



How Remote Patient Monitoring Can Improve Healthcare!

REMOTE PATIENT MONITORING (RPM)

Introduction of Remote Patient Monitoring

In 2018, the Centers for Medicare and Medicaid Services (CMS) began reimbursing providers for remote patient monitoring (RPM) after recognizing the growing evidence that such monitoring reduces hospitalization rates, enhances care coordination, and improves patient outcomes.

RPM Made Easy

ChronicCare's Remote Patient Monitoring (RPM) services help proactively manage chronic conditions, identify deterioration earlier, and stay continuously connected to your patients—without adding operational burden to your team. We can assist you by providing 24/7 nurses to remotely monitor your patients. We provide FREE medical devices to your patients.



RPM BENEFITS PATIENTS

Improved Health Outcomes

RPM enables continuous tracking of key health indicators, allowing care teams to identify early warning signs before conditions worsen. This proactive approach leads to faster clinical interventions, better disease control, and improved long-term outcomes for patients with both chronic and acute conditions.

Convenience and Engagement

Patients can receive high-quality care from the comfort of their homes using simple, user-friendly devices. Regular monitoring encourages patients to take an active role in managing their health, improving adherence to medications and lifestyle recommendations.



RPM BENEFITS PATIENTS

Reduced Hospitalizations

By identifying clinical deterioration early, RPM helps prevent unnecessary emergency room visits and hospital admissions. Ongoing monitoring allows providers to intervene promptly, reducing costly complications and improving overall quality of life for patients.

Personalized Care

RPM generates real-time, patient-specific data that allows providers to tailor treatment plans based on individual trends. This personalized approach increases patient confidence, satisfaction, and trust in their care team.



RPM BENEFITS PROVIDERS

New Reimbursable Revenue

RPM creates a predictable, recurring revenue stream through Medicare reimbursement without requiring additional in-office visits. Practices can scale RPM programs across their patient population while maintaining financial sustainability.

Improved Clinical Efficiency

Automated data collection reduces the need for frequent manual check-ins and phone calls. Care teams can prioritize patients who need immediate attention, allowing providers to work more efficiently without increasing staff burden.



RPM BENEFITS PROVIDERS

Better Patient Outcomes

Early detection and timely interventions lead to better clinical outcomes and improved performance on quality measures. RPM supports population health management and aligns well with value-based care initiatives.

Stronger Patient Relationships

RPM increases meaningful touchpoints between patients and care teams, fostering trust and engagement. Patients feel supported between visits, strengthening long-term relationships and retention within the practice.



MEDICARE RPM RULES & REQUIREMENTS

Eligible Patients

Medicare allows RPM for beneficiaries with acute or chronic conditions, without requiring multiple diagnoses. This broad eligibility enables providers to enroll a wide range of patients who can benefit from continuous monitoring.

Medicaid Covers RPM

Many state Medicaid programs cover Remote Patient Monitoring (RPM) to manage chronic or acute conditions like diabetes, hypertension, and heart failure. Coverage is not universal, but as of early 2025, it is allowed in at least 42 states, including New York State. It usually requires a doctor's order, medical necessity, and sometimes a minimum of 2 days of data collection in 30 days.



MEDICARE RPM RULES & REQUIREMENTS

Data Requirements

To qualify for monthly reimbursement, patients must transmit data on at least 2 days within a 30-day period. Clinical teams must review this data and take appropriate action when necessary.

Care Team Involvement

RPM services must be ordered by a physician or qualified healthcare professional and can be delivered by clinical staff under general supervision. This structure allows for efficient delegation while maintaining clinical oversight.



MEDICARE RPM RULES & REQUIREMENTS

Patient Consent

Patient consent must be obtained and documented before RPM services begin. Medicare allows verbal consent, and patients have the right to discontinue participation at any time.

RPM Devices

RPM must utilize FDA-defined medical devices capable of automatically transmitting patient data. These devices ensure accuracy, reliability, and compliance with Medicare requirements.



REMOTE PATIENT MONITORING BILLING CODES

Medicare Reimbursement

Medicare reimburses RPM through specific CPT codes covering devices setup, data transmission, and ongoing clinical monitoring. These codes allow providers to bill for both the technology and the clinical time required to manage patient care.

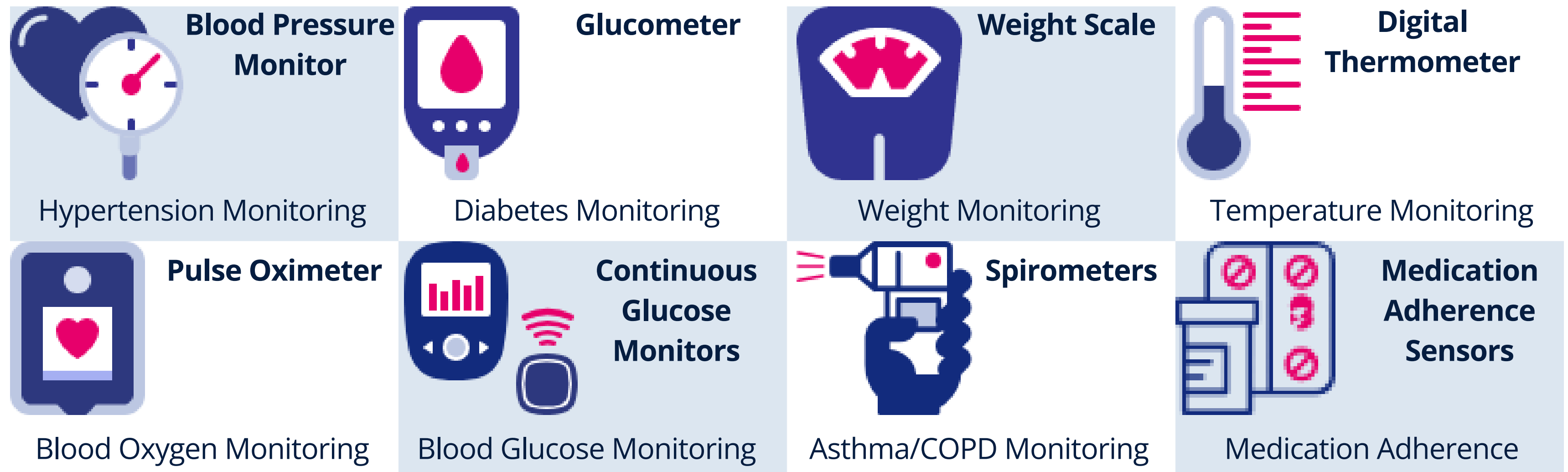
Billing Codes for RPM

First Month	Monthly			
Initial Enrollment 99453: Initial device setup and patient education. One-time. Reimburses: \$21.	Base Monthly RPM 99445: 2-15 days of device use data. 99454: 16+ days of device use data. Reimburses: \$47.	Initial Care (20 min) 99470: 10-20 minutes of clinical monitoring. Reimburses: \$26. 99457: First 20 minutes of clinical monitoring. Reimburses: \$51.	Additional (40 min) 99458: Each additional 20 minutes of clinical monitoring. Reimburses: \$41.	Additional (60 min) 99458: Each additional 20 minutes of clinical monitoring. Reimburses: \$41.
\$21	\$47	\$98	\$139	\$180

REMOTE PATIENT MONITORING DEVICES

Reliable Cellular Devices for Real-Time Remote Monitoring

We provide remote patient monitoring with FDA-approved cellular-enabled medical devices. These devices are ready to use right out of the box, with no apps, pairing, or syncing required. These devices go through 4G cellular connectivity to ensure data is reliably and safely transmitted.



IDEAL SETTINGS FOR RPM

1. Primary Care & Value-Based Practices (APCM / CCM / ACOs)

RPM allows primary care teams to monitor chronic conditions between visits. This leads to earlier interventions, fewer ER visits, and stronger patient engagement-while also generating Medicare reimbursable time.

2. Skilled Nursing Facilities (SNFs) & Long-Term Care

RPM helps staff detect clinical deterioration early. This reduces avoidable hospital transfers, supports nursing staff with real-time data, and improves continuity of care for medically complex residents.

3. Home Health Agencies

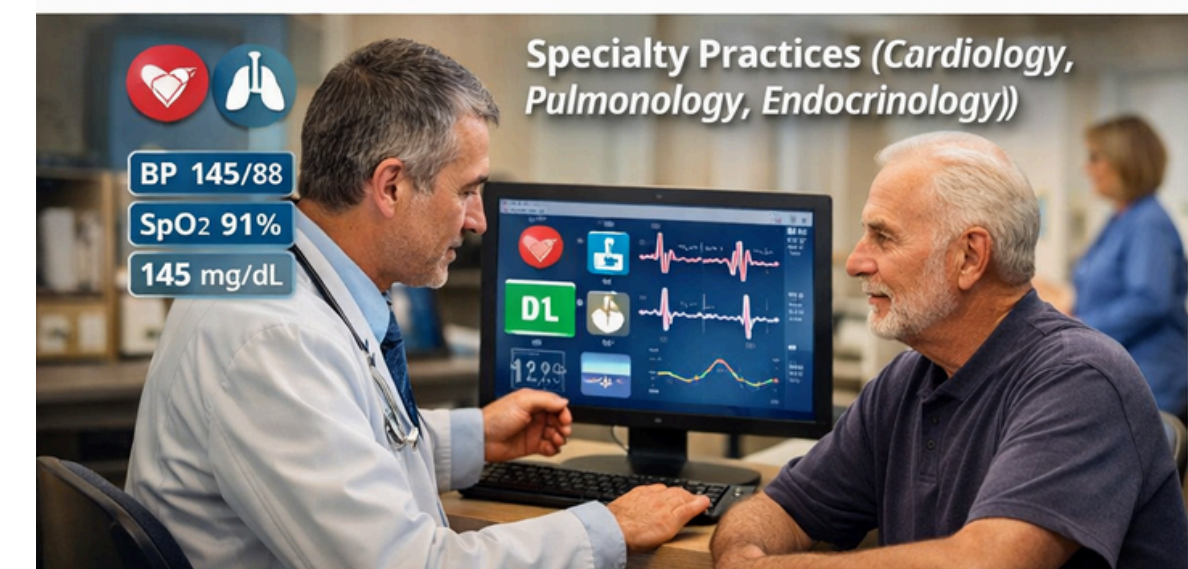
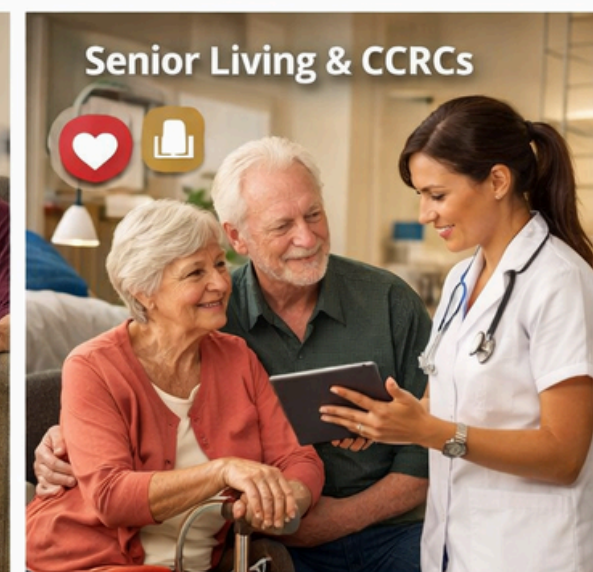
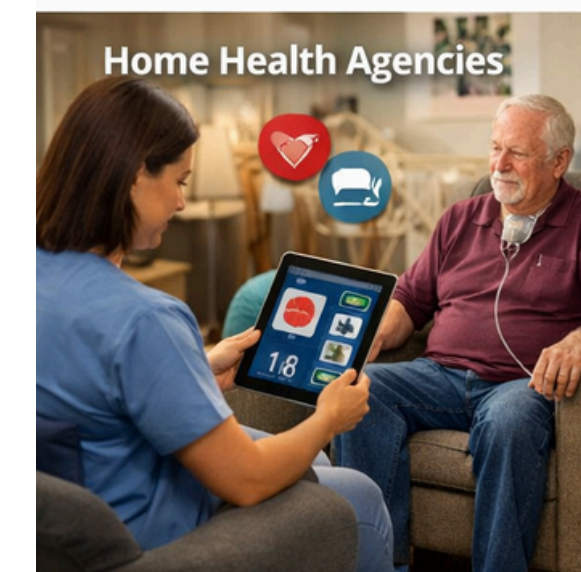
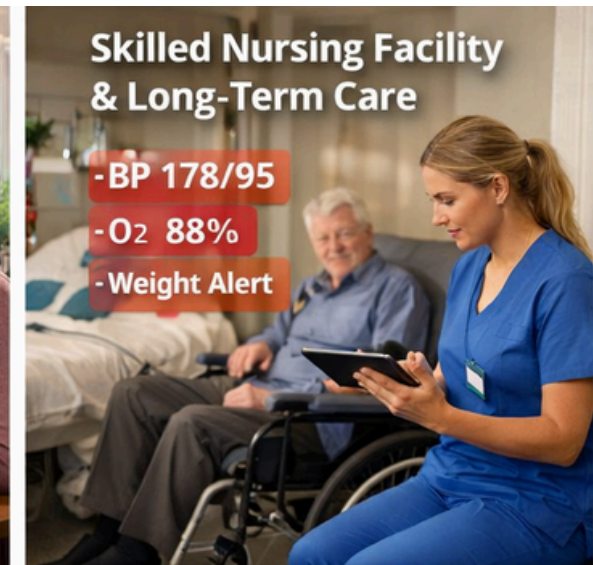
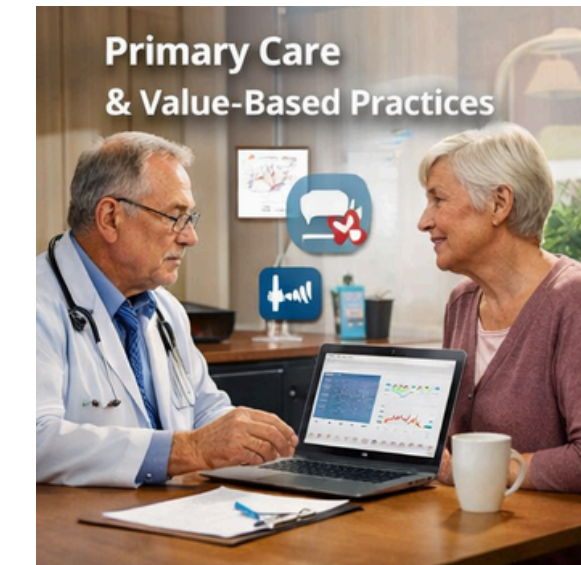
RPM extends clinical oversight beyond home visits, giving clinicians continuous visibility into patient status. This improves outcomes for high-risk patients.

4. Senior Living & CCRCs (Independent, Assisted Living)

RPM supports aging-in-place by monitoring vital signs and trends without being intrusive. It enhances safety, reassures families, and allows on-site wellness.

5. Specialty Practices (Cardiology, Pulmonology, Endocrinology)

RPM enables specialists to track disease-specific metrics, this allows proactive medication adjustments, better disease control, & fewer acute exacerbations.



GETTING STARTED WITH RPM

1. Enroll patients in an RPM program



2. Send cellular-connected devices to patients



3. Clinicians can see each patients' daily vitals



4. Clinician calls each patient each month to review their vitals

