



Medica Central Coverage Policy

Title: Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)
MP9716

Effective Date: 06/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Remote patient monitoring (RPM) using an FDA approved device is **COVERED** for management of ANY of the following medical conditions in individuals cognitively and physically capable of operating the monitoring device and/or equipment:

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus
- Heart Failure
- Pregnant Women with or at high risk of a Hypertensive Disorder

When the technology in question meets ALL of the following:

- Prescribed by a treating specialist/subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), and administered by auxiliary personnel under the general supervision of the practitioner (e.g., nurse practitioner (NP) or physician assistant (PA))
- Physiologic data are electronically collected and automatically uploaded for analysis and interpretation
- Intended for the purpose of displaying or analyzing the physiological parameter(s) measured by the device
- Used for remote communication, counseling, and monitoring.

Remote Patient Monitoring (RPM) is considered investigative and unproven and therefore **NOT COVERED** for any other indications. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.



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Remote Therapeutic Monitoring (RTM) is considered investigative and unproven and therefore **NOT COVERED** for all indications. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policies: *Thermography; Cardiac Event Monitors; CPAP/BiPAP for OSA*

Description

Remote Physiological Monitoring (RPM) also referred as **Telemonitoring**, involves the use of digital technologies (such as software, or a mobile or wearable device) to capture and monitor a wide range of health data information regarding the physical or behavioral functioning of an individual by a monitoring device or equipment. The data is then transmitted electronically to health professionals in facilities such as monitoring centers in primary care settings, hospitals and intensive care units, and skilled nursing facilities for analysis.

Telemonitoring equipment may not include a cellular telephone because such devices are not primarily health related. In addition, the supplemental benefit description should address the following issues:

- Telemonitoring services supplement, rather than replace, face-to-face physician visits;
- The enrollee should have an initial physician visit to diagnose or confirm the diagnosis of the specific condition prior to the use of the telemonitoring benefit;
- Except in rare circumstances, the data submitted should be collected/transmitted at least weekly, but may be sent daily or more frequently, as appropriate for the particular disease;
- The equipment provided to the enrollee should be disease-appropriate;
- The enrollee should be trained on how to use the equipment and transmit the data properly;
- Health care professionals should monitor and take action, as needed, based on the collected/transmitted data;
- The enrollee's physician should be included in the communication process; and
- All devices must comply with applicable state and federal requirements.

Examples of RPM includes vital signs, blood pressure, weight or oxygen saturation using automated digital technology.

The assessment and monitoring of the health data transmitted by telemonitoring must be prescribed by a physician and performed by a licensed health care professional working under the supervision of a physician.

Remote Therapeutic Monitoring (RTM) refers to the management of an individual's non-physiologic information by a healthcare provider. An example of RTM is the monitoring of patient adherence to a treatment plan.

Like RPM, RTM involves the use of digital technologies such as software, or a mobile or wearable device to capture and monitor patient information by a healthcare provider. However, the devices support the receipt of non-physiologic information, such as whether or not an individual is taking medication or participating in therapy as prescribed or to monitor the level of pain.

FDA Approval

Several FDA-approved devices integrated with remote monitoring via computer application or Bluetooth® technology are available. These include non-invasive remote monitoring devices that measure or detect common physiological parameters and non-invasive monitoring devices that wirelessly transmit patient information to a health care provider or other monitoring entity.



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Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

Use applicable CPT codes.

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