



Remote Patient Monitoring is Reimbursable for FQHCs and RHCs

In November 2023, the Centers for Medicare and Medicaid Services (CMS) unveiled the CY 2024 Physician Fee Schedule (PFS) Final Rule, introducing pivotal changes to the reimbursement policies for remote physiologic monitoring (RPM), commonly known as remote patient monitoring. A notable aspect of the 2024 PFS is the groundbreaking decision allowing federally qualified health centers (FQHCs) and rural health centers (RHCs) to receive payment for remote physiologic and therapeutic monitoring services beyond their usual per-visit payments and all-inclusive rates.

Expanded Care Management and Reimbursement Opportunities

1. Expansion of HCPCS Code G5011 - The general management code HCPCS G0511, previously encompassing services like chronic care management (CCM), transitional care management (TCM), and behavioral health integration (BHI), is now extended to include billing for remote physiologic monitoring (RPM).
2. 2024 Reimbursement Rate - Despite the reimbursement rate being reduced to \$71.71, HCPCS code G0511 allows multiple monthly billings for the same patient for all subcategory codes. This means FQHCs and RHCs can invoice Medicare for RPM and CCM programs within the same month, meeting respective service requirements.
3. RPM is a Concurrent Service - Remote physiologic monitoring (RPM) has emerged as a rapidly growing care management service facilitating continuous tracking of patients' chronic and acute conditions between office visits. Effectively complementing other care management services like CCM, TCM, and BHI, RPM enhances the overall patient care experience. Since January 1, 2024, FQHCs and RHCs have gained the ability to concurrently bill for these services in the same month using the HCPCS code G0511.

RPM Basic Requirements

Introduced by CMS in 2018, remote patient monitoring CPT codes provide a comprehensive framework for using and receiving payment. These codes, including standalone and sequential ones (99453, 99454, 99457, 99458), constitute the RPM suite of services. It is crucial for FQHCs and RHCs to meet the specified requirements for each CPT code to qualify for reimbursement when utilizing the HCPCS code G0511.

Remote Physiologic CPT Codes and Requirements

CPT Code	Service Definition Summary	Billing Requirements Summary
99453	Used to report remote physiologic monitoring services (e.g., weight, blood pressure, pulse oximetry) for the setup and patient education on the use of the device.	<ul style="list-style-type: none"> • Can be billed once per episode of care for this work • The device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified healthcare professional • Minimum 16 days of testing days in a 30-day period
99454	Used to report remote physiologic monitoring services used to report supply of the device(s) for daily recording(s) or programmed alert transmissions, each 30 days.	<ul style="list-style-type: none"> • The device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified healthcare professional • Minimum 16 days of testing days in a 30-day period

99457	Remote physiologic monitoring treatment management services, clinical staff/physician/or other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month, 1st 20 minutes	<ul style="list-style-type: none"> • The device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified healthcare professional • Requires a live interactive communication with the patient/caregiver • Time spent performing these services should remain separate, and no time should be counted twice toward the required time for any services in a single month
99458	Each additional 20 minutes spent providing remote physiologic monitoring treatment management services during a calendar month. As an add-on code, 99458 can only be billed as a follow-up, and not as its own standalone code. It covers additional 20-minute periods of time spent in management of the patient, with a maximum of 60 minutes total per month.	<ul style="list-style-type: none"> • May be reported during the same period as chronic care, principal care, transitional care management services, and behavioral health integration services

Key RPM Requirement Changes for 2024

Here is an overview of the fundamental changes in the final rule for Medicare reimbursement under the PFS, effective January 1, 2024. These requisites must be met for billing RPM services using HCPCS Code G0511. See below for the summarized updates:

1. Established Patient Requirement:
 - New patients require prior Evaluation and Management (E/M) services before initiating remote patient monitoring to discuss the care plan.
 - Exceptions: Patients who received RPM services during the Public Health Emergency are exempt from this rule.
 - Starting from the official PHE end date of May 11, 2023, CMS reinstated the requirement that only "established patients" are eligible; defined as those who have been evaluated and have a treatment plan in place.
2. 16-day Data Collection Requirement:
 - For CPT codes 99453 and 99454, a minimum of 16 days of data collection is required within a 30-day period (episode of care days).
 - CPT codes 99457 and 99458 don't need to meet the 16 days of data requirement to receive payment
 - The 16-day rule does not apply to time spent codes 99457 or 99458.
 - The two-day rule during the Public Health Emergency is no longer applicable.
3. Clarity on RPM "Time Spent":
 - CMS clarified billing guidelines for time spent codes 99457 and 99458.
 - The 16-day data collection rule does not apply to these codes as time spent is considered treatment management with a billing guideline of a 30-day calendar month.

In summary, the 2024 PFS Final Rule represents a significant milestone, offering expanded reimbursement opportunities for FQHCs and RHCs in the realm of remote physiologic monitoring. Including RPM within the G0511 billing code allows these healthcare providers to navigate a more comprehensive landscape of concurrent billing, ultimately enhancing patient care and engagement.