

## Purpose

This resource is designed to highlight the definition, key components, documentation requirements, and billing reimbursement (as outlined by CMS), and other resources to guide house call programs in the use of remote patient monitoring. This resource was developed utilizing Centers for Medicare & Medicaid Services (CMS) guidelines and requirements and can be referenced for further details.

## Introduction

RPM is defined (by CMS) as the collection and analysis of physiological data (i.e.: blood pressure, blood sugar, weight loss or gain, oxygen saturation) that is digitally transmitted by the patient and/or caregiver to the clinician, where the data is used to develop and manage a treatment plan related to a diagnosed condition.

Remote Patient Monitoring (RPM) services are billed by qualified providers (including physicians, nurse practitioners, and physician assistants). RPM care management and monitoring activities may be furnished by clinical staff under the billing provider's general supervision, provided the billing practitioner maintains overall responsibility for the patient's treatment plan and all applicable CMS requirements—such as interactive communication and time thresholds—are met.

## RPM Requirements

It is important that providers understand all the requirements and what needs to be documented before billing for RPM services, including the following:

- Patient education and device set-up; How to use the device and how to accurately collect data.
- Device Supply: FDA approved internet connected devices, including the collection and transmission of at least 16 readings every 30 days to ensure you get the appropriate health information. Examples include connected blood pressure cuffs, weight scales, and pulse oximeters.
- Treatment and management: Reviewing patient data to improve patient health outcomes
- Established patient relationship: identify the acute or chronic condition being monitored.
- Provider order: a specific order must be documented for RPM services
- Monitoring must be reasonable and necessary: Document the acute/chronic condition & why RPM is medically necessary to treat/manage the condition.
- Patient consent : Document informed consent (verbal/written)
- Time & Communication: document time spent on data reviewed, all patient/caregiver interaction (calls, messages, visits) for the CPT level coded and billed.
- Diagnosis reporting: document only the diagnoses (ICD) codes required for the acute/chronic conditions being monitored.

## Key Definitions:

**RPM Care Episode:** Begins when the remote physiologic monitoring service is initiated and ends with the attainment of targeted treatment goals..

**Interactive Communication** (Specific to CPT 99457 & 99458): A real-time synchronous interaction (i.e., conversation) between a patient and billing provider or clinical staff using two-way audio capable of being enhanced with video or other kinds of data transmission.

**RPM Care Plan:** RPM services include developing a treatment plan informed by analyzing and interpreting the patient's data. After the initial month's data is collected, it's at this point CMS expects the billing provider to develop a treatment plan (defined by CMS as a patient-centered plan of care) with the patient. The provider then must manage the plan until the treatment plan's targeted goals are attained, which signals the end of the episode of care.

## Digitally Stored Data Services

CPT Code	Description	Restrictions & Other Guidance (2026 CMS)	CMS National Non-Facility Payment	wRVU
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"><li>• Used to report initial set-up &amp; patient education</li><li>• Billed once per episode regardless of number of medical devices supplied</li><li>• FDA-defined device</li><li>• Education required</li><li>• Not billable with 99091</li><li>• Report this code once a minimum of 16-days of data has been collected (toward the end of the month)</li></ul>	\$21.82	0
99445	Device supply with daily recordings (30 days); short-duration remote monitoring of physiologic parameter(s)	<ul style="list-style-type: none"><li>• <b>NEW – 2026</b> short-duration RPM device supply code</li><li>• Used when 2–15 days of physiologic data are collected in a 30-day period</li><li>• Mutually exclusive with 99454 (do not bill together)</li><li>• One unit per 30 days</li><li>• FDA-defined device with automatic data upload</li><li>• Does not include clinical management time</li></ul>	\$47.67	0
99454	Device supply with daily recordings (30 days)	<ul style="list-style-type: none"><li>• ≥16 days data</li><li>• One unit per 30 days</li><li>• Auto-upload only</li><li>• Cannot duplicate CCM for same parameter</li></ul>	\$47.67	0

## Digitally Stored Data Services cont.

CPT Code	Description	Restrictions & Other Guidance (2026 CMS)	CMS National Non-Facility Payment	wRVU
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and transmitted by the patient and/or caregiver to the physician or other qualified health care professional, requiring a minimum of 30 minutes, each 30 days.	<ul style="list-style-type: none"> <li>This code is used to report non-direct patient time personally spent by the billing provider after the initial data collection period when the provider spends their professional work time analyzing and interpreting the data and developing a treatment plan.</li> <li>Per CMS, 99091 is valued to include a total of 40 minutes of qualified provider time. Broken down as 5 minutes of preservice work (e.g., chart review), 30 minutes of intra-service work (e.g., data analysis and interpretation, and a possible phone call to the patient), and 5 minutes of post-service work, such as chart documentation.</li> <li>This cannot be reported within the same calendar month as Care Plan Oversight (CPO) and Chronic Care Management (CCM).</li> <li>Cannot be reported on the same day as an Evaluation &amp; Management (E/M) visit.</li> <li>CMS clarified that if reasonable and necessary, there may be some instances when it's appropriate to report both 99091 and 99457 for the same patient within the same calendar month.</li> </ul>	\$55.72	0


## Remote Physiologic Monitoring Treatment Management Services.

CPT Code	Description	Restrictions & Other Guidance (2026 CMS)	CMS National Non-Facility Payment	wRVU
99470	RPM treatment management services, clinical staff, physician or QHP time in a calendar month requiring interactive communication, 10–19 minutes	<ul style="list-style-type: none"> <li><b>NEW – 2026</b> RPM management code</li> <li>10–19 minutes per calendar month</li> <li>Requires live interactive communication</li> <li>Reported once per month</li> <li>Cannot be reported with 99457 in same month</li> <li>Time must remain separate from CCM/TCM/BHI</li> <li>Not reported on same day as E/M</li> </ul>	\$26.18	0.31
99457	RPM treatment management services, clinical staff, physician or QHP time in a calendar month requiring interactive communication, first 20 minutes	<ul style="list-style-type: none"> <li>May be reported with CCM, TCM, BHI (time separate)</li> <li>Requires interactive communication</li> <li>First 20 minutes per month</li> <li>Once per month regardless of RPM modalities</li> <li>Not reported on same day as E/M</li> </ul>	\$52.03	0.61
+99458	Each additional 20 minutes (add-on code; billed with 99457)	<ul style="list-style-type: none"> <li>Add-on code- code first 99457</li> <li>Time must remain separate from CCM/TCM/BHI</li> <li>Requires interactive communication</li> <li>Each additional 20 minutes</li> <li>Not reported on same day as E/M</li> </ul>	\$41.62	0.61

## Sequencing and timing RPM code submission:

The sequencing and timing of Remote Patient Monitoring (RPM) code submission can be complex. The following billing sequence outlines the appropriate order and timing for reporting RPM services in accordance with the Centers for Medicare & Medicaid Services (CMS) requirements finalized in the CY 2026 Medicare Physician Fee Schedule (PFS).


- Confirm RPM eligibility (before any billing)
- Initial set up & Patient Education
  - CPT 99453-billed once per episode
- Select the appropriate device supply code based on the number of valid days of physiological data collected in a 30-day period.
- Only one device supply code may be reported per patient per 30-day period.
  - 2-15 days> CPT 99445
  - 16-30 days>CPT 99454
- Treatment and management Time-
  - Billed monthly
  - Time based
    - 10-19 Minutes>CPT 99470
    - 20-39 Minutes>CPT 99457
    - 40 + minutes >CPT 99457 + CPT 99458 (add on)



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