

2020 Procedure and Payment Guide

Remote Physiologic Monitoring and Chronic Care Management

CPT Code	Remote Physiologic Monitoring / Chronic Care Management: CPT Description	Physician Fee Schedule (PFS) National AVG.		
		In-Hospital	In-Office	Work RVU Total RVU
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. (Initial set-up and patient education of monitoring equipment)	NA	\$19	0.00 0.52
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)		\$62	0.00 1.72
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. (Interpretation of the received data and interaction with patient on a treatment plan by a clinician)	NA	\$52	0.61 1.43
99490	Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements: Multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, Chronic conditions place the patient at significant risk of death, acute exacerbation/ decompensation, or functional decline, Comprehensive care plan established, implemented, revised, or monitored Assumes 15 minutes of work by the billing practitioner per month.	NA	\$42	0.61 1.17

Health economic and reimbursement information provided by **Wellness Strategic Partners** is gathered from third-party sources and published CMS and Medicare Administrative Contractor sources. This information is subject to change without notice as a result of complex and frequently changing laws, regulations, rules, and policies. This information is presented for illustrative purposes only and does not constitute reimbursement or legal advice.

Payer policies and actual fees will vary by Medicare Administrative Contractor (MAC) and should be verified prior to procedure and or service for limitations on diagnosis, coding, or site of service requirements. The coding options listed within this guide are commonly used codes and are not intended to be an all-inclusive list. **WSP** recommends consulting your relevant manuals for appropriate coding options.

For a complete and current Physician Fee Schedule and Clinic reimbursement analysis for your local Medicare Administrative Contractor area, contact your **WSP** representative.

