages with Remote Care Programs?

Physicians and organizations continue to adopt remote care programs into their offerings. The healthcare community has observed significant improvements in the well-being of patients with chronic diseases and complex care requirements.

Improvements in A1C readings for diabetics

Reduced systolic blood pressure in hypertension patients

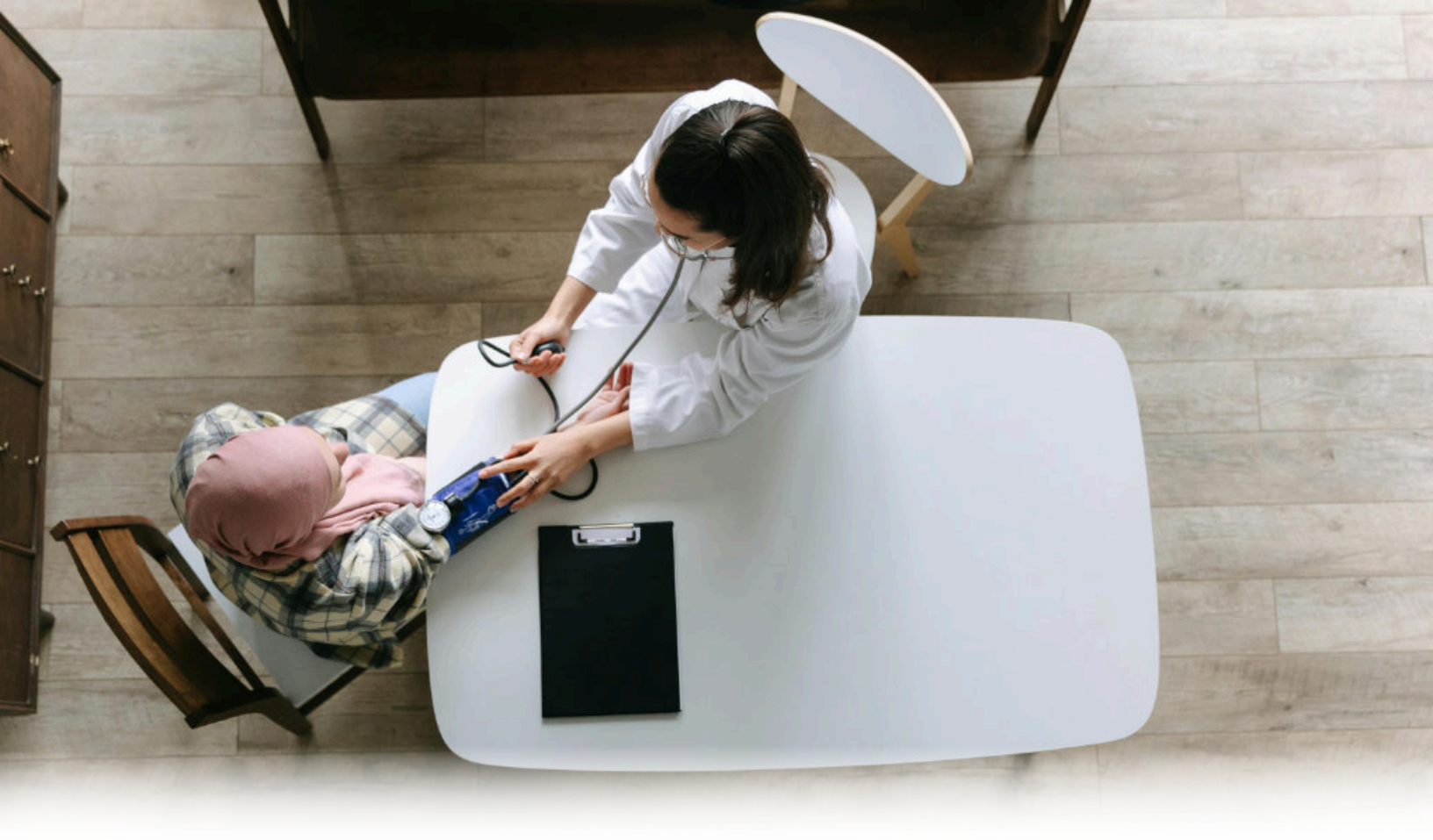
Reduced costs from system overutilizers through preventative treatment

What types of organizations are using remote care?

- Value-based care providers
- Physician practitioners
- Federally Qualified Health Centers (FQHCs)
- Hospitals and health systems
- Accountable Care Organizations (ACOs)

Growing remote care use across specialties

- Primary care
- Endocrinology
- Nephrology
- Cardiology
- Behavioral Health
- Bariatrics



An Overview of Remote Patient Monitoring (RPM):

RPM involves connecting with patients outside of the traditional clinical setting through the use of smart health devices, transmitting daily vital readings to a portal accessible by care team workers. By adding additional touch points in between visits you improve the management of chronic disease and improve continuity in your care.

Successful RPM initiatives provide a connected ecosystem with these components:

- Easy to use connected devices (glucometers, digital weight scales, blood pressure monitors, pulse oximeters, spirometers) and more
- Patient monitoring portal with meaningful reporting and analysis
- Clinical monitoring supported by appropriately licensed care workers
- Established process for patient program eligibility, onboarding, engagement and ongoing communication
- EMR/EHR Integration
- Options for mobile-patient apps so that patients can engage with educational content, health and wellness surveys and more

Most importantly RPM needs to be built to accommodate your existing workflows, and not be a forced fit. A solution which is easy to use and configured to your specific needs goes a long way in adoption.

Mozzaz RPM at a Glance

Step 1

Patient takes reading or is guided through first reading via live video

Step 2

Readings sync to the Mozzaz RPM Platform

Step 3

Care staff see the latest device readings compared to historical and healthy ranges

Integration is essential to go beyond syncing data to a portal and making it part of the patient's electronic medical record. Based on the patient's readings we can set customized smart alerts based on established condition thresholds or care requirements to enable timely response. All of this exchange meanwhile occurring on the trusted and secure Microsoft Azure Framework, and an audited SOC 2 Type 2 organization ensuring compliance and security.

The Mozzaz solution for RPM also keeps track of relevant CPT code engagement metrics, such as the amount of time spent analyzing patient readings and whether synchronous communication has taken place. We also offer digital patient consent options within the platform to help accommodate specific needs.

Remote Patient Monitoring (RPM) Codes:

Under the RPM umbrella there are five main CPT codes that remote patient / physiologic monitoring programs may bill under. The CMS 2024 Physician Fee Schedule (PFS) reflected updates in relation to the average reimbursement amounts, clarity on billing guidelines, established patients and more. More so for RPM specifically, the PFS stated that the 16-days of data collection requirement only applies to codes 99453 and 99454. In addition, the update includes billing under the general care management HCPCS code G0511 for relevant RHCs and FQHCs who otherwise were unable to reimburse for RPM.

CPT Code 99453: Initial patient set-up

- Average reimbursement of $19.65
- 99453 covers the initial set-up and patient education on using their device(s). To bill for 99453, patients are required to take 16-days of readings in a 30-day period.
- This is a one-time billable episode of care per patient, regardless of the number of devices.

CPT Code 99454: 16-days of patient data

- Average reimbursement of $46.50
- 99454 provides reimbursement for the supply of the device and data transmission services.
- To bill for 99454, patients must have taken 16-days of device readings within a 30-day period.
- This is billable every 30 days, regardless of the number of devices the patient uses.

CPT Code 99457: Monitoring and Synchronous Communication

- Average reimbursement of $48.14
- 99457 provides reimbursement for the clinical monitoring, analyzing of data, communication with patients, coordinating care with providers, and updating care plans.
- To bill 99457, clinical staff must provide 20-minutes of patient monitoring in a given calendar month AND have at least one live, synchronous two-way communication with the patient or caregiver.
- 99457 is billable once per calendar month, but additional increments of 20-minutes are covered under 99458 below
- *99457 is billable even if the 16-day data requirement of 99454 is not met

CPT Code 99458: additional increments for 99457

- Average reimbursement of $38.64
- 99458 enables the billing of additional 20-minute increments of clinical staff time spent monitoring patients for the same monitoring and synchronous communication requirements.
- 99458 is only billable in combination with 99457, and as mentioned above has similar requirements. It can be billed twice, to a total of 60-minutes of total clinical time spent (including 99457)

CPT Code 99091: QHCP Monitoring

- Average reimbursement of $52.72
- Being one of the earlier codes introduced, 99091 covers the same monitoring services as 99457 and 99458 however is usable only when physicians or other qualified healthcare professionals (QHCPs) provide a minimum of 30-minutes of care time in a calendar month.
- 99091 is not eligible to be billed in the same period as 99473 or 99474
- In addition to the above, the billing practitioner must have seen the patient in-person within the last year to bill 99091

*Note reimbursement rates listed within this document represent a national average; exact quantities vary by geographic region. Amounts are based on CMS 2024 non-facility pay rate and may be subject to change.

RPM and Established Patient Relationships

As established in a prior ruling, CMS restricted RPM services to established patients. In the past to become an established patient under Medicare RPM, a patient would undergo an Evaluation and Management (E/M) or similar function, during that time the practitioner would collect relevant information and create a treatment plan.

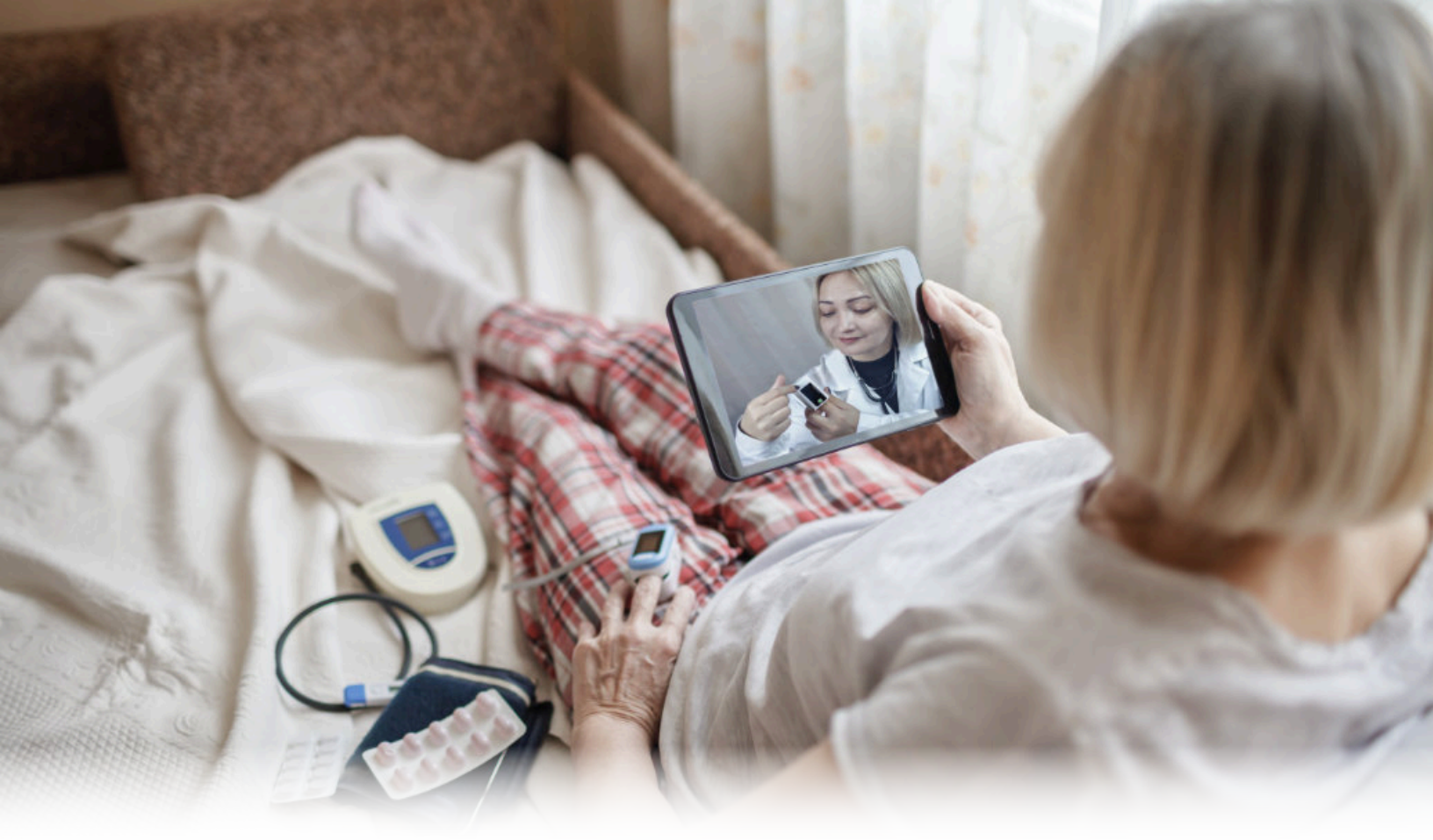
During the Public Health Emergency (PHE) CMS temporarily waived the established patient requirement, and when it expired in May 2023, RPM was again limited to established patients. Patients who had received patient monitoring services during the PHE were deemed established patients under clarification from CMS.

HCPCS Code G0511: FQHCs, RHCs and RPM billing

As of January 1, 2024, CMS enables Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to reimburse for RPM services under the code G0511.

In the past these organizations were restricted from receiving reimbursement for RPM through CMS. They have since changed the rule around G0511 to enable FQHCs or RHCs to bill the code more than once in a calendar month, so long as all of the requirements for the underlying service are met and there is no double counting.

Additionally, CMS did not place a cap on how many times G0511 is billable with documented accountability of resource costs.



Remote Therapeutic Monitoring (RTM) Explored:

Remote Therapeutic Monitoring (RTM) provides reimbursement opportunities for the supply of connected devices and the transmission of data regarding musculoskeletal and respiratory systems. In order to bill 98977, patients are required to have taken 16-days of readings within a 30-day period. With the code being billable every 30 days.

- Respiratory system condition
- Musculoskeletal system condition
- Medication or Therapy compliance
- Medication or Therapy response in relation to the respiratory and musculoskeletal systems

Practitioners, including physicians, nurse practitioners, physician assistants, psychologists, physical therapists, occupational therapists, and respiratory therapists may bill for RTM services.

The above practitioners can utilize remote data to monitor patient's ongoing health conditions, provide adjustments to care and recommendations to the patient. Back in 2022, CMS added additional codes for devices aligned with the supervision requirements to RPM to enable a general supervision for all codes. Additionally, the most recent 2024 PFS reflected updates to the average reimbursement rates.

Remote Therapeutic Monitoring (RTM) Codes:

CPT Code 98975: initial set-up and patient education

- Average reimbursement of $19.65
- 98975 encompasses initial device set-up and education to the patient on device usage and taking their first readings.
- To eligibly bill 98975, patients are required to have 16-days of readings within the initial 30 days with the device.
- This code may only be billed once per episode of care, regardless of device(s) provided.

CPT Code 98976: Supply of device/data transmission – respiratory

- Average reimbursement of $46.50
- 98976 covers reimbursement for device supply and data transmission utilizing respiratory devices.
- To successfully bill 98976 patients are required to take a minimum of 16 days of readings within 30 days.
- This code may be billed once every 30 days.

CPT Code 98977: Supply of device/data transmission – Musculoskeletal

- Average reimbursement of $46.50
- 98977 covers reimbursement for the device supply and data transmission utilizing musculoskeletal devices.
- To successfully bill 98977 patients are required to take a minimum of 16 days of readings within 30 days.
- This code may be billed once every 30 days.

CPT Code 989X6: Supply of device/data transmission – Cognitive Behavior

- Average reimbursement of MAC determined
- 989X6 covers reimbursement for device supply and data transmission utilizing behavioral devices.
- To successfully bill 989X6, patients must take a minimum of 16 days of readings within 30 days.
- This code may be billed once every 30 days.

CPT Code 98980: Monitoring of Data

- Average reimbursement of $49.78
- 98980 covers reimbursement for clinical monitoring. It encompasses analyzing data, communicating with patients, care coordination with other providers and care plan updates.
- To successfully bill 98980, clinical staff is required to provide 20 minutes of care time in a calendar month, and have at least one live, synchronous, two-way interactive communication with the patient or caregiver.
- 98980 may only be billed once per calendar month, but additional codes may be used for expanded monitoring time.
- 98980 may only be billed in combination with one of the device codes.

CPT Code 98981: Additional increments on 98980

- Average reimbursement of $39.30
- 98981 covers additional 20-minute increments of clinical time spent monitoring patients under the same conditions as 98980.
- This code is only billable in combination with 98980 and does not require additional interactive synchronous communication.

HCPCS Code G0511

- Average reimbursement of $78.92
- Enables RHCs and FQHCs to reimburse for RTM.
- May be billed multiple times in a calendar month.

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Exploring Chronic Care Management (CCM):

Chronic Care Management (CCM) provides reimbursement opportunities for providers offering non face-to-face services between office visits. The program's intent is to improve patient health outcomes and reduce the overall cost of care for patients with two or more chronic conditions that are expected to last at least 12 months and put the patient at elevated health risks.

CCM programs often include establishing, implementing, adjusting and ongoing monitoring of patients' care plans for two or more chronic conditions. Furthermore, they must provide 24/7 access to care, a preventative care plan and the sharing of health information outside of traditional visits.

Many organizations provide CCM in combination with RPM or RTM due to the daily insights it provides into each patient with real-time vital readings. This comes together to help inform how care providers create and measure each patient's CCM prevention plan.

Chronic Care Management (CCM) Codes:

CPT Code 99490: Care Coordination

- Average reimbursement of $61.57
- 99490 provides reimbursement for the development and implementation of a comprehensive care plan.
- 99490 requires at least 20 minutes of clinical staff time per calendar month while under the direct supervision of a physician or other qualified health professional (QHCP).
- It is only for patients who have two or more chronic conditions expected to last at least 12 months or until death of the patient. The patient must be at elevated risk of death or deterioration.

CPT Code 99439: Additional increments for 99490

- Average reimbursement of $47.16
- 99439 covers reimbursement for the additionally 20-minute increments per calendar month spent on CCM care plan management as directed by a QHCP or physician.
- This code may only be billed in conjunction with 99490.

CPT Code 99491: Care provided by physician or QHCP

- Average reimbursement of $83.18
- 99491 provides coverage for the same services for CCM under 99490 and 99439 but is only permitted when physicians or another QHCP personally provide a minimum of 30 minutes of care time during a given calendar month.

CPT Code 99437: Additional increments for 99491

- Average reimbursement of $58.62
- This code provides reimbursement for additional 30-minute increments per calendar month by physician or QHCP personally on CCM care plan management.
- This may only be billed in combination with 99491

HCPCS Code G0511

- Average reimbursement of $78.92
- Enables RHCs and FQHCs to reimburse for CCM services.
- May be billed multiple times in a given calendar month.

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Complex Chronic Care Management (CCCM) Explored:

Complex Chronic Care Management (CCCM) while similar to CCM requires a minimum 60 minutes of clinical time spent versus the 20 for CCM.

Complex Chronic Care Management (CCCM) Codes:

CPT Code 99487: Care Coordination provided by QHCP

- Average reimbursement of $131.97
- 99487 provides reimbursement for the development and implementation of a comprehensive care plan
- In order to bill successfully, 60 minutes of clinical staff time per calendar month while under the direct supervision of a physician or QHCP for patients who meet these requirements:
  - Two or more chronic conditions that are expected to last 12 months or until death
  - At risk of elevated deterioration or death
  - Require a moderate to high complexity in medical decision-making

CPT Code 99489: Additional 30-minute increments

- Average reimbursement of $71.06
- 99489 provides reimbursement for the additional 30-minute increments in a given calendar month spent by clinical staff managing the CCCM plan.
- This code may only be billed in combination with 99487.

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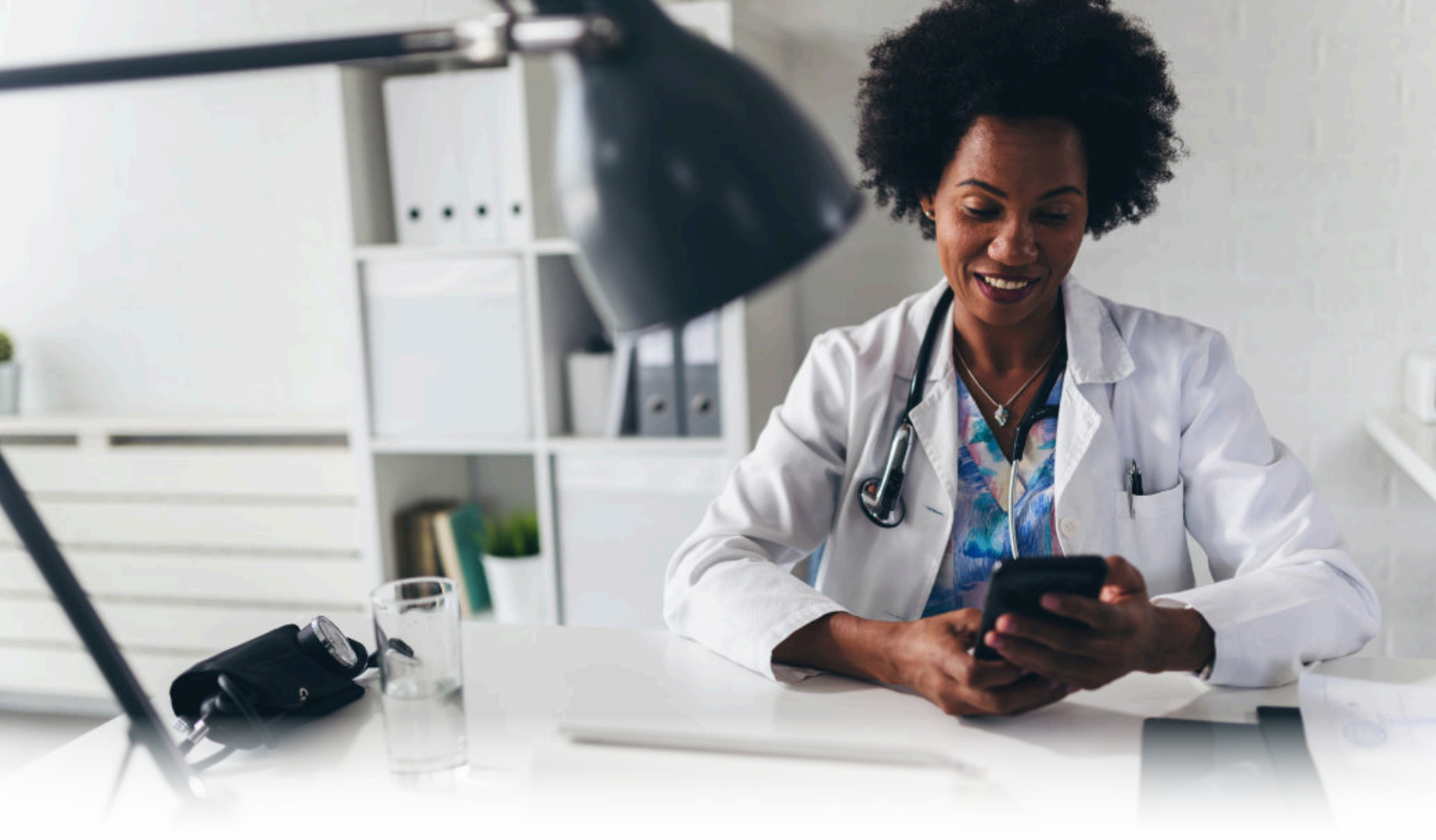

Principal Care Management (PCM) Explored:

PCM provides coverage for services similar to CCM but for a different patient cohort with single high-risk diseases.

Principal Care Management (PCM) Codes:

CPT Code 99424: Initial Care Coordination provided by QHCP

- Average reimbursement of $81.21
- 99424 provides reimbursement for the development and implementation of a comprehensive care plan from a QHCP or physician within a given calendar month. To be eligible, patients must meet these requirements:
  1. One complex chronic condition expected to last at least three months
  2. Elevated risk of hospitalization, deterioration, or death
  3. Need for frequency adjustments to medications and care plan due to condition complexity and comorbidities
- This code also includes ongoing care coordination and communication between parties providing care.

CPT Code 99425: Additional 30-minute increments

- Average reimbursement of $58.95
- 99425 provides reimbursement for each additional 30 minutes of care coordination personally provided by a physician or other QHCP in a given calendar month
- This code is only billable in combination with 99424

CPT Code 99426: Care Coordination

- Average reimbursement of $60.91
- 99426 encompasses care coordination activities similar to 99424, when care staff under a QHCP or physician's supervision provide 30 minutes of principal care management in a given calendar month

CPT Code 99427: Additional increments for 99426

- Average reimbursement of $46.50
- 99427 reimburses for each additional 30 minutes of clinical staff time under the supervision of a QHCP or physician in a given calendar month

HCPCS Code G0511

- Average reimbursement of $78.92
- Enables RHCs and FQHCs to reimburse for PCM.
- May be billed multiple times in a given calendar month.

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Remote Care Opportunities Summary

	RPM	RTM	CCM	CCCM	PCM
Overview	Monitoring of physiologic data outside of clinical visits	Specific physiological and non-physiological data, including self identified data while outside of clinical visits	Coordinating care while outside of clinical visits	Coordinating complex care for those with elevated needs outside of clinical visits	Coordinating care while outside of clinical visits
Device standards	Must utilize FDA approved devices and require 16-days of readings at minimum per 30 day period	Must utilize FDA approved devices and require 16-days of readings at minimum per 30 day period	N/A	N/A	N/A
Diagnosis	N/A	N/A	More than one condition (2+) lasting over 12 months	Multiple conditions (2+) requiring complex medical decision making while lasting over 12 months	Single disease with high-risk, lasting minimum of 3 months
Ordering requirements	Physician or QHCP with billing ability for E/M services	Physician or QHCP with billing ability for general medicine codes, inclusive of Pts, Ots, dietitians, and psychologists.	Physician or QHCP	Physician or QHCP	Physician or QHCP
Care requirement	Minimum of 20 minutes of clinical staff time per month	Minimum of 20 minutes of clinical staff time per month	Minimum of 20 minutes of clinical staff time per month	Minimum of 30 minutes of clinical staff time per month	Minimum of 30 minutes of clinical staff time per month
Monitoring provider	Clinical staff or QHCP while under general supervision	Clinical staff or QHCP while under general supervision	QHCP or clinical staff while under the direct supervision of the QHCP	QHCP or clinical staff while under the direct supervision of the QHCP	QHCP or clinical staff while under the direct supervision of the QHCP
Use cases	Long-term chronic conditions, high utilizers and acute needs	Conditions with device readings specifically covering the respiratory, musculoskeletal and cognitive behavioral systems.	For patients with chronic conditions placing them at an elevated risk of death, acute condition exacerbation or decline.	For patients with chronic conditions placing them at an elevated risk of death, acute condition exacerbation or decline and require complex medical decision-making	For patients with a single complex chronic condition putting them at elevated risk of death, acute condition exacerbation or decline.
CPT Codes	Codes 99453 / 99454 /99457 / 99458 / G0511	Codes 98975 / 98976 / 98977 / 989X6 / 98980 / 98981 / G0511	Codes 99490 / 99491 / 99439 / 99437 / G0511	Codes 99487 / 99489	Codes 99424 / 99425 / 99426, 99427 / G0511
Practice access requirements	N/A	N/A	EHR Integration and access to practice 24x7	EHR Integration and access to practice 24x7	EHR Integration and access to practice 24x7

Reimbursement Adjustments in 2024*

Program	CPT Code	Description	2024 Non-Facility Rate
RPM	**99453**	Patient setup and education	$19.65
	99454	Device provisioning and data transmitted	$46.50
	99457	Treatment, management first 20 minutes with synchronous communication	$48.14
	99458	Additional 20 minutes, add-on to 99457	$38.64
	99091	Treatment, management by QHCP or physician, 30 minutes	$52.72
	G0511	RHC and FQHC RPM billing, 20 minutes	$78.92
RTM	**98975**	Patient setup and education on equipment usage	$19.65
	98976	Supply of respiratory device	$46.50
	98977	Supply of musculoskeletal device	$46.50
	98980	Management and treatment, first 20 minutes with synchronous communication	$49.78
	98981	Additional 20 minute incremental add-on to 98980	$39.30
	G0511	RHC and FQHC billing, 20 minutes	$78.92
CCM	**99490**	Care management provided by clinical staff; first 20 minutes	$61.57
	99439	Add-on to 99490; incremental 30 minutes	$47.16
	99491	Care management provided by a physician or QHCP; first 30 minutes	$83.18
	99437	Add-on to 99491; incremental 30 minutes	$58.62
	G0511	RHC and FQHC billing, 20 minutes	$78.92
CCCM	**99487**	Initial 60 minutes of complex treatment and management by physician or QHCP	$131.97
	99489	Treatment and management; incremental 30 minutes	$71.06
PCM	**99424**	Care management services provided by physician or QHCP; first 30 minutes	$81.21
	99425	Add-on to 99424; incremental 30 minutes	$58.95
	99426	Care management services provided by clinical staff; first 30 minutes	$60.91
	99427	Add-on to 99426; incremental 30 minutes	$46.50
	G0511	RHC and FQHC billing, 20 minutes	$78.92

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Remote Care Solutions with Mozzaz

Providing remote care options to your patients improves clinical outcomes while also providing reimbursement opportunities. Get help with whatever your digital health needs are at any stage with Mozzaz Solutions. We provide configurable solutions based on the Mozzaz Platform, offering connected device ordering, patient consent, education,onboarding and clinical monitoring service options through licensed healthcare professionals.

Our turnkey solution enables you to:

- Drive improved patient outcomes with real-time data, interventions and smart alerts
- Improve patient engagement in care
- Provide a modern patient experience
- Increase revenue potential
- Decrease workload by leveraging Mozzaz managed service options

Contact us today for a demo and to join the organizations making a difference in their patients' care with Mozzaz.

Request a Demo