

## Remote Physiologic Monitoring (RPM)

Issue Date: July 7, 2021

Authority: [32 CFR 199.4](#), NDAA FY 2017, Section 718

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### 1.0 CPT<sup>1</sup> PROCEDURE CODES

99091, 99453, 99454, 99457, 99458, G2250

### 2.0 HCPCS CODE

G2250

### 3.0 POLICY

**3.1** Medically necessary RPM services of physiologic parameter(s) including but not limited to weight, blood pressure, pulse oximetry and respiratory flow rate are covered when:

**3.1.1** The beneficiary requires RPM services of at least 20 minutes of clinical staff time directed by a TRICARE-authorized provider, per 30-day period; and

**3.1.2** The beneficiary has a comprehensive care plan established, implemented, revised or monitored; and one of the following criteria are met:

**3.1.2.1** The beneficiary has a chronic condition(s) that is expected to last at least 12 months, or until death of the beneficiary; or

**3.1.2.2** The beneficiary has an acute condition(s) that place the beneficiary at significant risk of death, acute exacerbation/decompensation, or functional decline.

**3.2** Consistent with TRICARE's statutory obligation to reimburse like Medicare where practicable, the provider shall bill RPM using the codes and definitions established by Medicare and the Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) manuals for RPM billing and coding. For example, bills for acute condition RPM shall include at least 16 days of data (at least two days during the COVID-19 public health emergency), consistent with the Medicare FY 2021 Physician Fee Schedule Final Rule, and as updated or modified by subsequent Medicare guidance or regulation.

### 3.3 Monitoring Devices And Equipment

- The contractor shall ensure only U.S. Food and Drug Administration (FDA) approved

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## TRICARE Policy Manual 6010.57-M, February 1, 2008

### Chapter 2, Section 8.1

#### Remote Physiologic Monitoring (RPM)

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devices and equipment are used in conjunction with medical necessary RPM, in accordance with Section 201(h) of the Federal Food and Drug Cosmetic Act (FD&CA).

- The contractor shall ensure devices and equipment also meet the definition of Durable Equipment (DE) and/or Durable Medical Equipment (DME). See [Chapter 8, Section 2.1](#).
- The contractor shall not cost-share equipment or supplies, even when monitored via RPM, which do not meet TRICARE's definitions of DE and/or DME. For example, while DHA may cover RPM of weight, along with other physiologic parameters for the management of a chronic condition, the weight scale itself is not eligible for cost-sharing because it does not meet TRICARE's definition of DE or DME.

#### 3.4 Covered services include:

- Set-up and patient/caregiver education on use of equipment (CPT<sup>2</sup> code 99453);
- Device supplies with daily recordings/alert transmission, each 30 days (CPT<sup>2</sup> code 99454);
- RPM treatment management services, TRICARE-authorized provider time per calendar month requiring interactive communication with the patient/caregiver for the first 20 minutes (CPT<sup>1</sup> code 99457); and
- The collection and interpretation of physiologic data digitally stored and/or transmitted by the patient/caregiver to the TRICARE- authorized provider with a minimum of 30 minutes of collection and interpretation time each 30 days (CPT<sup>2</sup> code 99091). See [Chapter 7, Section 22.1](#).
- Remote assessment of recorded video and/or images submitted (e.g., store and forward), including interpretation and follow-up with the beneficiary within 24 hours (HCPCS G2250).

#### 3.5 Cost-Sharing

The Government considers RPM an ancillary service as defined in TRICARE Reimbursement Manual (TRM), [Chapter 2, Section 2, paragraph 2.7.4](#) and the contractor shall apply appropriate ancillary service cost-shares and copayments.

#### 4.0 EXCLUSION

Devices and equipment that do not meet TRICARE's definition of DE/DME (i.e., personal computers, smart phones, tablets, smart watches).

#### 5.0 EFFECTIVE DATE

March 13, 2020.

- END -

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