

**TABLE 2: RPM BILLING FREQUENTLY ASKED QUESTIONS**

Question	Answer
When should consent be obtained?	<ul style="list-style-type: none"> <li>• <i>“We... allow consent to be obtained at the time that RPM services are furnished”<sup>A</sup></i></li> </ul>
Can 99453 be completed virtually?	<ul style="list-style-type: none"> <li>• <i>“Commenters inquired as to whether CPT code 99453 can be furnished via telecommunication technology... Response: We plan to issue guidance to help inform practitioners and stakeholders on these issues.”<sup>B</sup></i></li> </ul>
How many times can 99453 be billed?	<ul style="list-style-type: none"> <li>• Even when multiple devices are provided to a patient, the services associated with all the devices can be billed only once per patient per 30-day period</li> <li>• CPT code 99453 can be billed only once per episode of care where an episode of care is defined as <i>“beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals”<sup>A</sup></i></li> </ul>
What team members can be involved in billable RPM services?	<ul style="list-style-type: none"> <li>• <i>“Because the CPT code descriptors do not specify that clinical staff must perform RPM services, we also allow auxiliary personnel (which includes other individuals who are not clinical staff but are employees or leased or contracted employees) to furnish services described by CPT codes 99453 and 99454 under the general supervision of the billing physician or practitioner.”<sup>A</sup></i></li> </ul>
What must be included in the service covered by the time-based codes?	<ul style="list-style-type: none"> <li>• <i>“‘Interactive communication’ involves, at a minimum, a real-time synchronous, two-way audio interaction that is capable of being enhanced with video or other kinds of data transmission”<sup>A</sup></i></li> </ul>
Who can report the RPM CPT codes?	<ul style="list-style-type: none"> <li>• <i>“can be ordered and billed only by physicians or non-physician practitioners who are eligible to bill Medicare for E/M services”<sup>A</sup></i></li> <li>• <i>“Only one practitioner can bill CPT codes 99453 and 99454 during a 30-day period”<sup>C</sup></i></li> </ul>
What type of supervision is required for these services?	<ul style="list-style-type: none"> <li>• <i>“Because care management services include establishing, implementing, revising, or monitoring treatment plans, as well as providing support services, and because RPM services include establishing, implementing, revising, and monitoring a specific treatment plan for a patient related to one or more chronic conditions that are monitored remotely, we believed that CPT codes 99457 and 99458 should be included as designated care management services. Designated care management services can be furnished under general supervision.”<sup>D</sup></i></li> </ul>

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Are RPM services telehealth services?	<ul style="list-style-type: none"> <li>• Telehealth services are those with one or more elements that would ordinarily involve direct, face-to-face interaction such that use of interactive telecommunications systems is a substitute for an in-person visit. RPM CPT codes describe services that are inherently non face-to-face, so are not considered telehealth services.<sup>B</sup></li> <li>• <i>“We would like to clarify that these services, which are inherently non-face-to-face, do not meet the definitions of section 1834(m) of the [Social Security] Act, fall outside the scope of the definition of Medicare telehealth service, and do not meet step 2 of our review process.”<sup>E</sup></i></li> </ul>
How does this billing apply to FQHCs?	<ul style="list-style-type: none"> <li>• In the CY 2018 MPFS, HCPCS code G0511 was established for FQHCs to report when at least 20 minutes of qualified care management services are furnished in a calendar month.<sup>G</sup></li> <li>• In the CY 2024 MPFS, the RPM suite of services was added to the general care management code, G0511, as the requirements are similar to the non-face-to-face requirements for the general care management services furnished in FQHCs<sup>C</sup></li> <li>• Later, CMS required FQHCs to bill the individual care management codes that make up G0511 instead, including RPM codes<sup>F</sup></li> </ul>
<p><b>References</b></p> <ul style="list-style-type: none"> <li>A. <a href="#">MPFS CY 2021 Final Rule</a></li> <li>B. <a href="#">MPFS CY 2019 Final Rule</a></li> <li>C. <a href="#">MPFS CY 2024 Final Rule</a></li> <li>D. <a href="#">MPFS CY 2020 Final Rule</a></li> <li>E. <a href="#">MPFS CY 2026 Final Rule</a></li> <li>F. <a href="#">MPFS CY 2025 Final Rule</a></li> <li>G. <a href="#">MPFS CY 2018 Final Rule</a></li> </ul>	