

FibriCheck Billing Guide

A regulated solution for remote atrial fibrillation (AF) detection & monitoring

This guide describes CPT® procedure codes for physician billing that may be used with FibriCheck. FibriCheck can be prescribed to patients for self-testing who are diagnosed with or susceptible to developing atrial fibrillation and need to be monitored.

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FibriCheck Codes Overview & requirements

The billable codes for FibriCheck can be split into the **service codes** (including the reimbursement of the FibriCheck application and onboarding) and the **management codes** (including the time-based monthly follow up and monitoring of patients).

To learn more, contact explore@fibrichck.com

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RPM service codes

These codes are associated with the reimbursement of FibriCheck’s service, including the initial onboarding , patient training and the transmission of the data to the practice.

CPT® Code	Procedure Description
99453	<p>Initial setup and patient education</p> <ul style="list-style-type: none"> • <i>Every FibriCheck program starts with this code as an initial set-up of FibriCheck to ensure patient onboarding.</i> • <u>Billing:</u> <ul style="list-style-type: none"> ○ <i>This code can be billed once per patient at the start of the program.</i> ○ <i>This code is only billable alongside code 99454.</i>
99445	<p>Analysis and data review</p> <ul style="list-style-type: none"> • <i>A FibriCheck technician reviews the data and a report is transmitted to the healthcare professional.</i> • <u>Requirements:</u> <i>This code requires 2 days of transmitted patient data within a 30-day period and is billable once per month per patient.</i>
99454	<p>Analysis and data review</p> <ul style="list-style-type: none"> • <i>A FibriCheck technician reviews the data and a report is transmitted to the healthcare professional.</i> • <u>Requirements:</u> <i>This code requires 16 days of transmitted patient data within a 30-day period and is billable once per month per patient.</i>

Requirements

- There must be an established patient-provider relationship prior to starting the RPM program.
- The patient must give an informed verbal or written consent that is documented in the medical record to initiate the program.
- The patient should be informed about the program (RPM), the possible cost-sharing, and that they can stop the service at any time.
- The atrial fibrillation diagnosis (ICD-10-CM code) of the patient should be added to the medical record of the patient.
- A face-to-face visit should be conducted within 12 months prior to the program.
- FibriCheck needs to be supplied to the patient by the provider. Each patient receives a unique code to access the FibriCheck application.

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RPM management codes

These codes are monthly time-based codes to interpret the data and manage the treatment plan of the patient.

CPT® Code	Procedure Description
<p>99470</p>	<p>Review, interpretation & communication of RPM data insights, 10–20 minutes during each calendar month</p> <ul style="list-style-type: none"> 99470 covers the first 10 minutes time needed to review and analyse patient data including real-time interactive patient communications. <u>Provider</u>: Qualified healthcare provider/clinical staff under the supervision of the billing provider. <u>Billing</u>: This code can be billed each month.
<p>99457</p>	<p>Review, interpretation & communication of RPM data insights, 20 minutes during each calendar month</p> <ul style="list-style-type: none"> 99457 covers the first 20 minutes time needed to review and analyse patient data including real-time interactive patient communications. <u>Provider</u>: Qualified healthcare provider/clinical staff under the supervision of the billing provider. <u>Billing</u>: This code can be billed each month.
<p>99458</p>	<p>Review, interpretation & communication of RPM data insights, each additional 20 minutes during each calendar month</p> <ul style="list-style-type: none"> 99458 covers every additional 20 minutes of time needed to review and analyse patient data including real-time, synchronous, two-way interactive patient communications. <u>Provider</u>: Qualified healthcare provider/clinical staff under the supervision of the billing provider. <u>Billing</u>: This code can be billed each month for an unlimited number of times depending on the interactions.
<p>99091</p>	<p>30 minutes collection and interpretation of remote data without patient interaction</p> <ul style="list-style-type: none"> This code can be used to collect and interpret physiologic data. <u>Provider</u>: Qualified healthcare provider/clinical staff under the supervision of the billing provider. <u>Requirements</u>: This code requires 30 minutes of service, and can be billed for each 30 minutes of time spent, with no specific frequency limit <u>Billing</u>: The code can not be billed in combination with 99457 & 99458.

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RPM Codes: RVU's and National Average Payment Rate

CPT® Code	Procedure Description	2025 National average payment rate Non-Facility	Work RVU	PE RVU Non-faculty	MP RVU
99453	<i>Patient onboarding</i>	\$21.71	0	0.59	0.02
99445	<i>FibriCheck lease - 2 days</i>	\$52.11	0	1.32	0.01
99454	<i>FibriCheck lease - 16 days</i>	\$52.11	0	1.32	0.01
99470	<i>10 min interactive monitoring</i>	\$25.88	0.31	0.12	0.02
99457	<i>20 min interactive monitoring</i>	\$51.77	0.61	0.24	0.04
99458	<i>Add 20 min monitoring</i>	\$41.42	0.61	0.24	0.04

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FAQ's

- **Who is responsible for billing?**
 - The healthcare practice/hospital is responsible for billing the insurance company for the services provided.
- **How does FibriCheck bill the practice?**
 - FibriCheck bills the practice for the use of FibriCheck, including the analysis and the reporting of the results and for patient onboarding depending on the business model.
- **Can these services be billed to all insurance companies?**
 - Most major insurance companies cover remote patient monitoring services, but it is advisable to check with individual insurers for specific coverage policies.
 - The out of pocket expense for the patient will also depend on the patient's insurance.
- **How often can these services be billed?**
 - Billing frequency varies depending on the code:
 - Code 99453 can only be billed once per episode of care.
 - Code 99445 and 99454 can be billed every 30 days.
 - 99470, 99457, 99458 can be billed once every calendar month.
- **Are these services compliant with healthcare regulations?**
 - Yes, FibriCheck services and the use of CPT codes for billing are compliant with healthcare regulations, including HIPAA, ensuring patient data privacy and security.
- **What should be done if there is an issue with billing or reimbursement?**
 - Contact FibriCheck support for assistance with any billing or reimbursement issues. Additionally, practices should work closely with their billing department to resolve any discrepancies with insurance companies.
- **What if a patient is already enrolled in an RPM program with another provider?**
 - The RPM codes can only be prescribed by 1 provider and this should therefore be checked at the time of patient onboarding . The determined reimbursement rates are applicable per patient and not per RPM program.
- **Can Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) bill for Remote Patient Monitoring (RPM) services?**
 - As of 2025, CMS has updated its policies to allow FQHCs and RHCs to bill for RPM services.