

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 for RPM and reimbursement prior to monitoring patients.

About this Reference Guide

The tables that follow include information from payer websites and was not audited for accuracy.⁴ Information presented herein is intended for educational purposes; users of this document are encouraged to contact payers for the most up to date information. Practices are encouraged to verify patient eligibility and reimbursement for RPM.

Government Payers

	Maryland Medicaid	Medicare
Codes and Description	 Home Health Agencies <u>Reimbursement for Remote Patient Monitoring Services through Home Health Agencies Effective January 1, 2018</u>, page 2 All other providers <u>Reimbursement for Remote Patient Monitoring Services Provided through Physicians, Nurse Practitioners, and Physician Assistants Effective January 1, 2018</u>, page 2 	 <u>Medicare Fee-for-Service Payment File</u>, Addendum B Relative Value Units and Related Information CY 2022 <u>Medicare Program; CY 2022 Payment Policies Under the Physician Fee</u> <u>Schedule and Other Changes to Part B Payment Policies</u>, pages 65114-65116 <u>Final Policy, Payment, and Quality Provision Changes to the Medicare</u> <u>Physician Fee Schedule for Calendar Year 2019</u>

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

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.

	Maryland Medicaid	Medicare
Codes and Description (cont.)	 Coverage <u>Reimbursement for Remote Patient Monitoring Services through Home</u> <u>Health Agencies Effective January 1, 2018</u>, page 2 <u>Reimbursement for Remote Patient Monitoring Services Provided through</u> <u>Physicians, Nurse Practitioners, and Physician Assistants Effective January 1, 2018</u>, page 2 	
Duration of Time	 Home Health Agencies <u>Reimbursement for Remote Patient Monitoring Services through Home Health Agencies Effective January 1, 2018</u>, page 2 All other providers <u>Reimbursement for Remote Patient Monitoring Services Provided through Physicians, Nurse Practitioners, and Physician Assistants Effective January 1, 2018</u>, page 2 	 <u>Medicare Fee-for-Service Payment File</u>, Addendum B Relative Value Units and Related Information CY 2022 <u>Medicare Program; CY 2022 Payment Policies Under the Physician Fee</u> <u>Schedule and Other Changes to Part B Payment Policies</u>, pages 65114-65116 <u>Final Policy, Payment, and Quality Provision Changes to the Medicare</u> <u>Physician Fee Schedule for Calendar Year 2019</u>
Provider Types	 License Requirements <u>COMAR 10.09.96.03</u> Provider Conditions for Participation <u>COMAR 10.09.96.04</u> 	 <u>Medicare Fee-for-Service Payment File</u>, Addendum B Relative Value Units and Related Information CY 2022 <u>Medicare Program; CY 2022 Payment Policies Under the Physician Fee</u> <u>Schedule and Other Changes to Part B Payment Policies</u>, pages 65114-65116
Prior Authorization	 Required <u>Reimbursement for Remote Patient Monitoring Services through Home</u> <u>Health Agencies Effective January 1, 2018</u>, pages 1-2 <u>Reimbursement for Remote Patient Monitoring Services Provided</u> <u>through Physicians, Nurse Practitioners, and Physician Assistants</u> <u>Effective January 1, 2018</u>, pages1-2 <u>COMAR 10.09.96.08</u> 	Check with payer
Conditions	 Participant Eligibility for Services <u>Reimbursement for Remote Patient Monitoring Services through Home Health Agencies Effective January 1, 2018</u>, pages 1-2 <u>Reimbursement for Remote Patient Monitoring Services Provided through Physicians, Nurse Practitioners, and Physician Assistants Effective January 1, 2018</u>, pages1-2 <u>COMAR 10.09.96.05</u> 	 <u>Medicare Fee-for-Service Payment File</u>, Addendum B Relative Value Units and Related Information CY 2022 <u>Medicare Program; CY 2022 Payment Policies Under the Physician Fee</u> <u>Schedule and Other Changes to Part B Payment Policies</u>, pages 65114-65116 <u>Final Policy, Payment, and Quality Provision Changes to the Medicare</u> <u>Physician Fee Schedule for Calendar Year 2019</u>

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Private Payers

	Aetna	CareFirst	Cigna	UnitedHealthcare
Codes and Description	• <u>Aetna Availity Portal</u>	<u>CareFirst Provider Manual,</u> pages 123-124	<u>Cigna Reimbursement Policy</u> <u>Virtual Care</u> , page 12	 <u>Telehealth, Virtual Health</u> <u>Policy, Professional</u>, pages 3, 5 <u>CTBS-and-Remote-</u> <u>Physiologic-Monitoring-</u> <u>Eligible-Code-List</u>
Duration of Time	• <u>Aetna Availity Portal</u>	 <u>CareFirst Provider Manual</u>, pages 123-124 <u>Medical Policy Reference</u> <u>Manual</u>, 2.01.084 Remote <u>Patient Monitoring</u>, page 2 	<u>Cigna Reimbursement Policy</u> <u>Virtual Care</u> , page 12	• <u>Telehealth, Virtual Health</u> <u>Policy, Professional</u> , page 3
Provider Types	<u>Aetna Availity Portal</u>	 <u>CareFirst Provider Manual</u>, pages 123-124 <u>Medical Policy Reference</u> <u>Manual</u>, 2.01.084 Remote <u>Patient Monitoring</u>, page 1 	<u>Cigna Reimbursement Policy</u> <u>Virtual Care</u> , page 12	<u>Telehealth, Virtual Health</u> <u>Policy, Professional</u> , page 2
Prior Authorization	<u>Aetna Availity Portal</u>	Check with payer	Check with payer	Check with payer
Conditions	<u>Aetna Availity Portal</u>	 <u>CareFirst Provider Manual</u>, pages 123-124 <u>Medical Policy Reference</u> <u>Manual</u>, 2.01.084 Remote <u>Patient Monitoring</u>, page 1 	 Reimbursed according to the providers fee schedule <u>Cigna's Coverage</u> Policies page 	 <u>Telehealth, Virtual Health</u> <u>Policy, Professional</u>, page 3 <u>CTBS-and-Remote-</u> <u>Physiologic-Monitoring-</u> <u>Eligible-Code-List</u>
		Resources		
	Providers can contract Aetna in a variety of mediums available on <u>Contact Aetna</u> <u>page</u> .	 Providers can contact CareFirst on the <u>Looking for</u> <u>Support?</u> page. 	 Providers can access more information on <u>Cigna's</u> <u>Coverage Policies page</u>. Providers can contract Cigna in a variety of mediums available on <u>Cigna's Contact</u> <u>Us page</u>. 	 Providers can access more information on United Healthcare's <u>Telehealth/Virtual Health</u> <u>Policy, Professional page</u>. Providers can contract United Healthcare in a variety of mediums available on <u>United Healthcare's</u> <u>Provider Portal Resources</u> <u>page</u>.

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Questions?



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