

2020

Medicare Physician Fee Schedule for Connected Care

New Current Procedural Terminology (CPT) codes enable providers to improve patient care and lower costs through remote patient monitoring and telemedicine. Physiological data is gathered by the patient, aggregated on a HIPAA-compliant cloud-based platform and shared electronically for review with a physician or qualified health care professional (QHCP). Providers can now bill for these services through the new codes.

Approximate Reimbursement Amounts Under the 2020 Medicare Physician Fee Schedule

Remote Patient Monitoring

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
CPT 99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	\$59.19	\$59.19
CPT 99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	\$18.77	N/A
CPT 99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days	\$62.44	N/A
CPT 99457	Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month	\$51.61	\$32.84
CPT 99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; additional 20 minutes	\$42.22**	\$32.84

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e-Visits (e-Consults)

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
HCPCS G2061	Qualified nonphysician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	\$12.27	\$12.27
HCPCS G2062	Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	\$21.65	\$21.65
HCPCS G2063	Qualified nonphysician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	\$33.92	\$33.56
CPT 99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	\$15.52	\$13.35
CPT 99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	\$31.04	\$27.43
CPT 99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	\$50.16	\$43.67

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Self-Measured BP & Virtual Care Services

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
CPT 99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	\$11.19	N/A
CPT 99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings, one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	\$15.16	\$9.02
HCPCS G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	\$12.27	\$9.38
HCPCS G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.	\$14.80	\$13.35

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Interprofessional Internet Consultations

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
CPT 99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	\$18.41	\$18.41
CPT 99447	Same as 99446, but 11-20 minutes of medical consultative discussion and review	\$37.17	\$37.17
CPT 99448	Same as 99446, but 21-30 minutes of medical consultative discussion and review	\$55.58	\$55.58
CPT 99449	Same as 99446, but 31 minutes or more of medical consultative discussion and review	\$73.98	\$73.98
CPT 99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time	\$37.53	\$37.53
CPT 99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes	\$37.53	\$37.53

Approximate Reimbursement Amounts Under the 2020 Medicare Physician Fee Schedule

Principal Care Management (PCM)

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
HCPCS G2064	<p>Comprehensive care management services for a single high-risk disease, e.g. Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements:</p> <ul style="list-style-type: none">• One complex chronic condition lasting at least 3 months, which is the focus of the care plan;• The condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization;• The condition requires development or revision of disease-specific care plan;• The condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.	\$92.03	\$78.68
HCPCS G2065	PCM delivered by clinical staff, at least 30 mins (must meet requirements under G2064)	\$39.70	\$39.70

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Chronic Care Management (CCM)

CODE	DESCRIPTOR	NON-FACILITY* (hospital, ASC, etc.)	FACILITY* (physician office)
CPT 99487	<p>Complex chronic care management services, with the following required elements:</p> <ul style="list-style-type: none"> • multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; • chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; • establishment or substantial revision of a comprehensive care plan; • moderate or high complexity medical decision making; • 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. 	\$92.39	\$53.41
CPT 99489	Each additional 30 mins of clinical staff time above and beyond 99487	\$44.75	\$26.35
CPT 99490	<p>Chronic care management services, at least 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month, with the following required elements:</p> <ul style="list-style-type: none"> • multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient; • chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline; • comprehensive care plan established, implemented, revised, or monitored. 	\$42.22	\$32.84
CPT 99491	Same as 99490, except must be delivered by physician or QHCP	\$84.09	\$84.09

* The reimbursement amounts listed in this table are approximate values based on currently available information in the final 2020 Medicare Physician Fee Schedule. CMS has not yet finalized state indices and actual reimbursement amounts may change once they do so. As always, reimbursement amounts will vary by geographic region.

**Although the finalized Work RVU for 99458 is the same as 99457, the finalized Practice Expense (PE) RVU is lower than that of 99458, resulting in lower reimbursement. We have approached CMS to determine whether this is accurate and will keep you informed if/when we hear back.