Telemonitoring Services, Medical 160

Table of Content		Effective Date	03/2012

Effective Date	03/2012
Next Review Date	4/23/2024
Coverage Policy	Medical 160
Version	7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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:

Telemonitoring is considered medically necessary with **1 or more** of the following:
- Initial telemonitoring for **All** of the following:
    - Individual has **1 or more** of the following:
        - Heart failure
        - Uncontrolled diabetes
        - Chronic obstructive pulmonary disease (COPD)
        - Uncontrolled hypertension
    - Treatment plan with documented diagnosis is in place and includes **All** of the following:
        - Individual
        - Provider
        - Care manager
    - Individual has **1 or more** of the following:
        - Recurrent ER visits (greater than 1 in one year) related to the telemonitoring diagnosis
        - Recurrent hospital readmissions (greater than 1 in one year) for the same diagnosis
        - Individual is considered High Risk for readmission based on **1 or more** of the following:
            - Hospital EPIC Generated Hospital Risk Score (HRS of 5 or more) OR JVION Readmission Risk Status is HIGH (EPIC HOSPITALS)
            - Member is HIGH COST and/or High Utilization of Hospital Services (NON-EPIC HOSPITALS)

- Continued telemonitoring for **1 or more** of the following:
  - Individual shows improvement with treatment plan and condition but is not at goal
  - Individual continues to be uncontrolled with chronic condition and care team (Medical Director, physician and Case Manager) agree to update the care plan with new goals for a newly established time period.

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
Revenue Code 789	Telemonitoring paid as a daily rate

Considered Not Medically Necessary:

Coding	Description
	None

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:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

§ 32.1-325. Board to submit plan for medical assistance services to U.S. Secretary of Health and Human Services pursuant to federal law; administration of plan; contracts with health care providers. (2023). Retrieved Apr 08, 2024, from Virgina Law - Code of Virginia: https://law.lis.virginia.gov/vacodeupdates/title32.1/section32.1-325/

§ 38.2-3418.16. Coverage for telemedicine services. (2021). Retrieved Apr 08, 2024, from Code of Virginia: https://law.lis.virginia.gov/vacode/38.2-3418.16/

(2023, Sep 21). Retrieved Apr 08, 2024, from MCG: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Apr 08, 2024, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Physiologic%20monitoring&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

(2024). Retrieved Apr 08, 2024, from National Comprehensive Cancer Network: https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=remote%20monitoring

(2024). Retrieved Apr 08, 2024, from Carelon Medical Benefits Management: https://guidelines.carelonmedicalbenefitsmanagement.com/?s=remote+physiologic&et_pb_searchform_submit=et_search_proccess&et_pb_search_cat=11%2C1%2C96%2C87&et_pb_include_posts=yes

(2024). Retrieved Apr 09, 2024, from Hayes: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522remote%2520therapeutic%2520monitoring%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%25

Abraham, C., Jensen, C., Rossiter, L., & Hale, D. (2024, Mar). Telenursing and Remote Patient Monitoring in Cardiovascular Health. Retrieved Apr 09, 2024, from PubMed: https://pubmed.ncbi.nlm.nih.gov/37682280/

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

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: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.