



**Troy Medicare Policy and Procedure**

<b>Title: Remote Therapeutic and Physiologic Monitoring Services</b>		<b>Policy Number: UM - 016</b>	
<b>Primary Department:</b> Utilization Management	<b>LOB:</b> Medicare Advantage and DSNP		<b>Author:</b> J Murphy
<b>Effective Date:</b> 3/13/2024	<b>Original Date:</b> 03/13/2024	<b>Review Date(s):</b> 11/10/2024, 11/11/2025	<b>Archive Date:</b>
<b>Interactive Related Department(s)</b>			
<input type="checkbox"/> All Departments <input type="checkbox"/> Compliance <input type="checkbox"/> Provider Operations <input type="checkbox"/> Sales and Marketing <input checked="" type="checkbox"/> Medical Management	<input type="checkbox"/> Appeals and Grievances <input type="checkbox"/> Pharmacy <input type="checkbox"/> Member Services <input type="checkbox"/> Quality Management <input checked="" type="checkbox"/> Utilization Management	<input type="checkbox"/> Care Management <input type="checkbox"/> Enrollment <input type="checkbox"/> Plan Administration <input type="checkbox"/> Claims <input type="checkbox"/> Other	

Disclaimer: Troy Medicare Utilization Management applies CMS criteria and guidelines, National and Local Coverage Determinations (NCD/LCD), Clinix Internal Review Guidelines, Troy Utilization Review Policies, and MCG (Milliman Criteria Guidelines) Criteria. This suite of guidelines covers the spectrum of inpatient, outpatient, and rehabilitation, and care for medical, surgical, and behavioral health issues. In addition, Troy partners with vendors who provide clinical expertise for specific services.

**POLICY PURPOSE**

The purpose of this policy is to address remote physiologic monitoring (RPM) and remote therapeutic monitoring (RTM). Technology used for remote monitoring includes software, use of a mobile device and/or a wearable device. The information is electronically transmitted to the healthcare provider for assessment.

Troy Medicare is committed to complying with federal and state rules and regulations, including health care fraud and identity theft laws.

**POLICY SCOPE**

This policy applies to the Utilization Management and Care Management departments.

Remote Patient Monitoring (RPM) is not intended to be an ongoing modality; it is intended to be an intervention in response to a complication, decompensation or instability of a medical condition. It may be used during the stabilization period, while a patient returns to the baseline of their condition, or establishes a new baseline. Once baseline is achieved, RPM is no longer an integral part of a plan of care.



Rationale: Remote patient monitoring may potentially be used as an adjunct to treatment of any condition. However, most of the research found in published literature focuses on the value of remote patient monitoring in those who have chronic diseases.

## REFERENCES

- 42 CFR 422.101

## RESPONSIBLE PARTIES

- Chief Medical Officer
- Vice President, Medical Management

## DEFINITIONS

**Remote *physiologic* monitoring (RPM)** - refers to the monitoring of physiological data, for example, weight, blood pressure, pulse oximetry, respiratory flow rate, as well as associated physiologic monitoring treatment management services.

**Remote *therapeutic* monitoring (RTM)** - refers to the remote monitoring and management of therapy services, for example, monitoring of respiratory or musculoskeletal status, and medication and therapy adherence and response. RTM involves remote managing and collection of non-physiological patient data.

## POLICY

### A. Clinical Indications

#### Medically Necessary:

Remote **therapeutic** monitoring (RTM) in a non-healthcare setting is considered **medically necessary** when clinical records document the rationale for monitoring including **ALL** of the following:

1. RTM is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered effective for the individual's illness, injury or disease and in accordance with generally accepted standards of medical practice\*; **and**
2. RTM data is being assessed daily to detect acute changes in clinical status and prompt intervention; **and**
3. RTM is not primarily for the convenience of the individual, physician, caregiver, or other health care provider; **and**



4. The individual is at risk of clinically significant changes in medical status which warrant enhanced monitoring based on current status and instability of the underlying clinical condition; **and**
5. The individual is unable to access regularly scheduled outpatient clinical care or therapeutic monitoring is required between visits due to potential changes in medical status; **and**
6. Monitoring is reasonably likely to prevent avoidable deterioration in the clinical condition and/or other adverse events relating to the underlying clinical condition.
7. There is an order written by a physician or QHP that specifies the medical condition and the length of time for RTM, up to 30 days

Remote **physiologic** monitoring (RPM), in a non-healthcare setting is considered **medically necessary** when clinical records document the rationale for monitoring including **ALL** of the following:

1. RPM involves an FDA-recognized medical device that directly measures member physiologic data (for example, sphygmomanometer, pulse oximeter, heart rate monitor, glucometer, thermometer, weight scale, respiratory flow rate monitor) used to develop and manage a treatment plan related to a chronic and/or acute health illness or condition; **and**
2. RPM is clinically appropriate, in terms of type, quantity, frequency, extent, site and duration and is considered appropriate for the individual's illness, injury or disease and in accordance with generally accepted standards of medical practice\*; **and**
3. RPM data is being assessed daily to detect acute changes in clinical status and prompt intervention; **and**
4. RPM is not primarily for the convenience of the individual, physician, caregiver, or other health care provider; **and**
5. The individual is at risk of clinically significant changes in medical status which warrant enhanced monitoring based on current status and instability of the underlying clinical condition; **and**
6. The individual is unable to access regularly scheduled outpatient clinical care or physiological monitoring is required between visits due to potential changes in medical status; **and**
7. Monitoring is reasonably likely to prevent avoidable deterioration in the clinical condition and/or other adverse events relating to the underlying clinical condition.
8. There is an order written by a physician or QHP that specifies the medical condition and the length of time for RPM, up to 30 days

**Not Medically Necessary:**

RTM or RPM is considered **not medically necessary** when similar services are being provided concurrently, for example, home health services.

RTM or RPM is considered **not medically necessary** when the criteria above have not been met.

\*Generally accepted standards of medical practice means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the



relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical settings.

**B. Coding**

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

**Services may be Medically Necessary when criteria are met:**

<b>CPT</b>	<i>Remote Physiological Monitoring</i>
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; setup and patient education on 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 physiologic 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; first 20 minutes
99458	Remote physiologic 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; each additional 20 minutes
99091	Remote physiologic 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; first 30 minutes.(99457 and 99091 may not be billed together for same billing period and beneficiary).
<b>ICD-10 Diagnosis</b>	All diagnoses



**When services are not Medically Necessary:**

For the procedure codes listed above: when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

**Clinical References**

1. Remote Patient Monitoring. Center for Connected Health Policy.  
<https://www.cchpca.org/about/about-telehealth/remote-patient-monitoring-rpm>
2. Barold SS. Willem Einthoven and the birth of clinical electrocardiography a hundred years ago. Card Electrophysiol Rev. 2003 Jan;7(1):99-104.
3. Meystre S. The current state of telemonitoring: a comment on the literature. Telemedicine and e-Health. Vol 11, No 1, 2005.
4. Mobile Health (mHealth). Center for Connected Health Policy.  
<https://www.cchpca.org/about/about-telehealth/mobile-health-mhealth>
5. Mobile Health: Technology and Outcomes in Low and Middle Income Countries. National Institutes of Health, Department of Health and Human Services. September 13, 2019.  
<https://grants.nih.gov/grants/guide/pa-files/PAR-19-376.html>
6. U.S. Food and Drug Administration, Enforcement Policy for Non-Invasive Remote Monitoring Devices Used to Support Patient Monitoring During the Coronavirus Disease 2019 (COVID-19) Public Health Emergency, Guidance for Industry and Food and Drug Administration Staff, March 2020.

**ATTACHMENTS/RELATED POLICIES/STANDARD OPERATING PROCEDURES**

- UM-006 Prior Authorization Organization Determinations
- UM-008 Medical Necessity Guidelines for Coverage Determination
- UM-012 Timeframes for Review Policy

**APPROVALS**

<p><u>Jennifer Murphy</u> <small>Jennifer Murphy (Nov 30, 2025 14:12:51 EST)</small></p> <hr/> <p>Chief Clinical Officer</p> <p style="text-align: center;">11/30/2025</p> <hr/> <p>Date</p>	<p><u>Sally Scott</u> <small>Sally Scott (Nov 28, 2025 14:31:20 EST)</small></p> <hr/> <p>UM Committee</p> <p style="text-align: center;">11/28/2025</p> <hr/> <p>Date</p>
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**Revision History**

Revision Date	Revisions Made
3.13.2024	Initial Policy development
11.10.2024	Added disclaimer and related policies. Revised Annual review for UM Committee.
11.11.2025	J. Murphy Annual review for UM Committee.