Remote Patient/Physiological Monitoring Codes

- **Note: Advance patient consent must be documented in the patient medical record prior to initiating Remote Patient Monitoring (RPM)**
- **RPM does have cost sharing (co-pay) but if person has secondary insurance that covers RPM it should pay the cost share.**
- **Always check with compliance officer prior to implementing and using these codes.**
- **I=Incident to Service with General Supervision which means trained staff such as RN, RD, CDCES, etc. may perform these tasks but see guidance at the bottom of the table for the NPIs used on RPM claims.**

CPT Code	I	RPM Codes an Requirements to Bill	
95249	**I**	Personal CGM start up, training and data. ▪ Personal CGM: Training. Placement. Hook-up. Calibration of monitor	▪ Print out of at least 72 hours of data. ▪ Only billed once for a device
95250	**I**	Professional CGM – CGM Pro ▪ Office provides CGM. ▪ Training ▪ Placement ▪ Hook-up	▪ Calibration of monitor ▪ Removal of sensor ▪ Print out of at least 72 hours of data. ▪ Only billed once per month
95251	**X**	CGM Interpretation ▪ At least 72 hours of data ▪ Data analysis/interpretation	▪ Reporting of treatment changes and communication to patient ▪ Only billed once per month
99453	**I**	Remote monitoring of physiological parameters ▪ Examples: weight, blood pressure, pulse oximetry, respiratory flow rate, glucose.	▪ Initial set up and patient education on use of device (on boarding). ▪ Bill once per episode/ device
99454	**I**	Remote monitoring of physiological parameters ▪ Supply and use of medical device used to remotely monitor and collect PGHD (specifically means data transmission and does not include educating and setting up the use of the device) – practice incurs cost (such as device – Livongo, or platform – Glooko portal); does not include no cost platforms.	▪ Device with daily recording(s) or programmed alert(s), transmission. ▪ Bill each 30 days ▪ Must have at least 16 days of data ▪ Must be billed in conjunction with 99453.
99445	**I**	New 2026 Code - Same as 99454 except → → → → → → → → → →	▪ Only requires 2-15 days of data
99457	**I**	Remote physiological monitoring treatment management services ▪ Initial 20 minutes of documented patient interaction by QHP ▪ Is a follow up to the previous two codes (99453 and 99454) ▪ Time frame = calendar month ▪ Requires interactive communication with the patient/caregiver during the month. Can be administered remotely including telephone or video connection.	▪ Do not report with 99091. ▪ Must have at least 16 days of data. ▪ For incident to be met, QHP is the expense of the practice.
99470	I	New 2026 Code - Same as 99457 except → → → → Initial 10 minutes	▪

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99458	**I**	Remote physiological monitoring treatment management services ▪ Each additional 20 minutes of documented QHP time ▪ Maximum of 60 minutes per month ▪ Time frame = calendar month	▪ Requires interactive communication with the patient/caregiver during the month. Can be administered remotely including telephone or video connection.
99091	**I**	Collection and interpretation of physiological data ▪ Examples: ECG, blood pressure, glucose monitoring ▪ Do not report 99091 if other more specific codes exist such as CGM code 95251 ▪ Digitally stored and/or transmitted by patient to physician or other qualified healthcare professional	▪ (QHP)qualified by education, training, licensure, state regulations ▪ Requires at least 30 minutes of documented time every 30 days.

The same NPIs can be used for all the RPM codes

- **UB04 – Billing Provider** = Facility NPI

- **CMS 1500 – Rendering Provider** = The NPI of a provider who can also bill evaluation and management codes such as a MD, DO, NP NPI

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