

Subject:	Remote Patient Monitoring and Remote Therapeutic Monitoring		
Policy Number:	PO-RE-074v3		
Effective Date:	04/01/2025	Last Approval Date:	12/16/2024

I. Policy Description

The purpose of this policy is to outline the reimbursement guidelines for Remote Patient Monitoring (RPM) services and Remote Therapeutic Monitoring (RTM) services offered by Healthfirst. This policy aims to support the use of RPM and RTM to improve patient outcomes by ensuring appropriate reimbursement for these services.

The information below applies to the following lines of business:

- Child Health Plus (CHP)
- Healthfirst Insurance Commercial (HFIC)
- Medicare Advantage
- Personal Wellness Plan (PWP)/Health & Recovery (HARP)
- Medicaid Advantage Plus/MAP (CompleteCare)
- Essential Plan (EP)
- Medicaid Managed Care (MMC)
- Medicare PPO
- Qualified Health Plan (QHP)

Definition of Remote Patient Monitoring (RPM)

RPM is the use of technological devices, such as blood pressure monitors and glucose meters, to remotely monitor a patient's health status. Devices used must digitally collect and transmit physiological data for diagnosis, treatment, or management of a patient's condition, following FDA regulations.

Definition of Remote Therapeutic Monitoring (RTM)

RTM captures non-physiological data related to therapeutic treatment. This includes data on a patient's musculoskeletal or respiratory system. RTM can also monitor treatment adherence (e.g., medication compliance) and treatment response (e.g., pain management). Information is transmitted using a connected medical device.

Both remote physiological monitoring and remote therapeutic monitoring data can be transmitted electronically; however, only RTM data can be self-reported by the patient using the device.

Policy Scope

Remote Patient Monitoring (RPM) (CPT® codes 99091, 99453, 99454, 99457, 99458, 99473, 99474, HCPCS code G0322) is considered reimbursable when **ALL** the following criteria are met for the technology in question:

- Device setup and training: The initial setup of RPM devices and training for patients and caregivers on how to use them.
- Device Monitoring: The ongoing monitoring of the patient data collected through RPM devices, including reviewing, and analyzing patient data, identifying trends, and alerting healthcare providers of any significant changes in the patient's condition.
- Care coordination: Communication and coordination between healthcare providers involved in the patient's care including sharing of patient data and treatment recommendations.
- Patient education: Education and support for patients and caregivers on managing their condition, including how to use RPM devices, how to interpret their data, and how to make lifestyle changes to improve their health.

Remote Therapeutic Monitoring (RTM) (CPT® codes 98975, 98976, 98977, 98980, 98981) is considered reimbursable when **ALL** the following criteria are met for the technology in question:

1. RTM is prescribed and administered only by board-eligible or board-certified medical providers or subspecialists (physicians or non-physician practitioners: nurse practitioners, physicians assistants) or therapists such as Physical Therapists, Occupational Therapists and Speech Therapists. Services are not diagnostic tests and cannot be furnished or billed by an Independent Diagnostic Testing Facility.
2. RTM must be used for remote communication, counseling and management of acute or chronic health conditions.
3. Documentation of the members' written or verbal consent to receive remote therapeutic monitoring services at the time services are furnished is required.
4. Payment for RPM while a member is receiving home health services through a Certified Home Health Agency (CHHA) is pursuant to PHL Section 3614 (3-c) (a) – (d) and will only be made to that same CHHA.
5. FQHCs that have opted out of Ambulatory Patient Group (APGs) are unable to bill for RPM/RTM services at this time.

Billing guidelines

1. **Eligible Codes:** Healthfirst follows Centers for Medicare & Medicaid (CMS) and NYS Medicaid guidelines and considers digitally stored data services or RPM/RTM services reported with CPT® codes 99453, 99454, 99457, 99458, 99473, 99474, 99091, G0322, 98975, 98976, 98977, 98980, and 98981 eligible for reimbursement, according to the Provider's contract with Healthfirst, CMS Physician Fee Schedule, or NYS Medicaid Fee Schedule.

2. For Medicare Advantage and Medicare PPO Plans, RPM and RTM coverage adheres to CMS guidelines. It is not permitted in a telehealth setting and should not be reported using Place of Service (POS) 02 or 10 and/or with the Telehealth modifier (93, 95, or GT).

3. Covered Lines of Business:

a. Remote Patient Monitoring Service Codes

Code	Description (with notes)	Billing Frequency	Covered Lines of Business					
			Medicaid (MMC)/ Health & Recovery (HARP)/ Child Health Plus (CHP)	Healthfirst Insurance Commercial (HFIC)	Essential Plans (EP)	Qualified Health Plan (QHP)	SHP	Medicare Advantage/ Medicare PPO/ Medicaid Advantage Plus/MAP (CompleteCare)
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days. (Cannot be billed in same calendar month as 99457 and 99458)	Once every 30 days	✓	✓	✓	✓	Not Covered	✓
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (For maternity use modifier HD)	Once for initial device set-up	✓	Not Covered	✓	✓	Not Covered	✓
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (RPM device must have daily biometric readings, must transmit data at least 16 days/month. For maternity use modifier HD)	Once every 30 days	✓	✓	✓	✓	Not Covered	✓
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes. (Requires interactive communication with patient/caregiver)	Once per calendar year	✓	✓	✓	✓	Not Covered	✓
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure). (Requires interactive communication with patient/caregiver)	Twice per calendar year	Not Covered	✓	Not Covered	Not Covered	Not Covered	✓
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration. (Should not be reported if performed as part of an E/M service)	Once for initial device set-up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient. (Cannot be billed in same calendar month as 93484, 93786, 93788, 93790, 99453-8, 99091. Should not be reported if performed as part of an E/M service)	Once per calendar month	Not Covered	✓	Not Covered	Not Covered	Not Covered	✓
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	Once per calendar month	*	*	*	*	*	*

(✓) Covered

(*) Covered but not reimbursable

b. Remote Therapeutic Monitoring Service Codes

Code	Description (with notes)	Billing Frequency	Covered Lines of Business					Medicare Advantage / Medicare PPO/ Medicaid Advantage Plus/MAP (Complete Care)
			Medicaid (MMC)/ HARP/ CHP	Healthfirst Insurance Commercial (HFIC)	Essential Plans (EP)	Qualified Health Plan (QHP)	SHP	
98980	Remote therapeutic monitoring treatment management services, physician/ other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes	Once per calendar month	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
98981	Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	Once per calendar month	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Once for initial device set-up	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
98976	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Once every 30 days	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓
98977	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Once every 30 days	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	✓

(✓) Covered

(*) Covered but not reimbursable

- If a more specific code is available to describe the remote patient monitoring service, the more specific code should be billed instead (for example, CPT code 95250 for continuous glucose monitoring and CPT codes 99473 and 99474 for self-measured blood pressure monitoring).
- CMS designated RTM CPT codes as “sometimes therapy” to permit physicians and certain Nonphysician Practitioners (NPPs), including nurse practitioners, physician assistants, and clinical nurse specialists to furnish these services outside a therapy plan of care when appropriate. When furnished by therapists, these “sometimes therapy” services are “always therapy,” which means they must be accompanied by the appropriate therapy modifier – GP, GO or GN -- to reflect that it is under a physical therapy, occupational therapy, or speech-language pathology plan of care, respectively.
- CMS recognizes that physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists can deliver remote therapeutic monitoring (RTM) services when appropriate. The RTM treatment management services, as outlined by CPT codes 98980

and 98981, are delivered remotely to beneficiaries in their homes by therapists in private practice or those employed in facilities, such as rehabilitation agencies and comprehensive outpatient rehabilitation facilities. In contrast, the RTM service related to initial setup and patient education on equipment use (CPT code 98975) occurs either in the office or in the patient's home.

7. When remote therapeutic monitoring (RTM) services are not directly provided by a physician, non-physician practitioner (NPP), or therapist, they must be delivered under direct supervision. While therapy services always need to align with established therapy plans of care, any RTM services associated with a specific therapy device—such as the ARIA Physical Therapy supply device under CPT code 98977, which includes therapeutic exercises—must also comply with a therapy plan of care when delivered by physicians and NPPs. Additionally, RTM services that are delegated by physical therapists (PTs) and occupational therapists (OTs) to physical therapist assistants and occupational therapy assistants, respectively, must adhere to the minimal threshold standard, except for the CPT codes for the devices.
8. Pregnancy and Post-Partum
 - Additionally, per NY State Medicaid guidance for Medicaid LOB, several additional codes will be covered when part of a contracted and approved Healthfirst program:
 - CPT Code “99453” with HD modifier, denoting pregnant/postpartum service, may be billed once per patient per pregnancy for the initial set-up of the RPM device/equipment. CPT Code “99453” is to be used once per episode of clinical care (the time from service activation of the device/equipment to when the RPM period ends).
 - CPT Code “99454” with an HD modifier, denoting pregnant/postpartum services, may be billed once per 30-day period when the provider supplies and uses a medical device/equipment to remotely monitor and collect patient-generated health data during the member’s pregnancy and/or the postpartum period(s). CPT Code “99454” is billed for continuous RPM medical device supply and patient monitoring.
 - Billing CPT code “99453” and CPT code “99454” requires usage of a medical device that digitally collects and transmits 16 or more days of data every 30 days.
 - CPT Code “99454” is billed along with CPT Code “99091.”
9. Only one provider can bill in RTM / RPM per 30 days: Only one practitioner can bill RPM codes or RTM billing codes 98976, 98977, 98980, and 98981 in a 30-day period, even if the patient is provided with multiple medical devices from multiple practitioners. Per CMS, “The services associated with all the medical devices can be billed by only one practitioner, only once per patient, per 30-day period and only when at least 16 days of data have been collected.”
10. Practitioners cannot bill for both RPM and RTM during the same 30-day period. However, RPM or RTM can be billed concurrently with the following services:
 - Chronic care management

- Transition care management
 - Behavioral health integration
 - Principal care management
 - Chronic pain management
11. Cost sharing for RPM/RTM services is determined by the member's benefit plan.
 12. Providers must ensure accurate coding for RPM/RTM claims. Non-compliance may result in claim denial or rejection.
 13. Reimbursement for RPM and RTM services will be determined based on the provider's scope and the reimbursement rates outlined in the provider's contract with Healthfirst.
 14. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17.6, "Claims Inquiries, Corrected Claims, Claim Reconsideration, and Appeal Process" in this section.*

II. Applicable Codes

Code	Description
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
99091	Collection and interpretation of physiological data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days

99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiological monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient
G0322	The collection of physiological data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

III. Definitions

Term	Meaning
LOB	Line of Business
POS	Place of Service
PA	Prior Authorization
Remote Patient Monitoring (RPM)	The use of synchronous or asynchronous electronic information and communication technologies to collect personal health information and medical data from a patient at an originating site that is transmitted to a telehealth provider at a distant site for use in the treatment and management of medical conditions that require frequent monitoring. Such technologies may include additional interaction triggered by previous transmissions, such as interactive queries conducted through communication technologies or by telephone.
Remote Monitoring Medical Device	Medical devices that digitally collect and transmit a patient's physiological data. This data must be electronically collected and automatically uploaded to the secure location where the data is available for analysis and interpretation by the billing practitioner. The device used to collect and transmit the data must meet the definition of a medical device as defined by the FDA in the 201(h) of Federal, Food, Drug, and Cosmetic Act; however, it does not have to be FDA-cleared/registered. To qualify as RPM, medical devices must be used to collect and transmit reliable and valid physiological data that helps describes the patients' health status to develop and manage a plan of treatment.

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Legislation NY State Senate (nysenate.gov)
Telehealth and remote patient monitoring Telehealth.HHS.gov
Rapid Growth Of Remote Patient Monitoring Is Driven By A Small Number Of Primary Care Providers
New York State Medicaid Update: June 2021 (ny.gov)
NYS Medicaid-Expansion of Telehealth
New York State Medicaid Update - June 2021 Special Edition Volume 37 Number 7 - Telehealth
New York State Medicaid Update - January 2023 Volume 39 - Number 2 (ny.gov)
CMS Manual -Pub 100-04 Medicare Claims Processing
MM12805 - Telehealth Home Health Services: New G-Codes

VI. Revision History

Revision Date	Summary of Changes
04/14/2025	1. Added FQHCs that have opted out of Ambulatory Patient Groups (APGs) are unable to bill for RPM services at this time
03/05/2025	2. Added grid for RTM
11/13/2024	<p>1. Added RTM services codes 98975, 98976, 98977, 98980 and 98981</p> <p>Medicaid Plans: Removed coverage for CPT codes 99457, 99473, 99474 and G0322</p> <p>2. Medicare Line of Business: RPM and RTM should not be reported with POS 02 or 10 and/or a Telehealth modifier (95, GT, GQ or G0).</p>

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.