

CARES Act Provider Relief Fund

The Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Fund provides financial relief to hospitals to support expenses and lost revenue attributable to COVID-19. Once the CARES Act became law, there was a relaxation of RPM rules.

Remote Physiologic Monitoring (RPM)

RPM codes allows qualified healthcare professionals (QHPs) to be reimbursed for supplying FDA-approved devices such as pulse oximeters, digital thermometers, and incentive spirometers to COVID-19 pneumonia patients to check wellbeing and adjust care plans.

RPM CPT Codes

The 2020 CMS fee schedule relays the specific reimbursement for RPM.

- 99453 is for patient education on how to use the device(s) and the proposed Medicare payment is \$21.
- 99454 is for supplying a device that will be used for at least 16 days/month to collect data and transmit it to providers when there is an issue. The proposed Medicare payment is \$69.
- 99457 is for at least 20 min of interactive communication with a patient related to RPM by staff supervised by QHPs. It can be charged one per month and the proposed Medicare payment is \$33 for emergency departments (EDs) and \$52 for urgent care centers (UCs).

Revenue

Giving a patient a pulse oximeter, teaching them how to use it, alerting staff with SmartContact, and having a 20 min interaction by a staff member is a \$142 opportunity. An FDA-approved pulse oximeter costs \$40 ([Amazon](#)). Thus, the marginal reimbursement by Medicare is \$102 in EDs and \$121 in UCs. Of course, private payers usually reimburse more.

Resources

[CARES Act](#)

[CMS](#)

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Disclaimer

RPM coding/billing rules continue to evolve, and so billing practitioners should check with their payer or healthcare attorney and adhere to the rules published in the Federal Register to determine the applicability of coding for RPM services.