

Remote Patient Monitoring

Remote Patient Monitoring (RPM) puts technology in the hands of our patients. This improves patient engagement and increases compliance, while keeping providers better informed when patients are not in the office. With patients taking charge of their healthcare, and digital solutions emerging rapidly, RPM is a major opportunity for practices in this new age of medicine.

So how do we set up an RPM clinic? There are several ways, but below is guidance for getting started:

Step 1: The provider identifies candidates for monitoring and places an order or prescription for RPM. The order should specify daily measurements, with results sent to the ordering provider. Conditions that may benefit from RPM include patients with glaucoma, AMD, diabetic retinopathy, dry eyes, strabismus, amblyopia, strokes, neurologic/neurodegenerative disease, etc.

Step 2: The clinic staff enrolls and educates the patient on the RPM process: which test, how often, how to perform etc. The setup process may include printed and pre-recorded instructions. Instructing the patient to perform a daily measurement is the simplest approach. For IOP measurements, multiple same-day IOPs may be desired.

Step 3: The patient acquires and transmits measurements daily.

Step 4: The patient is scheduled for a monthly virtual check-in with provider. This is usually a phone call to review the month's results and provide/document the ongoing treatment plan.

Additional Tips for Success:

- Establish a monthly recurring RPM clinic, where results can be relayed from the provider to each RPM patient. A standing monthly RPM clinic is the simplest way to keep track of RPM patients.
- If an in-person or telehealth visit is necessary, it would be performed and submitted in addition to the RPM services, following the usual process.
- Home and in-office testing like full threshold perimetry (e.g., 92083) can be performed and submitted in addition. While some patients may enjoy daily perimetry testing, the test is typically indicated and covered twice per year. Neurologic or poorly controlled patients may warrant perimetry more frequently.

RPM Billing/Coding:

- **99453: Initial Setup.** One time claim and reimbursement.
Instructions for how to perform the home monitoring test and transmit results to the ordering provider. Education may be performed by clinic staff, pre-recorded video, written material, virtual assistant, etc.
- **99454: Device.** Monthly claims and reimbursement.
Payment for the equipment or software used to perform the home monitoring test. Daily testing satisfies the monthly minimum 16-day threshold.
- **99457: Monitoring.** Monthly claims and reimbursement.
Review of measurements or tests taken by your patient for a cumulative time of 20 minutes per month. Results can be reviewed by any billing provider or clinical staff, with communication to the patient (telephone or online communication is fine). Reimbursed on a monthly recurring basis for each RPM patient.

- **99212-99215/92012-92014: E/M-Eye Codes.** When an in-person or telehealth visit is needed during RPM monthly process, charge the appropriate established visit code.
Note: New patients may also qualify for RPM, but most are enrolled after an initial visit, any subsequent in-person or telehealth visits would be established.
- **Diagnostic testing:** Claims for take-home diagnostic tests and/or in-office testing may be submitted following the typical process.

Vignette:

An ophthalmologist prescribes RPM with the iCare® Home tonometer to a normal tension glaucoma patient showing progression.

CPT 99453: The practice trains the patient on the use of the tonometer and establishes a daily reporting process for the patient. The practice submits a claim for the one-time set up.

CPT 99454: The patient collects daily measurements and transmits to the practice for review and analysis. The practice submits monthly claims during the RPM process.

CPT 99457: The provider and clinical staff spend 20 minutes cumulative time during the month analyzing the data and discussing the results with the patient. A monthly claim is submitted during the RPM process.

Considerations:

- A. During the National Public Health Emergency for COVID-19, RPM services may be extended to both new and established patients, with acute or chronic conditions, and RPM codes may *“be billed for a minimum of two (2) days of data collection over the 30-day period.”*¹
- B. Some payers may expect the RPM device or software to meet the FDA’s definition for a medical device.²

References:

¹Medicare Program; CY 2021 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment Policies. 42 CFR Parts 400, 410, 414, 415, 423, 424, and 425. <https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>. Accessed June 26, 2021.

²Remote Physiologic Monitoring Services. CPT Assistant. American Medical Association, January 2019.