The Remote Care Billing Checklist

10 checks before you submit. Built to keep you off the audit list.

Why this matters: OIG is turning up the heat on remote care codes (RPM, CCM, PCM). AI review means sloppy claims get flagged fast.

How to use it: Run this checklist every month before you release claims for these codes. If you cannot honestly check every box, do not submit. Fix it or flag it.

1 Patient Identity And Coverage

- [ ] Name, DOB, address, member ID all match source docs
- [ ] Coverage active for date of service with correct payer and member

OIG RED FLAG: claims paid on the wrong member or inactive coverage.

2 Program And Payer Eligibility

- [ ] Payer covers RPM, CCM, or PCM for this patient and condition
- [ ] Patient meets that payer's specific program rules

OIG RED FLAG: enrolling and billing patients who never met eligibility criteria.

3 Diagnosis Supports The Service

- [ ] ICD-10 codes are active, specific, and match the condition actually managed
- [ ] Referring and billing provider specialty lines up with the diagnosis used

OIG RED FLAG: diagnosis that does not establish medical necessity for the CPT billed.

4 CPT Code And Rule Check

Confirm each code against current payer rules for this patient and month.

PROGRAM	CODE	QUICK RULE CHECK
RPM	99453	Once per episode, after setup and education, 16 or more days of data in 30 days
RPM	99454	Once per 30 days, device supply, 16 or more days of data, not per device
RPM	99445	Device supply when only 2 to 15 days of data, not with 99454 in the same period
RPM	99457	First 20 minutes of management time, includes one live two way interaction
RPM	99458	Add on 20 minutes after 99457, within payer unit limits
RPM	99470	Lower threshold management time, not with the 16 day device code in the same period
PCM	99426	First 30 minutes staff time for 1 serious condition, consent and care plan
CCM	99490	20 or more minutes staff time for 2 or more chronic conditions, consent and care plan

OIG RED FLAG: wrong units, forbidden code combinations, or no evidence the patient actually used the device.

5 Time, Data, And Interaction Proof

- [ ] Time logs for each code meet thresholds and are totaled by month
- [ ] Device data shows the required number of days with readings
- [ ] At least one real time, two way interaction per month where required, timestamped

OIG RED FLAG: time that "magically" hits thresholds with no supporting detail.

6 Consent And Care Plan In The Chart

- [ ] Patient consent captured per program and payer rules
- [ ] Care plan present, current, and tied to the conditions billed

OIG RED FLAG: billing CCM, PCM, or RPM without a documented plan and consent.

7 Provider, NPI, And Enrollment

- [ ] Billing and rendering provider, NPI, TIN all correct
- [ ] Provider enrolled with that payer for these services

OIG RED FLAG: billing under providers not authorized or not actually involved.

8 Date Of Service, Frequency, And Duplicates

- [ ] DOS correct and inside allowed frequency
- [ ] No duplicate or overlapping claims for the same period and service

OIG RED FLAG: stacking overlapping time or double billing months.

9 Final Claim Quality Pass

- [ ] Patient, payer, ICD-10, CPT, units, DOS, provider all match source records
- [ ] No obvious copy and paste errors from prior months

OIG RED FLAG: repeated identical notes or cloned claims with no change.

10 Post Submission Monitoring

- [ ] Clearinghouse acceptance checked within 24 hours
- [ ] Rejections checked and worked within 7 days
- [ ] Denials tracked to spot patterns by code, payer, biller, or provider

OIG RED FLAG: ignored denials and the same error repeated month after month.

Not sure your claims would hold up?

SynsorMed will run a free 10 chart sweep of your remote care claims and show you exactly what an auditor would flag, before it costs you.

TALK TO US
Theo Harvey, CEO
tharvey@synsormed.com
404-596-8683
synsormed.com