



May 22, 2025

Administrator Mehmet Oz  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Juliet T. Hodgkins  
Acting Inspector General  
HHS Office of Inspector General  
330 Independence Avenue, SW  
Washington, DC 20201

Re: Clarification and Alignment on Remote Physiologic Monitoring (RPM) Audit Standards

Dear Administrator Oz and Acting Inspector General Hodgkins:

On behalf of ATA Action, we write to express concern regarding recent audits of Medicare claims for Remote Physiologic Monitoring (RPM) services. While we strongly support efforts by CMS and OIG to safeguard the integrity of the Medicare program, we are troubled by the emergence of audit findings that appear to conflict with CMS's established RPM billing guidelines.

**Context: Growth in RPM Utilization Was Appropriate and Predictable**

The OIG's June 2023 report on RPM noted a dramatic increase in Medicare claims for RPM from 2019 to 2022. While this increase may appear sharp, it reflects a confluence of predictable and appropriate trends:

**New Code Set Adoption:** As with many new code sets added to the Medicare Physician Fee Schedule (MPFS), RPM codes saw slow uptake in 2019 and early 2020 due to low awareness and a natural lag in practice implementation.

**Pandemic-Driven Acceleration:** RPM utilization surged in 2020 not due to fraud or misuse, but because the COVID-19 pandemic accelerated the shift to virtual care. RPM enabled providers to monitor patients with chronic conditions or acute illnesses without exposing them to the risks of in-person visits.

**Encouragement by Policymakers:** CMS itself encouraged expanded use of virtual care during the Public Health Emergency, and RPM proved to be a vital tool for continuity of care.

The increase in utilization, in this light, should be viewed as a rational and beneficial evolution in care delivery—not inherently suspect.

**Concern: Auditors Are Imposing Requirements Beyond the MPFS**

Despite CMS's clear policies regarding RPM documentation, we have seen multiple instances where audit contractors have denied claims based on criteria that are not included in current Medicare guidance. For example:

**Verbal Consent:** The MPFS explicitly allows for verbal patient consent to RPM services, provided it is documented in the medical record. Yet some auditors are requiring written, signed consent—a standard not found in the regulations or sub-regulatory guidance.

**Orders/Prescriptions:** Similarly, CMS does not require a formal physician order or prescription labeled as such for RPM services. Nonetheless, auditors have denied claims citing the absence of a separate “order” document, contrary to CMS policy.

These misapplications not only undermine provider confidence but also threaten the viability of compliant RPM programs, particularly those serving high-need Medicare populations.

**Request: CMS and OIG Joint Action to Ensure Clarity and Consistency**

To support appropriate oversight without discouraging legitimate and beneficial RPM use, we respectfully request the following actions:

**1. Issue Joint Guidance:** CMS and OIG should issue joint clarifying guidance to audit contractors and the public that reinforces the actual documentation requirements for RPM as set forth in the MPFS.

**2. Educate Auditors and Stakeholders:** We urge the agencies to coordinate training for audit contractors to ensure alignment with CMS policies and prevent the application of extraneous or outdated standards.

**3. Promote Transparency in Appeals:** Providers must have access to a timely and transparent appeals process, with clear explanations when denials deviate from stated CMS policies.

We share CMS and OIG's commitment to program integrity and appropriate use of Medicare resources. Clarifying and standardizing RPM audit criteria will protect against fraud without penalizing providers who are following the rules and delivering valuable care.

Thank you for your attention to this matter. We would welcome the opportunity to support your efforts to ensure clarity and consistency in this important area. If you have any questions or would like to discuss further, please contact me at [amolnar@ataaction.org](mailto:amolnar@ataaction.org).

Sincerely,



**ANDY MOLNAR**

SVP and Head of Digital Health