Remote Physiologic Monitoring Services

With continuous technological advances in health care, more patients are being monitored remotely, and the devices used to provide remote patient monitoring are proving to be effective and efficient. As a result, two new subsections were added to the Evaluation and Management (E/M)/Non-Face-to-Face Services subsection of the Current Procedural Terminology (CPT®) 2019 code set. In addition, new introductory guidelines and two new codes (99453, 99454) were added, and one code 99457 was revised to assist with the correct reporting of these services. This article provides an overview of these changes.

►Digitally Stored Data Services/ Remote Physiologic Monitoring◄

#●**99453** Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment

►(Do not report 99453 more than once per episode of care)◄

►(Do not report 99453 for monitoring of less than 16 days)◄

#●**99454** device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

►(For physiologic monitoring treatment management services, use 99457)◄

►(Do not report 99454 for monitoring of less than 16 days)◄

►(Do not report 99453, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760])◄

#▲99091 Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

►(Do not report 99091 in conjunction with 99457)◄

►(Do not report 99091 if it occurs within 30 days of 99339, 99340, 99374, 99375, 99377, 99378, 99379, 99380, 99457)◄

Prior to 2019, the codes for services related to the collection and analysis of electronic physiologic data were not specific. CPT code 99091 was established in 2002 to report the physician or other qualified health care professional (QHP) work of reviewing, interpreting, and reporting digitally stored and/or transferred patient data. This code did not include clinical staff time required to collect this data or the costs of the supplies and equipment when the device was owned by the physician's office.

For 2019, new codes 99453 and 99454 were established to more accurately describe the work of a modern office that provides digital monitoring services. For practice expenses (PEs) related to set up and patient instructions and education regarding the use of the equipment, code 99453 should be reported. For PE related to supplies for daily recordings or programmed-alert transmissions, code 99454 should be reported for each 30 days of service. This code should not be reported for monitoring of less than 16 days. See Table 1 for more information on the appropriate reporting of remote physiologic monitoring services.

Coding Tip

Code 99453 includes setting up the device and a minimum of 16 days of monitoring.

Table 1. Parameters for Reporting CPT Codes 99453 and 99454

	99453	99454
Requires the use of a medical device as defined by the Food and Drug Administration (FDA)	√	√
Requires a prescription from a physician or other qualified health care professional (QHP)	√	√
May only be reported for 16 days or more of monitoring	√	√
May not be reported when provided with other monitoring services (eg, continuous glucose monitoring)	√	√
May be reported only once for each 30-day period		√
Reported once for each episode of care (ie, begins when monitoring is initiated and ends with attainment of targeted treatment goals)	√	

Several exclusionary parenthetical notes were added to this series of codes to avoid overlapping or inappropriate reporting of services. For example, codes 99453 and 99454 should not be reported when these services are included in other codes for the duration of time of the physiologic monitoring service (eg, code 95250 for continuous glucose monitoring that requires a minimum of 72 hours of monitoring).

The collection and interpretation of remotely captured physiologic data are reported with code 99091. Code 99091 was resequenced and moved from the Medicine/Miscellaneous subsection to the E/M/Non-Face-to-Face Services subsection/Digitally Stored Data Services/Remote Physiologic Monitoring subsection to align with the appropriate family of codes and reflect current practice for these services. The descriptor language was also revised to specifically state that this code should be reported only once per 30 days. Code 99090 was deleted due to low utilization.

Coding Tip

If the services described by code 99091 are provided on the same day the patient presents for an E/M service, these services should be considered as part of the E/M service and should not be reported separately.

►Remote Physiologic Monitoring Treatment Management Services◄

#● **99457** Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month

►(Report 99457 once each 30 days, regardless of the number of parameters monitored)◄

►(Do not report 99457 in conjunction with 99091)◄

Code 99457 describes remote physiologic monitoring treatment management services that requires 20 minutes or more of live, interactive communication between the patient/caregiver and the clinical staff/physician/other QHP in a calendar month. This service should only be reported once, regardless of the number of physiologic monitoring modalities performed in a given month. See Table 2 for more information about when remote physiologic monitoring treatment management services should be reported and how these services differ from the analogous code 99091.

Table 2. Parameters for Reporting CPT Codes 99457 and 99091

	99457	99091
Requires the use of a medical device as defined by the FDA	√	
Requires a prescription from a physician or other QHP	√	
Is reported once per 30 days in a calendar month	√	√
May be reported with chronic care management services (99487, 99489, 99490)	√	
May be reported with transitional care management services (99495, 99496)	√	
May be reported with behavioral health integration services (99484, 99492, 99493, 99494)	√	

Coding Tip

When code 99457 is reported in the same service period as chronic care management, transitional care management, or behavioral health integration services, it is important that the time spent performing these services remains separate and that no overlapping time is reported when both services are provided in a single month.

See Table 3 for a summary of codes 99091, 99453, 99454, and 99457 and the criteria for their use.

Table 3. Summary of Codes 99091, 99453, 99454, and 99457 and Their Use

	99453	99454	99091	99457
Service(s) captured in code	Technical Component	Technical Component	Physician/QHP	Team
When	Once	30 days	30 days	Calendar month
When	—	—	30+ mins	20+ mins
What interaction w/patient is required?	Yes	No	No	Yes
Requires a comprehensive care plan?	No	No	No	No

Coding Tip

Codes 99487-99490 require a comprehensive care plan.

See the following clinical examples and procedural descriptions that reflect typical clinical scenarios for which the new codes would be appropriately reported.

Clinical Example (99453)

A 75-year-old female with a chronic condition presents to her primary care practice with increased distress. Following the visit, she is enrolled in a remote physiologic patient monitoring program to enable data collection and monitoring to facilitate treatment management.

Description of Procedure (99453)

Practice-expense only service—no physician effort involved.

Clinical Example (99454)

A 75-year-old female with a chronic condition presents to her primary care practice with increased distress. Following the visit, she is enrolled in a remote physiologic patient monitoring program to enable data collection and monitoring to facilitate treatment management.

Description of Procedure (99454)

Practice-expense only service—no physician effort involved.

Clinical Example (99457)

An 82-year-old female with systolic dysfunction heart failure is enrolled in a heart failure–management program that uses remote physiologic monitoring services.

Description of Procedure (99457)

Based on interpreted data, the physician or other qualified health care professional uses medical decision making to assess the patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services as needed, for all medical conditions.

Clinical Example (99091)

A 67-year-old male with labile diabetes is utilizing a home glucose-monitoring device to capture multiple glucose readings during the course of a month in association with daily data of symptoms, medication, exercise, and diet. The data are transmitted from the home computer to the physician's office by email, downloaded by the physician, and the data are reviewed.

Description of Procedure (99091)

The physician or QHP reviews, interprets, and reports the data digitally stored and/or transmitted by the patient. At least one communication (eg, phone call or email exchange) with the patient to provide medical management and monitoring recommendations takes place.◆

Announcement About *CPT® Assistant* Annual Back Issue Index

As announced in the July 2018 issue of the *CPT Assistant,* the *CPT Assistant* Annual Back Issue Index will no longer be included in the January issue of the newsletter. Instead, subscribers will receive a January issue solely dedicated to timely and relevant articles, the same type of content that coding professionals and practitioners get from the *CPT Assistant* throughout the entire year.

Over the years, the index has grown to the extent that it has reduced the amount of coding content we are able to publish at a critical time of the year. The AMA believes that the needs of the readers of the *CPT Assistant* are better served by an electronic version of the index. The *CPT Assistant* Annual Back Issue Index is a useful tool to identify previously published articles, which can be easily be searched if it is an electronic version, such as a portable document format (PDF). An electronic version of the *CPT Assistant* Annual Back Issue Index will provide readers with a new way to access the index. Therefore, an annual update of the *CPT Assistant* back-issue index will continue and it will be accessible from the *CPT Assistant* product page on the AMA Store.

A PDF of the 2018 *CPT Assistant* Annual Back Issue lists all articles published from 1990 through 2018 and subscribers can access and download the index directly at ama-assn.org/cpt-assistant-index.