

9 Steps to Start a Remote Patient Monitoring (RPM) Program

Establishing a Remote Patient Monitoring (RPM) program provides sleep clinicians with more opportunities to educate patients and positively impact patient outcomes. There are two types of Remote Patient Monitoring: Remote Physiologic Monitoring and Remote Therapeutic Monitoring. The practices listed here can be applied to both. To create a Remote Patient Monitoring program in your sleep center, follow these nine steps:

1. Communicate with your billing department that you're about to pilot an RPM program
 - Ask to designate someone with RPM billing experience to prepare your first claims
 - Have billing manager contact your local MAC / payer organization with regard to local reimbursement policies
2. Designate your Sleep Coach(es), for example:
 - Day Sleep Tech - Manage data monitoring, documentation, and interactive patient communication
 - Night Sleep Tech - Manage data monitoring, documentation, and queue patients that could benefit from coaching by Day Tech or other staff members
3. Allow this clinician extra time to focus on the project specifically
4. Start small with a pilot
 - 5-10 patients across 3-5 of your most common payers, including Medicare
 - Choose patients you want to watch closely
 - Severe dx AHI
 - Heart history
 - High PAP pressure
 - Higher risk for therapy non-compliance
5. Get the patient's consent when reviewing their diagnosis and prescribing therapy
 - Let patient know this is a billable service
 - Be aware that some people may be subject to their deductible
6. Sleep Coach monitors patient and prepares documentation for physician review
 - Track time spent per patient on data review, care management, and patient interaction
 - Designate best place for charting so clinicians can document time reviewing patient data and interacting with patients, including: date, details of conversations, and screenshots of data being reviewed
7. Physician reviews, signs the document, and submits for billing
8. Run ROI analysis to evaluate how much to scale the program based on pilot experience
9. Expand program to scope of patients and providers right for your organization

Reimbursement For Remote Patient Monitoring

Effective January 1, 2020, as part of CMS 2020 Final Rule,¹ changes were made to the billing and reimbursement of remote patient monitoring (RPM). A key change was designating RPM as care management services, which can be provided by auxiliary personnel and billed “incident to” under general physician supervision, as opposed to direct supervision [42 CFR § 410.26(b)(5)]. At the center of these changes was the premise of providing more opportunity for remote patient care management and education that results in better patient outcomes.

Note that this table is specific to Remote Physiologic Monitoring. EnsoData cannot provide billing or coding advice. We’ve included this information to help you consult with your own billing team and payer organizations.

CPT®	Description ²	2023 Avg National Payment ³
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment <ul style="list-style-type: none"> Initial set-up and patient education of monitoring equipment 	\$19.32
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. <ul style="list-style-type: none"> Initial collection, transmission, and report/summary services to the clinician managing the patient Minimum length of the episode of care is 16 days. Can be non-consecutive days 	\$50.15
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month: first 20 minutes <ul style="list-style-type: none"> The service is delivered under general supervision, meaning that it does not need to be the physician who does the monitoring and can be done outside of the physician’s physical office location. 	\$48.80
99458	Each additional 20 minutes <ul style="list-style-type: none"> List separately in addition to code for primary procedure. 	\$40.84

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Sources: 1. CMS 2020 Final Rule. <https://www.federalregister.gov/d/2019-24086>
the Case (pg. 106-107)

2. AMA Telehealth Implementation Playbook, Appendix E1. Making

3. CMS.gov Medicare Physician Fee Schedule Lookup