

Alaska Medicaid
Recommended Coverage Policy for Remote Patient Monitoring
12.01.2023 DRAFT v.5.0

I. Service Description

Remote Patient Monitoring (RPM) services include the collection and analysis of patient physiologic data using digital devices to remotely monitor and manage a patient's health condition. These services are covered when they are ordered by a qualified healthcare provider, defined as a physician, advanced practice registered nurse, or physician assistant, and when the following conditions are met:

A. Patient Eligibility

- 1) The patient has one or more of the following chronic conditions:
 - a. Heart failure (ICD-10-I50)
 - b. Diabetes Mellitus (ICD-10-E08 – E13)
 - c. Chronic obstructive pulmonary disease (COPD) (ICD-10-J41 – J44), and
 - d. Hypertension (ICD-10-I10, I11, I15, I16, I1A); and,
- 2) The patient requires regular monitoring of their health condition(s) to prevent exacerbations, hospitalizations, or complications. To meet this requirement, RPM must be required to support one or more of the following:
 - a. Titration/Optimization of medications related to the qualifying chronic condition(s), or
 - b. Close monitoring to prevent readmission to the hospital following an admission related to the qualifying chronic condition(s), or
 - c. Close monitoring to prevent ER overutilization, defined as more than 3 ER visits related to the qualifying chronic condition(s) in the prior 12-month period, or
 - d. Management of a patient's chronic condition that is not optimized and not meeting the treatment goals.
- 3) For 6-month renewal of eligibility for RPM services the above requirements must be met, and either the patient must have made progress in the stated medical goals related to the qualifying chronic condition during their prior enrollment period, or the provider must document how continued enrollment is expected to assist in the clinical management of the patient.

B. Approved Devices

- 1) The RPM services involve the use of FDA-approved digital devices capable of collecting and transmitting patient data securely and in real-time.
- 2) Devices must transmit valid physiologic data that is reasonable and necessary to diagnose or treat and allow understanding of the patient's health status to develop and manage a plan of treatment, such as a blood pressure cuff, pulse oximeter, heart rate monitor, glucometer, thermometer, weighing scale, or spirometer.
- 3) Devices must digitally upload patient physiologic data to a secure portal or the provider's Electronic Health Record system.
- 4) The RPM system includes a secure platform for data transmission, storage, and analysis, ensuring patient confidentiality and compliance with applicable healthcare privacy and security standards.

C. Monitoring & Intervention

- 1) The RPM services involve continuous (at least 16 days in a 30-day period) monitoring of the patient's vital signs including heart rate, SpO2, blood pressure, blood glucose, weight, and/or peak flow volume.
- 2) The healthcare provider must establish protocols for timely review of patient data and interventions based on the collected information.

D. Care Coordination

- 1) The healthcare provider must maintain ongoing communication with the patient to adjust the RPM services based on the patient's changing health condition.
- 2) The healthcare provider must document the RPM services in the patient's medical record, including the data collected, interventions made, and outcomes achieved.

II. Limitations & Exclusions

Medicaid does not cover RPM services for members who do not meet the eligibility criteria specified above in I.A. or when the services are not ordered by a qualified healthcare provider.

A Medicaid member may only be under one order for RPM services and may not receive RPM services from more than one qualified healthcare provider at a time.

Billing for supply of devices, collection, transmission, and report of data requires a minimum of 16 days of RPM device data collection in a rolling 30-day period.

Billing for collection and interpretation of physiologic data is limited to those services rendered by a qualified healthcare provider. Services billed for initial provisioning set up and patient education, and for remote physiologic monitoring, may be rendered by clinical staff under the general supervision of the qualified healthcare provider.

III. Documentation

Providers must complete an initial Certificate of Medical Necessity (COMN) for RPM services to document the services are reasonable and necessary based on the criteria specified in the COMN, and to support evaluation of the effectiveness of the service. The initial COMN does not require prior authorization but must be maintained on file. COMN renewal is required at six-month intervals following completion of the initial Certificate and requires prior authorization. The COMN form for RPM services is included as an attachment to, and adopted by reference under, this policy.

Providers must maintain appropriate documentation to support the medical necessity of RPM services. This documentation should include, but is not limited to, the following:

- 1) Physician or qualified healthcare professional's order for RPM services.
- 2) Documentation of the patient's chronic condition(s) and the need for remote monitoring.
- 3) Description of the RPM devices and technology used.
- 4) Records of monitored data, interventions, and outcomes.
- 5) Evidence of ongoing communication between the healthcare provider and the patient regarding the RPM services.

IV. Billing, Coding & Reimbursement Methodology

RPM services are billed under the following CPT Codes, and will utilize RBRVS rate methodology:

- **99453:** Remote monitoring of physiologic parameter(s), initial provisioning, set-up, and patient education on device(s); One-time fee. (SFY 2024 Rate: \$26.80)
- **99454:** Supply of device(s), collection, transmission, and report of data to the clinician each 30 days; Requires a minimum of 16 days of RPM device data collection in a rolling 30-day period. (SFY 2024 Rate: \$70.46 per 30-day period)
- **99457:** Remote physiologic monitoring services by clinical staff; first 20-minutes of interactive communication with patient/caregiver for RPM treatment management in the calendar month. Billing for this code beyond four units per month requires prior authorization. (SFY 2024 Rate: \$78.51 per 20 minutes)
- **99458:** Remote physiologic monitoring services by clinical staff; each additional 20 minutes after the initial 20 minutes of interactive communication with patient/caregiver for RPM treatment management in the calendar month. Billing for this code beyond four units per month requires prior authorization. (SFY 2024 Rate: \$65.62 per 20 minutes)
- **99091:** Collection and interpretation of physiologic data digitally stored and/or transmitted by the patient/caregiver to the physician or other qualified healthcare professional each 30 days; requires a minimum of 30 minutes of time spent during the rolling 30-day period. (SFY 2024 Rate: \$95.04 per 30-day period)