

# Telemonitoring Services

## DMAS Manual Criteria

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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*.**

**Purpose:**

This policy addresses the medical necessity of Telemonitoring Services.

**Description & Definitions:**

Telemonitoring is the electronic communication of medical data as a means of providing care to an individual. This includes the use of computers, phones and other devices, with or without video or images.

**Criteria:**

Virginia Department of Medical Assistance Services, Physician Manual, Chapter 9, [https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Telehealth%20Services%20Supplement%20%28updated%2010.3.22%29\\_0.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Telehealth%20Services%20Supplement%20%28updated%2010.3.22%29_0.pdf)

Telemonitoring is considered medically necessary with **1 or more** of the following:

- Initial: Individual has Sentara Health Plan Virginia Medicaid and **All** of the following:
  - The individual is an established patient.
  - The individual, or caregiver, has the ability to utilize the monitoring equipment and has stated a willingness to do so at the requested frequency.
  - Remote Patient Monitoring (RPM) is expected to directly inform the active management of the individual.
  - The individual is not residing in a hospital, nursing facility, or other medical or psychiatric institution.
  - The individual is not having the same, or equivalent, data remotely monitored by another provider.

- Individual meets **1 or more** of the following indications:
  - 6 month authorization for medically complex individual under 21 years of age with **1 or more** of the following conditions:
    - Congenital disease
    - Chronic lung disease with oxygen dependence
    - Invasive or non-invasive ventilation for 16+ hours per day
    - Premature birth AND under 1 year of age
    - Diagnosis requiring newborn intensive care unit (NICU) admission in the last 1 month
    - Cystic fibrosis with at least one hospitalization in the prior 12 months
    - Enrolled in hospice care
  - 6 month authorization when individual is actively listed for organ transplant or is status-post transplantation in the last 6 months for **1 or more** of the following:
    - Kidney
    - Liver
    - Heart
    - Lung
    - Bone marrow
    - Small bowel
    - Stem cell
    - Pancreas transplantation
    - Chimeric antigen receptor (CAR) T cell therapy
  - 3 month authorization when individual has completed **1 or more** of the following procedures in the last month:
    - Lower extremity total joint replacement
    - Cardiac surgery
    - Major vascular surgery
  - 6 month authorization when individual with a chronic health condition AND who has had 2+ hospitalizations, OR Emergency Department visits, related to the chronic health condition in the previous 12 months. Hospitalizations or Emergency Department visits are associated with **1 or more** of the following:
    - Chronic Obstructive Pulmonary Disease
    - Asthma
    - Heart failure
    - Diabetes
    - Chronic pain
    - Stroke or transient ischemic attack
    - End-stage renal disease on dialysis (hemodialysis or peritoneal)
    - Hypertension
    - Depression
  - 6 month authorization for individual is a high-risk pregnant individual with **1 or more** of the following:
    - Resides in a primary care or mental health professional shortage area (HPSA) as identified by HRSA
    - Has 1 or more of the following qualifying diagnosis:
      - Pregestational/gestational hypertension
      - Pregestational/gestational diabetes
      - Chronic kidney disease
      - Heart disease
      - Fetal IUGR
      - Fetal anomalies

- Fetal anemia
- Maternal lupus
- Maternal substance abuse
- In-vitro fertilization
- Maternal sickle cell disease
- Postpartum depression
- Peripartum cardiomyopathy (PPCM)
- Multiple pregnancy
- Individual has history of diagnosis of **1 or more** of the following:
  - Preeclampsia
  - Gestational hypertension
  - Gestational diabetes
- Reauthorization: 6 month renewal when individual meets **All** of the following indications:
  - Individual falls into **1 or more** of the following category:
    - Medically complex individual under 21 years of age
    - Transplant patient
    - Patient with a chronic health condition (has had 2+ hospitalizations, OR ED visits, related to the chronic health condition in the previous 12 months)
    - High-risk pregnant patient
  - Individual has been adherent to previously authorized RPM services, defined as appropriate data collection on at least 16 of 30 days
  - Individual has been adherent to the treatment plan informed from RPM services

Telemonitoring is considered **not medically necessary** for any use other than those indicated in clinical criteria.

## Coding:

Medically necessary with criteria:

Coding	Description
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education for the use of equipment.
99454	Remote monitoring of physiologic parameter(s) (e.g., 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 patient 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; initial 20 minutes.
99458	Remote patient 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; additional 20 minutes.
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
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98980	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); 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 (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); 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. Revenue Code 789, which is for Telemonitoring and is paid as a daily rate.
Revenue Code 789	Telemonitoring paid as a daily rate.

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

Revised Dates:

- 2022: April
- 2020: July, October
- 2019: December
- 2016: November
- 2015: March
- 2014: March
- 2013: March
- 2012: October

Reviewed Dates:

- 2024: April
- 2023: April
- 2021: August
- 2019: July

- 2018: November
- 2017: November

Effective Date:

- March 2012

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Virginia Department of Medical Assistance Services, Physician Manual, Chapter 9, [https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Telehealth%20Services%20Supplement%20%28updated%2010.3.22%29\\_0.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2022-11/Telehealth%20Services%20Supplement%20%28updated%2010.3.22%29_0.pdf)

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Moreo, K. S. (2024, Mar). Growth of Remote Therapeutic Monitoring Lands New Opportunities for Case Management. Retrieved Apr 09, 2024, from PubMed: <https://pubmed.ncbi.nlm.nih.gov/38015812/>

Policy for Device Software Functions and Mobile Medical Applications. (2022, Sep 28). Retrieved Apr 08, 2024, from U.S. Food and Drug Administration: <https://www.fda.gov/media/80958>

Provider Manual Title: Telehealth Services Supplement. (2024, Jan 01). Retrieved Apr 08, 2024, from Department of Medical Assistance Services - MES Public Portal: [https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-01/Telehealth%20Services%20Supplement%20%28updated%201.10.24%29\\_Final.pdf](https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-01/Telehealth%20Services%20Supplement%20%28updated%201.10.24%29_Final.pdf)

Telehealth and remote patient monitoring. (2023, May 11). Retrieved Apr 08, 2024, from Health Resources and Services Administration (Telehealth.HHS.gov): <https://telehealth.hhs.gov/providers/preparing-patients-for-telehealth/telehealth-and-remote-patient-monitoring>

### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

### Keywords:

SHP Telemonitoring Services, SHP Medical 160, Heart failure, Uncontrolled diabetes, Chronic obstructive pulmonary disease, COPD, Uncontrolled hypertension, treatment plan, care team, uncontrolled condition, chronic condition, Remote Patient Monitoring