Medical Necessity Guidelines:

Remote Patient Monitoring for Tufts Health Together, One Care, and Senior Care Options (SCO)

Effective: November 1, 2024

Prior Authorization Required If <u>REQUIRED</u>, submit supporting clinical documentation pertinent to service request to the FAX numbers below	Yes ☐ No ☒
Notification Required IF <u>REQUIRED,</u> concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816

☐ Tufts Health Plan Commercial products; 617-972-9409

    CareLink^{SM} – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055

☒ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; 888-415-9055

☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404

☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Harvard Pilgrim Health Care Stride^{SM} Medicare Advantage; 866-874-0857

☒ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-673-0965

☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-673-0965

☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-673-0965

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

The delivery of remote patient monitoring outside of the traditional health care setting has rapidly evolved and has been proposed for patients with conditions that are at risk for decompensation and readmission. Remote patient monitoring (RPM) is the use of digital technologies to collect, measure, analyze, and/or transmit data about the physiological status of a patient outside of the traditional health setting. The data collected from these devices are then electronically transferred to providers for the purpose of monitoring disease and symptom progression remotely in order to make clinical management recommendations. RPM is considered an intervention designed to promote continuity of care and provide support for patient's and caregivers managing acute and chronic conditions; it is not intended to be an ongoing intervention for patient's whose condition(s) has stabilized.

Devices used for remote patient monitoring can include invasive and non-invasive devices, however for the purposes of this MNG, RPM refers to non-invasive devices. Examples of RPM include, but are not limited to, monitoring of blood pressure, oxygen saturation, heart rate, or weight using automated digital technology.

Clinical Guideline Coverage Criteria

The Plan considers remote patient monitoring (RPM)*, also referred to as remote physiologic monitoring, as reasonable and medically necessary when a member has a chronic or acute condition and is currently in or recently completed a skilled homecare episode of treatment or is a direct admit to the program and **ALL** of the following indications are met:

1. Member has **One** of the following condition(s):
    a. Asthma; **or**
    b. Chronic obstructive pulmonary disease (COPD) ; **or**
    c. Congestive heart failure (CHF) ; **or**
    d. Type I or II diabetes mellitus; **or**
    e. Hypertension; **or**
    f. Perinatal from pregnancy through 12 months post-delivery; **and**

2. A physician or qualified healthcare practitioner (QHP) has documented the Member's condition is at high-risk for instability or risk of deterioration and **One** of the following: **(excludes perinatal):**
    a. Member has a history of two or more hospitalizations or emergency department visit(s) in the past 24 months for one of the condition(s) listed above; **or**
    b. Member has risk factors which places the Member at risk for ED or hospitalization (e.g., recent discharge from inpatient stay or extended stay skilled nursing facility, documented poor adherence to ordered medication, or a documented history of care access challenges such as consistently missed appointments); **and**

3. Condition requires enhanced monitoring on a daily basis to assess for acute changes in clinical status and prompt intervention; **and**

4. For new Members to the physician's practice or Members not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the Member to initiate RPM; **and**

5. **For perinatal only**, a physician or qualified healthcare practitioner (QHP) documentation supports the Member has one or more risk factors that warrant the use of RPM, which includes, but is not limited to **One** of the following:
    a. Nulliparity; **or**
    b. Multi gestation; **or**
    c. Chronic hypertension; **or**
    d. Pregestational or gestational diabetes; **or**
    e. Systemic lupus; **or**
    f. Preeclampsia in a previous pregnancy; **or**
    g. Antiphospholipid antibody syndrome; **or**
    h. Kidney disease; **or**
    i. Obstructive sleep apnea; **or**
    j. Assisted reproductive technology; **or**
    k. Pregnancy body mass index ≥ 30; **and**

6. A written order by the treating provider that specifies the medical condition and the length of time for RPM, up to 90 days
    a. For RPM services beyond 90 days, there is a treating provider order for the continuation of RPM and the medical record contains documentation that supports the medical necessity for continued RPM; **and**

7. The Member's current/new treatment plan requires monitoring and oversight to achieve the plan of care goals; **and**

8. Remote physiologic data requirements, **All**:
    a. The device used to collect and transmit data must meet the definition of a medical device as defined by the FDA*; **and**
    b. RTM data will be electronically collected and automatically uploaded to a secure location where the data can be available for analysis and interpretation daily by the billing practitioner*; **and**
    c. RTM data is being regularly assessed to detect acute changes in the Member's clinical status and prompt intervention.

* The RPM device used for data collection must be a medical device, as defined by the FDA. 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 the patient. According to the FDA, non-invasive remote monitoring devices are used to acquire patient physiological data without the need for in-clinic visits and facilitate patient management by healthcare providers while reducing the need for in-office or in-hospital services. Additionally, these devices must have the potential to be connected to a wireless network through Bluetooth, Wi-Fi, or cellular connection to transmit a patient's measurements directly to their healthcare provider or other monitoring entities. The device used must provide secure, HIPAA-compliant transmission of the data.

Note: Coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms

Limitations

The Plan considers remote patient monitoring as not medically necessary under the following conditions:
1. Member and/or caregiver is not capable of using the equipment
2. The RPM device itself (including any additional apps, software, digital interfaces, etc.) is not covered
3. Use of smartwatches and fitness trackers

Codes

The following code(s) do not require prior authorization: (Note: Monitoring must occur over at least 16 days of a 30-day period. These codes should not be reported for monitoring if the duration is less than 16 days in order for CPT codes 99453 and 99454 to be billed)

Table 1: CPT/HCPCS Codes

Code	Description
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)

[List of Medically Necessary ICD-10 Codes](#)

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Approval And Revision History

September 19, 2024: Reviewed by the Medical Policy Approval Committee (MPAC) as a new coverage guideline for Remote Patient Monitoring for Members of Tufts Health Together, Tufts Health One Care plan, and Tufts Health Senior Care Options (SCO) effective November 1, 2024

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria

based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.