Society for Maternal-Fetal Medicine

Coding Committee

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Coding for Remote Patient Monitoring Services – An Update

The Society for Maternal-Fetal Medicine (SMFM) Coding Committee; Steve Rad, MD; Trisha Malisch, CCS-P, CPC; Brian Iriye MD; Irina Rubina, CPC; Vanita Jain, MD.

PURPOSE: Updated information and new coding guidance regarding remote patient monitoring (RPM)

In the era of the current COVID-19 public health emergency, telehealth and RPM are essential tools for caring for pregnant women and are anticipated to continue to play an integral role in the future of healthcare. Telehealth and RPM services increase access to specialty care, reduce patient costs and travel burden, and potentially enhance the delivery of much needed MFM services. The SMFM Coding Committee has previously shared detailed guidance on coding for telemedicine and remote patient monitoring services (https://s3.amazonaws.com/cdn.smfm.org/media/2301/COVID19_Updated_Telemedicine_White_Paper_April2020.pdf). This document provides updates to other available codes that may be of clinical utility.

Remote Physiological Monitoring Treatment & Management Services

New CPT codes became available in 2019 and 2020 to provide additional opportunities for remote monitoring of patient health data and reimbursement. These new codes involve using a device to track a patient's important health metrics, such as weight, blood glucose, blood pressure, respiratory flow rate, and pulse oximetry. These services are distinct from telehealth services and do not require face-to-face interaction though patients are expected to be established patients seen by the practitioner face-to-face within one year prior. *(Note: Medicare will now cover these services during the pandemic for both new and established patients, for both acute and chronic conditions, and for patients with only one disease. Private payers continue to update their policies and we recommend checking each payer's most updated policy changes in relation to the billing and coding for telehealth and remote services especially during the pandemic).* Patient cost-sharing such as deductibles, co-payments, co-insurance still apply.

Remote physiological monitoring treatment management services are provided when clinical staff, physician, and or other qualified health care professional (QHP) use the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by FDA, and the service must be ordered by a physician/QHP. CPT codes 99457, 99458 require an interactive communication with patient/caregiver (see below). For all RPM services, you may not count any time towards remote monitoring on a day when the physician/QHP reports E&M service - office or other outpatient services, inpatient services, rest home services, or home services. As always, proper documentation of services rendered, medical necessity, and copy of all records and data transmitted must be saved on patient's chart. Patients must provide consent for RPM services which needs to be clearly document in the medical record.

99091: Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient to the physician/QHP, requiring a minimum of 30 minutes of time, each 30 days. (*Please note: This is an older code with limitations; the new RPM codes to follow more accurately reflect services being performed and may be preferred).*

99453: Remote monitoring of physiologic parameter(s), initial set-up and patent education on the use of monitoring equipment. Billed one time at set-up, onboarding.

99454: Remote monitoring of physiologic parameter(s), initial; device(s) supply with daily recordings(s) or programmed alert(s) transmission, billed each/once in 30 days. Requires minimum 16 days or more of monitoring.

99457: Remote physiological monitoring treatment management services, clinical staff/physician/other QHP time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes in the month. The code can be reported once in 30 days, regardless of the number of parameters monitored. Cannot be reported for services of less than 20 minutes. Note that clinical staff time contributes towards monitoring and interactive communication may also include phone, text, and email.

Newest codes*:*

99458: Each additional 20 minutes. Must be listed separately and reported in conjunction with 99457.

99473: Training/calibration. Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration. Report once per device.

99474: Data collection/report. Separate self-measurements of two blood pressure readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient or caregiver to the physician/QHP, with report of average blood pressures and subsequent communication of a treatment plan to the patient. *(Note: This code can be reported once per calendar month only. 99473 and 99474 should not reported in the same calendar month as 99091 and 99457*).

Example Scenarios

1. Patient A is being monitored for gestational diabetes. She is 32 weeks pregnant. She checks her blood glucose several times a day. She is using an FDA approved device which electronically transmits her blood glucose readings to your office, which was initially set up by an outside diabetes educator. In the past 30 days, the clinical staff and MFM Dr. X in your office have spent 45 minutes of time reviewing patient A's blood glucose levels and communicating with her via phone and email about her diabetes management. *Recommended coding: 99457, 99458.*

2. Patient B has pre-existing chronic hypertension. She is 22 weeks pregnant. You would like for her to do home BP monitoring. She comes to the office with a new BP machine which she plans to use at home. She receives education and training on accurate BP ascertainment at home. You make sure the device is calibrated and validated for accuracy. She understands and agrees to be compliant with home monitoring. *Recommended coding: 99473. However, if an E/M code is utilized during this visit, then do NOT bill the 99473 (as the calibration is included in the E/M).* Over the next 30 days, she checks her BP at home twice daily and takes record. She shares this information with you, her MFM for review. You review the blood pressures and communicate with Patient B regarding her treatment plan going forward. *Recommended coding: 99474.*

3. Patient C is postpartum. She delivered a 32 week infant, 3 days ago due to pre-eclampsia with severe features. She has PP hypertension and is advised to do home BP monitoring and take Labetalol 3 times a day. She receives a BP machine including education and training on accurate BP ascertainment at home by your office staff/QHP. The device is calibrated and validated for accuracy. *Recommended coding: 99473.* Over the next 30 days, she checks her BP at home four times daily and takes record. She shares this information with MFM Dr.YZ. Dr. YZ provides her a treatment plan and helps titrate her antihypertensive therapy. *Recommended coding: 99474.*

Please submit any questions you may have to the SMFM Coding Committee Ask a Coding Question website (https://www.smfm.org/coding/questions/new). Additional information and resources are also available on our coding website. Thank you very much.