CarePartners of Connecticut MEDICARE ADVANTAGE

Medical Necessity Guidelines

Remote Patient Monitoring

Effective: October 1, 2025

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

☒ CarePartners of Connecticut Medicare Advantage HMO plans, Fax 857-304-6463
☒ CarePartners of Connecticut Medicare Advantage PPO plans, Fax 857-304-6463

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to ensure that prior authorization has been obtained.

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.

Current evidence, including randomized controlled trials, metanalyses and systematic reviews have been published pertaining to RPM and the results show a reduction in acute care use for patients with cardiovascular disease and heart failure, however study design limitations were noted, including variability in the type of monitoring devices studied. Despite this, there is some evidence to support a reduction in the number of emergency department visits, inpatient hospitalizations, reduced mortality rates, improved patient satisfaction, and increased patient self-care management in patients with chronic obstructive pulmonary disease (COPD), and heart failure (HF). Factors contributing to readmission in patients with HF include, age, gender, body mass index (BMI), medication adherence, smoking, history of prior hospital admissions, length of hospital stay, and the presence of comorbidities such as diabetes mellitus, renal failure, coronary artery disease, and lung disease. Additionally, noncompliance was cited as a significant factor associated with HF readmission. For COPD, comorbidities, previous exacerbations and hospitalizations, and increased hospital length of stay contribute to 30- and 90- day rehospitalization rates after an index hospitalization with COPD exacerbation. Patients at the highest risk of readmission are those with multiple comorbidities, prior hospital admission, frailty, poor nutritional and low socioeconomic status. The impact of RPM's on other conditions is inconclusive due to limited studies.

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 a diagnosis of **ONE** of the following:
   a. Chronic obstructive pulmonary disease (COPD); **or**
   b. Heart failure (HF)

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:
    a. Member has a history of two or more hospitalizations or emergency department visit(s) in the past twenty-four months for one of the conditions 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. A written order by the treating provider that specifies the medical condition and the length of time for RPM, up to 90 days
6. The Member's current/new treatment plan requires monitoring and oversight to achieve the plan of care goals; **and**
7. 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. 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 plan considers RPM services beyond 90 days as medically necessary when **All** of the following are met:

1. Member has complex COPD and/or HF and continues to be at high risk for hospitalization and/or ED visits; **and**
2. There is a physician/QHP order for the continuation of RPM; **and**
3. The physician/QHP is actively involved in the RPM monitoring process and is providing interpretation of the submitted Member's physiological data; **and**
4. The medical record contains documentation that reflects the results of the monitoring and how it is used for medical decision making.

***** 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.

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: 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

Code	Description
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); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar 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 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure)

List of Medically Necessary ICD-10 Codes

References:

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Approval And Revision History

January 17, 2024: Reviewed by the Medical Policy Approval Committee (MPAC) as a new coverage guideline for Remote Patient Monitoring for Members with COPD and Heart Failure effective May 1, 2024

Subsequent endorsement date(s) and changes made:

- September 19, 2024: Reviewed by the Medical Policy Approval Committee (MPAC) with an effective date of November 1, 2024: minor content changes for clarity and added new criteria for remote patient monitoring beyond 90 days and for new members to the physician's practice or in the event that a member has not seen the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the member to initiate remote patient monitoring
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- January 15, 2025: Administrative update

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.

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.