

A Comprehensive Checklist for Florida Practices to structure your RPM Program for Compliance and Revenue

Week 1-2 Pre-Launch Foundation & Compliance

Provider Licensing & Registration

- ☐ Confirm all providers license are current and Active to practice in Florida
- ☐ For any out-of-state providers, confirm they're registered with Florida Department of Health
- ☐ Create a master license/registration log with:
 - ✓ Provider names
 - ✓ License numbers
 - ✓ Registration numbers
 - ✓ Expiration dates
- ☐ Alert system for renewals
- ☐ Share license verification log with billing team
- ☐ Establish process to stop billing immediately if any provider registration lapses

Legal & Compliance Documentation

- ☐ Consult with healthcare attorney on Florida RPM requirements
- ☐ Confirm Business Associate Agreement (BAA) in place with device vendors
- ☐ Obtain HIPAA Business Associate Agreements with any third-party monitoring services
- ☐ Document compliance policies in writing

Device & Integration Planning

- ☐ Select FDA-cleared monitoring devices for your patient population
- ☐ Confirm device capabilities and data types (BP, glucose, weight, O2 sat, etc.)
- ☐ Determine if device integrates with your EHR system
- ☐ If no EHR integration: plan alternative data capture method (spreadsheet, manual log)
- ☐ Test device functionality before patient enrollment
- ☐ Establish device support/troubleshooting procedures

Week 2-3 Patient Enrollment & Consent

Written Enrollment Forms

Create RPM Patient Enrollment Form that includes:

- ☐ Explanation of what RPM is and how it works
- ☐ Specific data types to be collected
- ☐ Device usage frequency and requirements
- ☐ Consequences of non-compliance or device failure
- ☐ Weekly review schedule
- ☐ Provider name and license number
- ☐ Practice phone number and emergency line
- ☐ Patient signature and date
- ☐ Physician signature and date
- ☐ Have attorney review enrollment form
- ☐ File original signed form in patient's chart
- ☐ Keep digital copy in RPM tracking system
- ☐ Obtain patient consent BEFORE enrolling in RPM

Week 3-4 Billing Infrastructure, Codes, Modifiers & Payers**CPT Codes & Modifiers**

- ☐ Identify RPM CPT codes applicable to your patient population:
- ☐ Other specialty-specific codes
- ☐ Determine correct modifiers for each payer:
 - ✓ GT (via telecommunications) - most common
 - ✓ 95 (synchronous telemedicine) if applicable
- ☐ Document payer-specific modifier requirements
- ☐ Verify which codes each payer will reimburse
- ☐ Confirm billing will only occur during active monitoring periods

Payer-Specific Rules

- ☐ Create 1-Page Reference Guide for Each Payer
- ☐ Check if Prior authorization required? (Yes/No) & Auth turnaround time
- ☐ Document all covered diagnoses for RPM their reimbursement rate and documentation requirements
- For Medicaid: GT modifier required; No payment parity required; 16/30-day requirement

- For Medicare: Bundled with office visits (no separate billing); Different rules by beneficiary type
- Identify payers that DO NOT cover RPM

Claims Submission & Denial Prevention

- ☐ Create checklist before submitting claims
- ☐ Verify 16/30-day requirement met
- ☐ Assign single staff member for RPM claims with backup coverage
- ☐ Establish deadline to submit claims by day 10 of following month
- ☐ Track all denials and create appeal process with 15-day submission window

Week 4 Clinical Documentation & Data Tracking

Data Collection System

- ☐ Set up tracking for collection dates (EHR integration, spreadsheet, or vendor portal)
- ☐ Create device validation process. Verify whether the device collects daily data and flag any gaps
- ☐ Maintain tracker with patient name, monitoring dates, collection dates (must show ≥16 days of 30)

Weekly Review Documentation

- ☐ Create Review Note Template capturing date/time of review, summary, actions taken & treatment plan
- ☐ Get clinician signature on every review
- ☐ Master RPM Tracker Spreadsheet (Your Audit Tool)
 - Create columns with Patient Name | DOB | Provider | Month | Collection Dates | Days Count (≥16?) | Claim Submitted? | Payer | Claim # | Status | Notes
 - Update within 48 hours of claim submission
 - Use for preventing duplicate billing (one provider per patient per month)
 - Preserve monthly for audit readiness

Week 5 Staff Training & Quality Assurance

- ☐ Conduct periodic Staff Training on the following
 - Clinical: Patient selection, when to discontinue, documentation requirements, 16/30-day rule
 - Billing: CPT codes, modifiers, payer rules, common denials, appeal process, tracker use
 - Administrative: Enrollment process, device setup, patient support, privacy/HIPAA
- ☐ Conduct Quarterly Internal Audits
- ☐ Monthly Compliance Tasks
 - Update license verification log

- Generate data collection summary
- Quality check 3-5 clinical review notes
- Update master tracker; Monitor claims processing timeline

Note: Verify all payer-specific requirements before billing. Consult your healthcare attorney for legal compliance questions

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