

Subject:	Remote Patient Monitoring Reimbursement Policy		
Policy Number:	PO-RE-074v1		
Effective Date:	01/1/2024	Last Approval Date:	09/18/2023

I. Policy Description

This policy outlines Healthfirst reimbursement guidelines for Remote Patient Monitoring (RPM). Remote Patient Monitoring is a way to remotely monitor patients' health status using technology devices such as blood pressure monitors, glucose meters and other connected medical devices. The purpose of this policy is to ensure the Remote Patient Monitoring (RPM) services are reimbursed appropriately and to encourage the use of RPM to improve the patient outcomes.

Remote Patient Monitoring Reimbursement Policy

Remote Patient Monitoring (RPM) (CPT® codes 99091, 99453, 99454, 99457, 99458, 99473, 99474, HCPCS code G0322) is considered medically necessary for ANY of the following indications:

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus
- Heart Failure
- Wound Care
- Polypharmacy
- Mental or Behavioral problems
- Technology-dependent care such as continuous oxygen, ventilator care, total parental nutrition, or enteral feeding.

1. RPM services can be ordered and billed only by physicians or non-physician practitioners (nurse practitioners, physicians assistants) who are eligible to bill for Evaluation/ Management (E/M) services.
2. RPM services are not diagnostic tests and cannot be furnished or billed by an Independent Diagnostic Testing Facility.
3. 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).
4. Documentation of the member's written or verbal consent to receive remote physiologic monitoring services at the time services are furnished is required.

Covered Services

Initial Set-up and Continued Monitoring; Supplies

CPT 99453; 99454 Providing Education and Set-up of device: All auxiliary personnel (including clinical staff and non-clinical) may provide education to patients on RPM services and set up of the device under CPT code 99453. The personnel can be either contracted or employed by the billing practitioner. This means that RPM vendors can provide the education and set-up of the device.

16 Days of Monitoring: To bill for initial set-up and continued monitoring, monitoring must occur over at least 16 days of a 30-day period. RPM services can only be billed by one practitioner per 30-day period and cannot be reported for a patient more than once during a 30-day period (even when multiple medical devices are provided to a patient). CPT code 99453 can be billed only once per episode of care which “begin[s] when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals”.

Definition of Medical Device: Medical devices that digitally collect and transmit a patient’s physiologic data must be reasonable and necessary for the diagnosis or treatment of the patient’s illness or injury or to improve the functioning of a malformed body member. The device must meet the FDA’s definition of medical device 201(h) of Federal, Food, Drug, and Cosmetic Act; however, it does not have to be FDA-cleared/registered. The devices must digitally (automatically) upload patient physiologic data and cannot be recorded or reported by the patient. Medical devices must be used to collect and transmit reliable and valid physiologic data that helps describe the patients’ health status to develop and manage a plan of treatment.

Collecting and Analyzing Physiologic Data

CPT 99091

After the data collection period for CPT codes 99453 and 99454, the physiologic data that are collected and transmitted may be analyzed by a “physician or other qualified health care professional, qualified by education, training, licensure/regulation.” This code includes only professional work and does not contain any direct practice expense (PE). The valuation for CPT code 99091 includes a total time of 40 minutes of physician or NPP work, broken down as follows: 5 minutes of preservice work (for example, chart review); 30 minutes of intra-service work (for example, data analysis and interpretation, report based upon the physiologic data, as well as a possible phone call to the patient); and 5 minutes of post-service work (that is, chart documentation).

Management Services (First 20 Minutes/Each Additional 20 Minutes)

CPT 99457 & 99458

Care Management by Clinical Staff: After analyzing and interpreting remotely collected physiologic data, the data is used to develop a treatment plan and then manage the plan until the targeted goals of the treatment plan are attained. CPT codes 99457 & 99458 are designated as care management services and as such can be provided by clinical staff under the general supervision of the physician or NPP. *Interactive Communication:* Services are typically provided remotely using communications technologies that allow interactive communication. Interactive communication, involves, a real time

synchronous, two-way audio interaction that is capable of being enhanced with video or 2021 Medicare Coverage of Remote Physiologic Monitoring (RPM) other kinds of data transmission; as well as time engaged in non-face-to-face care management services during calendar year. The first 20 minutes of interactive communication are reporting using CPT 99457 and each additional 20 minutes is reported using CPT code 99458.

CPT 99091

Telehealth services provided by means of RPM should be billed using CPT code **"99091"** [Collection and interpretation of physiologic data (e.g., Electrocardiography {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 and licensure/regulation (when applicable) requiring a minimum of 30 minutes of time].

- Providers are not to bill **"99091"** more than one time per member per month. ⁱ
- RPM may include follow-up on previously transmitted data conducted through communication technologies which may include additional interaction triggered by previous transmissions, such as interactive queries conducted through communication technologies or by telephone.
- RPM must be ordered and billed by a physician, nurse practitioner or midwife, with whom the member has or has entered into a substantial and ongoing relationship. RPM can also be provided and billed by an Article-28 clinic, when ordered by one of the previously mentioned qualified practitioners.
- Members must be seen in-person by their practitioner, as needed, for follow-up care.
- RPM must be medically necessary and shall be discontinued when the member's condition is determined to be stable/controlled.
- 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.
- FQHCs that have opted out of APGs are unable to bill for RPM services. ⁱⁱ

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."

The following RPM services are reimbursable:

Healthfirst shall reimburse providers in accordance with the fee schedule applicable to the providers' contract.

- 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.

Coverage for Remote Patient Monitoring (RPM) varies across plans. Refer to the patient's benefit plan document for coverage details and Healthfirst Clinical Policy

Billing guideline

Modifiers to be used When Billing for RPM

Modifier	Description	Note/Example
"95"	Synchronous telemedicine service rendered via real-time interactive audio and video telecommunication system	Note: Modifier "95" may only be appended to the specific services covered by Medicaid and listed in Appendix P of the <i>AMA's CPT Professional Edition 2018 Codebook</i> . The Current Procedural Terminology (CPT) codes listed in Appendix P are for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio-visual telecommunication system.
"GT"	Via interactive audio and video telecommunication systems	Note: Modifier "GT" is only for use with those services provided via synchronous telemedicine for which modifier "95" cannot be used.
"GQ"	Via asynchronous telecommunications system	Note: Modifier "GQ" is for use with Store-and-Forward technology
"25"	Significant, separately identifiable E&M service by the same physician or other qualified health care professional on the same day as a procedure or other service	Example: The member has a psychiatric consultation via telemedicine on the same day as a primary care E&M service at the originating site. The E&M service should be appended with the "25" modifier.

Place of Service Code to be used when billing for Remote Patient Monitoring (RPM).

Place of Service (POS) Code	
02	Telehealth provided other than in the home of the patient.
10	Telehealth provider in the home of the patient (which is a location other than a hospital or other facility where the patient receives care in a private residence).

Adjudication and Appeal Process

1. Healthfirst will follow Centers for Medicare & Medicaid (CMS) guidelines and considers digitally stored data services or remote patient monitoring services reported with CPT® codes 99453, 99454, 99457, 99458, 99473, 99474, 99091, and G0322 eligible for reimbursement, according to the CMS Physician Fee Schedule.

- For Healthfirst Medicare Advantage, remote patient monitoring will be covered per Medicare guidelines.
- For Commercial or Essential health plans, remote patient monitoring will be covered according to the member’s benefit plan.
- For Healthfirst Medicaid plans, Healthfirst will follow NYS Medicaid guidelines for CPT® codes 99453, 99454, 99457, 99458, 99473, 99474, and 99091. These codes are eligible for reimbursement.

2. If Healthfirst determines that a claim does not meet clinical guidelines, Healthfirst will reject or deny the claim. Providers will have to appeal with medical records. Providers should refer to their provider contract or Healthfirst Provider Manual for the standard appeal process.

3. Remote patient monitoring will be covered according to the member’s benefit plan and Healthfirst’s standard telehealth reimbursement policy. Cost sharing for remote patient monitoring services will be determined according to the member’s benefit plan.

In Scope Lines of Business:

Medicare, Medicaid, HARP, Child Health Plus, Essential Plan, Qualified Health Plan, Commercial

II. Applicable Codes

Code	Description	Comment
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	

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 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)	
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 physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)	

III. Definitions

Term	Meaning
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 physiologic 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 physiologic data that helps describes the patients' health status to develop and manage a plan of treatment.
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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
https://doi.org/10.1377/hlthaff.2021.02026
New York State Medicaid Update: June 2021 (ny.gov)
https://www.health.ny.gov/health_care/medicaid/program/update/2019/feb19_mu_speced.pdf
https://health.ny.gov/health_care/medicaid/program/update/2021/no07_2021-06_covid-19_telehealth.htm#rpm
New York State Medicaid Update - January 2023 Volume 39 - Number 2 (ny.gov)

VI. Revision History

Revision Date	Summary of Changes

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 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.
