

Centers for Medicare and Medicaid Services
Questions and Answers
Physicians, Nurses and Allied Health Professionals Open Door Forum
Wednesday, January 18, 2023

1. Question: The RPM codes and RTM codes are pretty new, and there's still some uncertainty around the implementation. And what I was wondering, and I'm sure you don't have the answer at your fingertips, but hopefully can get it, is whether the surgeon who was treating a patient while still under the global period, would be able to bill RPM codes and RTM codes, or would those RPM codes and RTM codes not be covered because the patient was in the global period for the surgical procedure.
 - a. Answer: Remote Physiologic Monitoring can be performed and billed, assuming the requirements are met for any service provided during the global period. RPM can be provided to a patient if it is unrelated to the diagnosis for which the procedure is performed, to treat an underlying condition, or for the services of other physicians related to the surgery.

It would help if you provided additional context that could inform us as we continue to develop/clarify our payment policies for these services. Additionally, we recommend consulting with your Medicare Administrative Contractor on the billing scenario you described, if you haven't already done so.

Practitioners can bill RPM concurrently with the following (each is linked with the corresponding background information found in the PFS Final Rule): [CCM/TCM/BHI](#), [PCM](#), and [CPM](#).

These various codes can be billed with RPM for the same patient, if the time or effort is not counted twice. As specified in the 2023 PFS Final Rule "If all requirements to report each service are met, without time or effort being counted more than once, both may be billed." Your specific example would be correct: same patient CCM 99490 and RPM 99457/58 is fine, but yes not the same 20 minutes.

To answer the question about billing RPM and RTM concurrently, according to the 2023 CPT Codebook (pg. 849), 98980 (RTM treatment management) and cannot be reported in conjunction with 99457/99458 (RPM treatment

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management). It would help if you provided additional context that could inform us as we continue to develop/clarify our payment policies for these services.

2. Question: A question about the January 13 CMS IDR toolkit issuance. You issued a number of tools, I believe 11 tools for the IDR fees. And I believe it was in tool number four, you listed the administrative fee, the non-refundable administrative fee assessed to both sides at \$50.

And previously, in December, I believe it was December 23rd, you issued a memo that the non-refundable IDR fee for each side was going to be increased from 50 to \$350 effective January 1. And I was confused if you had countermanded your previous issuance, or was that a typo, or could you comment?

- a. Answer: Yes, you're correct. That was a typo. We're aware of the error, and it will be corrected shortly.

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