



ND

Medical Policies

Print

Policy Number: Q-9005

Policy Name: Remote Patient Monitoring (RPM)

Policy Type: Medical

Policy Subtype: Ancillary

Effective Date: 09-15-2025

End Date: 11-02-2025

Description

Remote patient monitoring, also known as remote physiologic monitoring and remote therapeutic monitoring, is the use of digital technologies to collect physiological and psychological health data from individuals in one location and electronically transmit that information securely to a health care provider in a different location for assessment and clinical management recommendations. This allows a provider to continue to track healthcare data for a patient released from the hospital to home or to a care facility, potentially reducing readmission rates. Monitoring programs collect physiological signs such as temperature, respiratory rate, heart rate, blood pressure, blood sugar, blood oxygen levels, weight, and electrocardiograms. The data is transmitted to healthcare professionals in the office setting or hospitals, or data may be transmitted to monitoring centers or off-site case management programs. Healthcare professionals monitor these patients remotely and respond to the information received as part of the treatment plan.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Remote Patient Monitoring is approved when the following criteria are met:

- Prescribed or administered by a board-eligible or board-certified medical provider or subspecialist;

- Physiologic data are electronically collected and automatically uploaded to a secure location for analysis and interpretation;
- Technology used has been FDA approved, cleared, or has an emergency use authorization designation.

Documentation

Medical records should include the following:

- Physician order; **and**
- All online communications relevant to the ongoing medical care of the individual; **and**
- Support for the medical necessity of continued use of remote patient monitoring; **and**
- Results of the monitoring and how it is used for medical decision making; **and**
- Physician interpretation of the physiological or psychological data; **and**
- In a given 30-day period, at least 16 days of data should be available.

Ongoing benefits are dependent upon measurable clinical improvements in acute symptoms and stabilization of the individual's acute symptoms.

Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information.

Procedure Codes

Remote Patient Monitoring (RPM)

99091	99453	99454	99457	99458	99473	99474
G0322						

Remote Therapeutic Monitoring

98975	98976	98977	98978	98980	98981
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Diagnosis Codes

Not Applicable

CURRENT CODING

CPT:

99091	COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	Medicaid Expansion
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99091	COLLJ & INTERPJ PHYSIOL DATA MIN 30 MIN EA 30 D	Commercial
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HCPCS:

G0322	Home h physio data collec tr	Medicaid Expansion
S9110	Telemonitoring/home per mnth	Medicaid Expansion
G0322	Home h physio data collec tr	Commercial
S9110	Telemonitoring/home per mnth	Commercial

ND Committee Review

Internal Medical Policy Committee 1-22-2020 Annual Review - No changes; *Effective March 2, 2020*

4-24-2020 Review

- *Added* COVID-19 disclaimer

Internal Medical Policy Committee 9-28-2022 Annual Review - no changes in criteria *Effective November 7, 2022*

Internal Medical Policy Committee 11-29-2022 Coding update - *Effective January 01, 2023*

- *Added* Procedure Code G0322

Internal Medical Policy Committee 11-15-2023 -Annual Review - no changes in criteria *Effective January 1, 2024*

Internal Medical Policy Committee 1-16-2024 Revision - *Effective March 04, 2024*

- *Removed* BCBSND case manager and replaced with provider care team

Internal Medical Policy Committee 3-19-2024 Revision - *Effective May 06, 2024*

- *Changed* title (old title: Telehome Telemonitoring for Congestive Heart Failure and/or Chronic Obstructive Pulmonary Disease); **and**
- *Removed* all COPD & CHF verbiage

Internal Medical Policy Committee 5-14-2024 - Revision with Coding update- *Effective May 06, 2024*

- *Changed* title (old title: Telehome Telemonitoring for Chronic Diseases); **and**
- *Added* Procedure Codes 99453; 99454; 99457; 99458; 99473; 99474; 98975; 98976; 98977; 98978; 98980; 98981; **and**
- *Added* Policy Application

Internal Medical Policy Committee 5-14-2024 - Revision - *Effective May 13, 2024*

- *Removed* 'for one or more of the following reasons: recent hospitalization in the last 6 months, a history of failing to adhere to their treatment plan and are at risk of an acute episode, and multiple (greater than 2) emergency room visits in the last 6 months.

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.