

Payer Remote Patient Monitoring Policies – A Reference Guide for Ambulatory Practices

Overview

Remote patient monitoring (RPM) uses digital technologies to collect health information from a patient and electronically transmits that information securely to a health care provider in a different location.¹ This document overviews coverage and billing for RPM for government and private payers. Coverage policies among private payers differ between fully-insured² plans and self-funded plans.³ Providers are encouraged to verify patient eligibility and preauthorization requirements for RPM and reimbursement

About this Reference Guide

Information in the tables that follow can be found on payer websites and online portals.⁴ This document is intended for educational purposes; users are encouraged to contact payers for the most up to date information. Items from the Current Procedural Terminology CPT® code set used in this document are copyright of the American Medical Association.⁵

All payer policies are subject to change.

Government Payers

	Maryland Medicaid	Medicare
Codes and Description	<ul style="list-style-type: none"> • 0581 – Home Health Agencies • S9110 – All other providers • \$125 per 30 days of monitoring for: <ul style="list-style-type: none"> ○ Equipment installation; ○ Participant education for using the equipment; and ○ Daily monitoring of the information transmitted for abnormal data measurements. • The rate does not include and Medicaid will not pay for: <ul style="list-style-type: none"> ○ RPM equipment; ○ Upgrades to RPM equipment; or ○ Internet service for participants. <p>See Resources: 1, 2</p>	<ul style="list-style-type: none"> • 99091 – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver • 99453 – 99454 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) <ul style="list-style-type: none"> ○ 99453: Initial; set-up and patient education on use of equipment ○ 99454: Supply the device • 99457 – 99458 – Remote physiologic monitoring treatment management services requiring interactive communication with the patient/caregiver during the month • 99473 – 99474 – Self-measure blood pressure monitoring using a device validated for clinical accuracy <ul style="list-style-type: none"> ○ 99473: Patient education/training and device calibration ○ 99474: Patient/caregiver collection and reporting of two self-measured readings, one minute apart, and provider communication of a treatment plan to patient <p>See Resources: 1, 2, 3</p>

¹ Center for Connected Health Policy, *Remote Patient Monitoring (RPM)*. Available at: www.cchpc.org/about/about-telehealth/remotepatient-monitoring-rpm.

² COMAR 10.25.16.02(B)(5): Fully-insured plans are those where an employer pays a per-employee premium to a payer to assume the risk of providing health care coverage for their employees or an individual pays a premium to an insurance carrier for health care coverage.

³ COMAR 31.11.02.02(B)(8): Self-funded plans (also known as self-insured) are those where an employer pays to provide its employees with hospital, medical, surgical, or major medical benefits on an expense-incurred basis similar to benefits which could be provided under a group health insurance policy.

⁴ The MHCC obtained some information from payer representatives.

⁵ Use of this information is permitted for educational purposes under the Copyright Law of the United States (Title 17), Section 107 - Limitations on exclusive rights: Fair use.

	Maryland Medicaid	Medicare
Duration of Time	<ul style="list-style-type: none"> • 2 months of RPM services per episode; and • Two episodes per year per participant <p>See Resources: 1, 2</p>	<ul style="list-style-type: none"> • 99091 – Minimum of 30 minutes of time, billed once each 30 days • 99453 – Once per episode of care, minimum of 16 days • 99454 – Once every 30 days, minimum of 16 days for episode of care • 99457 – First 20 minutes in a calendar month • 99458 – Each additional 20 minutes in a calendar month • 99473 – Once per device • 99474 – Twice daily over a 30-day period (minimum of 12 readings) <p>See Resources: 1, 2, 3</p>
Provider Types	<ul style="list-style-type: none"> • Physician • Physician Assistant who has a delegation agreement with a supervising physician that: <ul style="list-style-type: none"> ○ Outlines duties within the medical practice or facility which has been filed with and approved by the Board of Physicians ○ Documents the specialized training, education, and experience of the physician assistant for performing advanced duties • Certified Nurse Practitioner • Home Health Agency with physician referral <p>See Resources: 3, 4</p>	<ul style="list-style-type: none"> • 99091 – Physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) • 99453 – 99454 – Check with carrier • 99457 – 99458 – Clinical staff/physician/other qualified health care professional • 99473 – 99474 – Physician or other qualified health care professional <p>See Resources: 1, 2, 3</p>
Prior Authorization	<ul style="list-style-type: none"> • Required <p>See Resource: 5</p>	<ul style="list-style-type: none"> • Check with carrier
Conditions	<p>For patients with at least two hospital admissions or ED visits within the prior 12 months related to one of the following conditions:</p> <ul style="list-style-type: none"> • Chronic obstructive pulmonary disease; • Congestive heart failure; • Diabetes type 1 or 2 <p>See Resources: 6</p>	<ul style="list-style-type: none"> • Must be a Medicare beneficiary • 99091 – Must have an in-person visit within the past year or service must be initiated in-person • Physiologic conditions or data • No additional disease conditions listed <p>See Resources: 1, 2, 3</p>
Resources		
	<ol style="list-style-type: none"> 1. Reimbursement for Remote Patient Monitoring Services Effective January 1, 2018 2. Reimbursement for Remote Patient Monitoring Services Home Health Agencies Effective January 1, 2018 3. COMAR 10.09.96.03 License Requirements 4. COMAR 10.09.96.04 Provider Conditions for Participation 5. COMAR 10.09.96.08 Preauthorization Requirements 6. COMAR 10.09.96.05 Participant Eligibility for Services 7. 	<ol style="list-style-type: none"> 1. Medicare Fee-for-Service Payment File 2. Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies 3. Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019

Private Payers

	Aetna	Cigna	CareFirst	Kaiser	UnitedHealthcare
Codes and Description	<ul style="list-style-type: none"> 99453–99454 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) <ul style="list-style-type: none"> 99453: Initial; set-up and patient education on use of equipment 99454: Supply the device 99457 –99458 –Remote physiologic monitoring treatment management services requiring interactive communication with the patient/caregiver during the month <p>See Resources: 1, 2</p>	<ul style="list-style-type: none"> 99091 – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver <p>See Resources 1, 2</p>	<ul style="list-style-type: none"> RPM is not covered as a separate reimbursable encounter; services are reimbursed as part of face-to-face encounters <p>See Resources 1</p>	<ul style="list-style-type: none"> Covers 99091; 99453; 99454; 99457; 99458; 99091 – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver 99453 – 99454 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) <ul style="list-style-type: none"> 99453: Initial; set-up and patient education on use of equipment 99454: Supply the device 99457 – 99458 – Remote physiologic monitoring treatment management services requiring interactive communication with the patient/caregiver during the month <p>See Resource: 1</p>	<ul style="list-style-type: none"> Covers 99091; 99453; 99454; 99457; 99458; 99473; 99474 in the same manner as Medicare 99091 – Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver 99453 – 99454 – Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate) <ul style="list-style-type: none"> 99453: Initial; set-up and patient education on use of equipment 99454: Supply the device 99457 – 99458 – Remote physiologic monitoring treatment management services requiring interactive communication with the patient/caregiver during the month 99473 – 99474 – Self-measure blood pressure monitoring using a device validated for clinical accuracy <ul style="list-style-type: none"> 99473: Patient education/training and device calibration 99474: Patient/caregiver collection and reporting of two self-measured readings, one minute apart, and provider communication of a treatment plan to patient <p>See Resources: 1, 2, 3, 4</p>

	Aetna	Cigna	CareFirst	Kaiser	UnitedHealthcare
Duration of Time	<ul style="list-style-type: none"> • 99453 – Once per episode of care, minimum of 16 days • 99454 – Once every 30 days, minimum of 16 days for episode of care • 99457 – First 20 minutes in a calendar month • 99458 – Each additional 20 minutes in a calendar month <p>See Resources: 1, 2</p>	<ul style="list-style-type: none"> • 99091 – Minimum of 30 minutes of time, billed once each 30 days <p>See Resources 1, 2</p>	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 99091 – Minimum of 30 minutes of time, billed once each 30 days • 99453 – Once per episode of care, minimum of 16 days • 99454 – Once every 30 days, minimum of 16 days for episode of care • 99457 – First 20 minutes in a calendar month • 99458 – Each additional 20 minutes in a calendar month <p>See Resource: 1</p>	<ul style="list-style-type: none"> • 99091 – Minimum of 30 minutes of time, billed once each 30 days • 99453 – Once per episode of care, minimum of 16 days • 99454 – Once every 30 days, minimum of 16 days for episode of care • 99457 – First 20 minutes in a calendar month • 99458 – Each additional 20 minutes in a calendar month • 99473 – Once per device • 99474 – Twice daily over a 30-day period (minimum of 12 readings) <p>See Resources 1, 2, 3, 4</p>
Provider Types	<ul style="list-style-type: none"> • Clinical staff/physician/other qualified health care professional <p>See Resources: 1, 2</p>	<ul style="list-style-type: none"> • Physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) <p>See Resources 1, 2</p>	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 99091 – Physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) • 99453 – 99454 – Check with carrier • 99457 – 99458 – Clinical staff/physician/other qualified health care professional <p>See Resource: 1</p>	<ul style="list-style-type: none"> • 99091 – Physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) • 99453 – 99454 – Check with carrier • 99457 – 99458 – Clinical staff/physician/other qualified health care professional • 99473 – 99474 – Physician or other qualified health care professional <p>See Resources 1, 2, 3, 4</p>
Conditions	<ul style="list-style-type: none"> • Check with carrier 	<ul style="list-style-type: none"> • Reimbursed according to the providers fee schedule <p>See Resources 1, 2</p>	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • 99091 – Must have an in-person visit within the past year or service must be initiated in-person <p>See Resource: 1</p>	<ul style="list-style-type: none"> • 99091 – Must have an in-person visit within the past year or service must be initiated in-person • Physiologic conditions or data • No additional disease conditions listed <p>See Resources 1, 2, 3, 4</p>

	Aetna	Cigna	CareFirst	Kaiser	UnitedHealthcare
	Resources				
	<ol style="list-style-type: none"> 1. Providers can obtain information on coverage through the Availity Portal. 2. Providers can contact Aetna in a variety of mediums available on Contact Aetna page. 	<ol style="list-style-type: none"> 1. Providers can access more information on Cigna's Coverage Policies page. 2. Providers can contact Cigna in a variety of mediums available on Cigna's Contact Us page. 	<ol style="list-style-type: none"> 1. CareFirst Provider Manual 	<ol style="list-style-type: none"> 1. COVID-19 Telehealth Reference Guide for Participating Network Providers 	<ol style="list-style-type: none"> 1. Telehealth and Telemedicine Policy, Professional 2. Medicare Fee-for-Service Payment File 3. Medicare Program; CY 2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies 4. Final Policy, Payment, and Quality Provisions Changes to the Medicare Physician Fee Schedule for Calendar Year 2019

Questions?



This document was developed by Justine Springer, MHCC Program Manager

For questions, email Justine at justine.springer@maryland.gov