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CMS Broadens Definition of Remote Patient Monitoring Services

By Nina Youngstrom

Providers will be able to make better use of remote patient monitoring (RPM) now that CMS has liberalized how they may spend the time assigned to the codes. In a clarification published in the Jan. 19 *Federal Register*,[1] CMS said data review and care management count toward the 20-minute time requirement for RPM codes in addition to live interactive communications.

A clarification of an RPM policy is a familiar refrain. Several times, CMS has announced new RPM codes in ways that limited their usefulness, only to subsequently change its mind after providers complained, said Richelle Marting, an attorney in Olathe, Kansas. "There have been a lot of technical corrections regarding these codes from day one," she noted. Separately, the rules around RPM frequency have been relaxed in response to the COVID-19 public health emergency (PHE).

RPM allows providers to routinely receive patient data, such as blood pressure, glucose levels, heart rate and oxygen saturation levels, which can be transmitted using software applications on the patient's smartphone, tablet or other device when patients are not in the office. For obvious reasons, RPM has been high profile during the pandemic, although it was introduced as a Medicare covered service before then.

There are four primary RPM codes. CMS announced the first three as covered services in the 2019 Medicare Physician Fee Schedule (MPFS) and the fourth in the 2020 MPFS:

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