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Digital Measures Development

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Reimbursement for Clinicians: Getting paid for caring for your patients using digital measures of sleep

For the purposes of monitoring, diagnosing, and treating patients with sleep or sleep-related disorders, you as a healthcare provider (HCP) can perform a sleep assessment for your patients. There are several reimbursement avenues available to you for this assessment. However, the specific medical insurance codes for reimbursement and the associated activities need to be in line with guidelines to enable this process.

This document aims to offer you top-level initial guidance on the specifics of the reimbursement process if you wish to use digital health technology measures of sleep, such as the Core Digital Measures of Sleep, when treating your patients.

The full Payment and Coding Toolkit and Quick Start Guide is available should you be looking to adopt remote monitoring.

Remote patient monitoring (RPM) and remote therapeutic monitoring (RTM)

Remote patient monitoring, also called remote physiological monitoring, refers to the use of digital technologies to capture and analyze patients' physiological data, such as sleep metrics, blood pressure, glucose levels, or lung function.

Remote therapeutic monitoring refers to the use of digital technologies to collect and analyze data, including patient-reported measures, for the purposes of therapy response and patient adherence.

	Remote patient monitoring	Remote therapeutic monitoring
Therapeutic areas	Wide variety of conditions including diabetes, weight management, COPD, sleep apnea, asthma, and heart conditions.	Musculoskeletal, cognitive behavioral therapy, or respiratory related interventions.
Data collection	FDA-approved medical devices collecting physiological data, such as CGMs, blood pressure monitors, weight scales, pulse oximeters, headbands, thermometers, and ECGs.	Data from FDA-approved medical devices and SAMD, which can include patient-reported data within apps or provider platforms.
Billing guidelines	Qualified Healthcare Professional billing rules: MDs, NPs, or PAs.	Any practitioner allowed to independently bill: MDs, NPs, PAs, PTs, OTs, SLPs, CSWs, and psychiatrists.
CPT codes	99453, 99454, 99457, 99458, 99091	98975, 98976, 98977, 98978, 98980, 98981

COPD: chronic obstructive pulmonary disease, SAMD: Software as a Medical Device, CGM: Continuous Glucose Monitoring, ECG: Electrocardiogram, MD: Physician, NP: Nurse Practitioner, PA: Physician Assistant, PT: Physical Therapist, OT: Occupational Therapist, SLP: Speech-language Pathologist, CSW: Certified Social Worker

Categories of RPM & RTM codes

RPM and RTM codes can be grouped into three main categories for the functions they represent:

Initial setup and education codes reimburse for a provider's time spent calibrating, setting up, or educating a patient on how to use the device.

- *Example: The HCP **sets up** an FDA-approved medical device for monitoring physiological metrics for a patient's sleep disturbance condition and **trains** them on how to use it (e.g., CPT 99453; supply/set-up, billed once per episode of care).*

Monitoring and interpretation codes reimburse for a provider's time spent collecting, monitoring, or interpreting data, including any communication with patients or their caregivers about insights, trends, or adjustments to treatment plans based on the collected data points.

- *Example: The patient's data is recorded by the sleep technology and automatically transferred to the HCP over the following month for continuous monitoring. Once a minimum of 16 days of data has been collected, the HCP can bill for the month (e.g., CPT 99454).*

- *Example: The HCP reviews the patient's data to identify trends and recommend treatments or adjustments which they communicate during ongoing consultations with the patient or their caregiver (e.g., CPT 99457).*

Supplemental time codes reimburse for any additional time spent per month on monitoring & interpretation in 20-minute increments.

- *Where supplemental consultation time is needed, the HCP can continue to bill for each additional 20 minutes of time that they are interacting with the patient (e.g., CPT 99458).*

Please reference [The Playbook](#) (pp. 351-354) for a full list of RPM and RTM codes and definitions.

Remote monitoring in action: An example patient journey
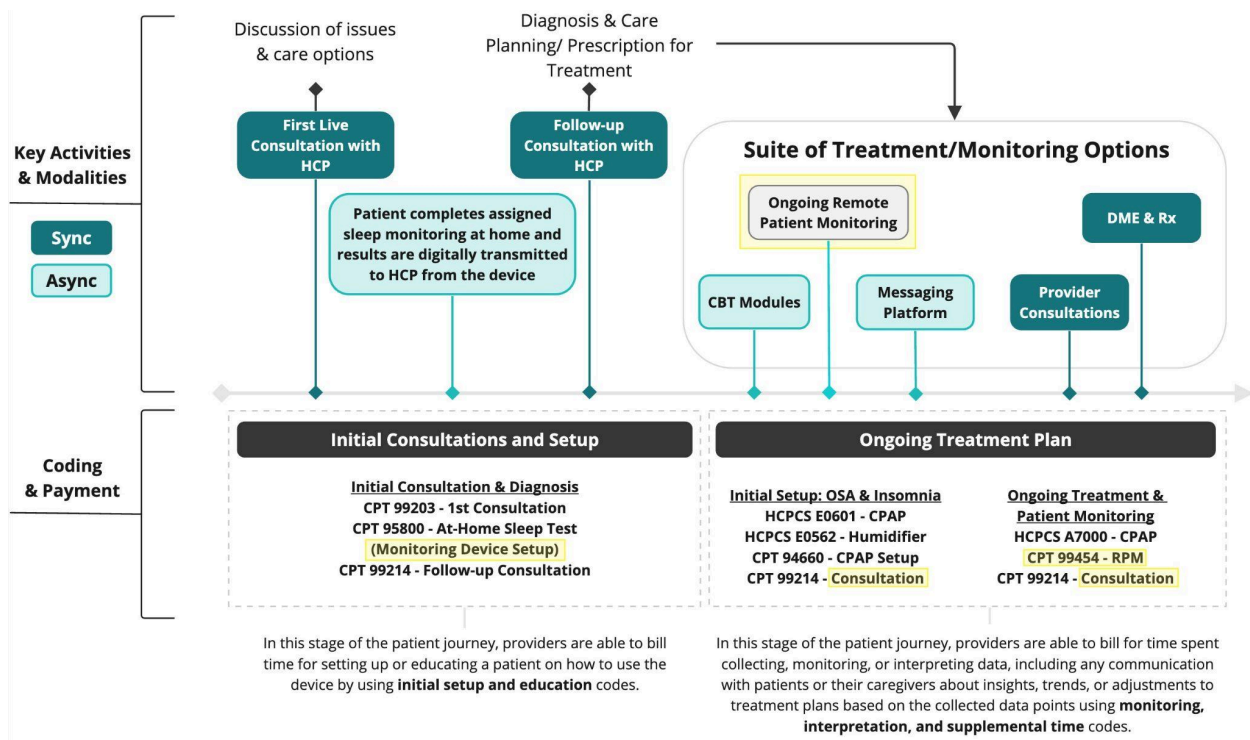
Important considerations for implementation

- **Approved devices**: For both RPM or RTM, monitoring devices or software used to collect data **must be a medical device**, as defined by the FDA, to be eligible for reimbursement.

- **16 Days**: Multiple RPM & RTM codes require **a minimum** of 16 days of data collection per month to be eligible for reimbursement.

- **Combining**: RPM and RTM codes **cannot** be combined to meet the 16 day requirement.

- **Billing**: RPM and RTM codes **cannot** be billed separately for the same patient within a 30-day period.

Legal considerations: Providers **may be held liable** if they do not comply with state-specific laws governing the duty to report concerning patient diagnoses or data.

Example: In California, clinicians are required to report "any patient diagnosed as having a case of a disorder characterized by lapses of consciousness" that could potentially endanger others (e.g., a sleep disorder), or they could be held liable for failure to report.

"Physicians and other health practitioners delivering telemedicine services must abide by state licensure laws and requirements as well as state medical practice law."

- American Medical Association's guidelines for Telemedical Liability.

Questions to ask RTM/RPM providers

One option for HCPs looking for reimbursement is to contract with an RPM/RTM provider. When working with RPM/RTM providers, the following questions can help maximize reimbursement, satisfaction, and data-driven insights:

1. **Patient and clinician satisfaction** are critical to effective RPM/RTM engagement and improved clinical outcomes.

    a. Question: What is the average patient engagement and adherence rate with your RPM/RTM program?

    b. Question: Do you have statistics to demonstrate your patient and clinician satisfaction with your RPM/RTM service?

    c. Question: Are there examples available to demonstrate improved clinical outcomes by deploying your RPM/RTM service?

2. **Cost** of implementing RPM/RTM is important to ensure a positive **return on investment (ROI)** in practice.

    a. Question: What is the total cost for your RPM/RTM service including device costs, monitoring fees, and documentation and billing support?

    b. Question: How much additional revenue can my practice expect to earn through RPM/RTM?

    c. Question: Are there any costs of RPM/RTM passed onto my patient population with the insurances I typically bill?

3. **Workflow implications** will vary for every RPM/RTM provider for both patient and clinician users.

    a. Question: How does using your RPM/RTM service change the workload of my patient in their care?

    b. Question: Does your RPM/RTM service have solutions for the increased administrative time my clinicians may encounter with RPM/RTM, such as reviewing the data, documenting, and billing?

    c. Question: Are there data analytics associated with your platform that I can use to track the performance of my organization in regards to RPM/RTM?

4. **Technology** involved in RPM/RTM may differ depending on which provider you choose.

    a. Question: What communication methods are available and used to interact with patients?

    b. Question: Do you have documentation for FDA approval and security/privacy of patient information?

5. **Dependencies** for RPM/RTM codes are not uniform and can be billed at different frequencies with different requirements.

    a. Question: How does your RPM/RTM service track which codes are eligible to be billed, separately or together, to make it clear to the clinician that certain thresholds have been met?