

# COVID-19 Remote Patient Monitoring Payment Policy

## Applicability

This Policy applies to the following Fallon Health products:

- ☐ Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- ☒ MassHealth ACO
- ☒ NaviCare HMO SNP
- ☒ NaviCare SCO (Medicaid-only)
- ☒ Summit Eldercare PACE
- ☐ Fallon Health Weinberg PACE
- ☐ Fallon Health Weinberg Managed Long-Term Care
- ☐ Community Care (Commercial/Exchange)

## Policy

The Plan covers the COVID-19 Remote Patient Monitoring bundle of services when provided by an eligible plan provider in the method and manner specified in MassHealth **All Provider Bulletin 294**. Coverage of COVID-19 Remote Patient Monitoring will continue after the expiration of the federal public health emergency in accordance with MassHealth **All Provider Bulletin 367 (Corrected)**.

The COVID-19 Remote Patient Monitoring bundle includes all medically necessary evaluation and management services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19. Providers rendering COVID-19 Remote Patient Monitoring bundled services must comply in all respects with All Provider Bulletin 294 and other applicable laws, regulations, subregulatory guidance, and contracts. The following plan providers are eligible to render COVID-19 Remote Patient Monitoring services in accordance with their respective regulations:

- Physician;
- Community Health Centers;
- Acute Outpatient Hospitals;
- Hospital Licensed Health Centers; and
- Group Practices.

Eligible plan providers may render COVID-19 Remote Patient Monitoring bundled services to MassHealth members meeting either of the following clinical eligibility criteria:

1. Members with confirmed or suspected COVID-19 who present to an appropriate clinical professional (either in-person or by telehealth), and in that clinical professional's judgment, the person is stable enough to isolate at home, but requires close monitoring for deterioration and need for a higher level of care; or
2. Members who have been hospitalized due to confirmed or suspected COVID-19, who in the judgment of an appropriate clinical professional, are stable enough to be discharged to home or another community-based setting, but require continued close monitoring for deterioration and need for a higher level of care.

Providers rendering COVID-19 Remote Patient Monitoring bundled services must, at a minimum:

1. Ensure that a physician, midlevel professional (such as a physician assistant or certified nurse practitioner), or paraprofessional (such as a medical assistant or a licensed practical nurse), checks in with the member at least once per day to assess symptoms and record home biomonitoring data (e.g., oxygen saturation, temperature). Eligible providers may perform these check-ins via telehealth in accordance with All Provider Bulletin 379, as may

be updated from time to time. Providers unable to contact a member to whom they are rendering COVID-19 Remote Patient Monitoring bundled services must make their best effort to contact that member and exercise reasonable judgment to determine whether in-person follow-up is possible or necessary. Providers must document such outreach and attempts to contact members throughout the seven-day monitoring period.

2. On at least a daily basis, convene a multidisciplinary team to review the status of members receiving COVID-19 Remote Patient Monitoring bundled services and coordinate care related to all needs identified through the provider's monitoring of the member, as necessary. At a minimum, the multidisciplinary team must include a physician, as well as any other provider staff who are involved in care for that member, including those who are conducting outreach to the member that day. The multidisciplinary case review may occur in-person or through the use of remote technology, provided that all relevant members of the clinical care team as described above are participating in a live discussion to address identified member needs and coordinate care as necessary. Care coordination includes any coordination of services needed to address the monitored member's suspected or confirmed COVID-19. This may include, but is not limited to, facilitating an array of medically necessary services, such as hospital admission, the involvement of social workers, or medication refills.
3. Provide physician oversight as needed. The Plan expects that, as part of the COVID-19 Remote Patient Monitoring bundled services, the physician will perform at least one evaluation and management visit (either in-person or via telehealth in accordance with All Provider Bulletin 379, as may be updated from time to time) over the course of the seven-day monitoring period, if consistent with patient need and medical necessity.
4. Ensure that each member receiving COVID-19 Remote Patient Monitoring bundled services has access to a thermometer and a pulse oximeter upon the commencement of Remote Patient Monitoring bundled services. If the member lacks access to either or both pieces of equipment, the provider must provide the member such equipment. The provider may not bill MassHealth or the member for this equipment.

A provider may furnish and bill for a subsequent COVID-19 Remote Patient Monitoring bundle after the member's initial seven-day service period concludes only if a physician determines, following an evaluation and management visit with the member (whether conducted in-person or via telehealth), that the continuation of reinitiation of RPM services for the member is clinically appropriate and medically necessary.

## **Reimbursement**

The COVID-19 Remote Patient Monitoring bundle covers all related services rendered for a period of up to seven (7) days. The COVID-19 Remote Patient Monitoring bundle is reimbursed at an all-inclusive rate.

Providers initiate the provision of COVID-19 Remote Patient Monitoring bundle of services by billing CPT code 99423 with modifier U9 and principal diagnosis code U07.1 on the first day the provider renders COVID-19 Remote Patient Monitoring bundled services. Providers submitting UB-04 claims must bill using revenue code 762.

Providers may not bill this code again during the next seven days (including the date on which the provider billed CPT code 99423 with modifier U9).

A provider may furnish and bill for a subsequent COVID-19 Remote Patient Monitoring bundle after the member's initial seven-day service period concludes only if a physician determines, following an evaluation and management visit with the member (whether conducted in-person or via telehealth), that the continuation of reinitiation of Remote Patient Monitoring services for the member is clinically appropriate and medically necessary.

The COVID-19 Remote Patient Monitoring bundle covers all COVID-19-related evaluation and management services rendered for a period of up to seven days. The Plan will not prorate this payment if the member ultimately requires fewer than seven days of COVID-19-related evaluation and management services. Providers who determine that a member receiving COVID-19 Remote Patient Monitoring bundled services no longer requires those services must document this fact in

the member's medical record, including the reason for that determination (e.g., improvements in the patient's condition rendering monitoring services medically unnecessary, or the member's transition to a different level of care).

Each member receiving COVID-19 Remote Patient Monitoring bundled services must have access to a thermometer and a pulse oximeter upon the commencement of COVID-19 Remote Patient Monitoring bundled services. If the member lacks access to either or both pieces of equipment, the provider must provide the member such equipment. The provider may not bill the Plan or the member for this equipment.

### **Referral/notification/prior authorization requirements**

Referral/notification/prior authorization is not required when services are rendered by a plan provider.

### **Billing/coding guidelines**

Providers bill for COVID-19 Remote Patient Monitoring bundled services using CPT code 99423 with modifier U9 and principal diagnosis code U07.1 on the first day the provider renders COVID-19 Remote Patient Monitoring bundled services; providers submitting UB-04 claims must bill using revenue code 762:

- Procedure code 99423 with modifier U9
- U07.1 as the principal diagnosis code
- Revenue code 762

Use the place of service (POS) that would have been reported had the service been furnished in person (e.g., POS 11 for office, POS 22 for hospital outpatient).

The COVID-19 RPM bundle includes all medically necessary evaluation and management (E&M) services required to facilitate seven days of close, in-home, monitoring of members with confirmed or suspected COVID-19.

### **Place of service**

This policy applies to services delivered in the member's home.

### **Policy history**

Origination date:	March 1, 2024
Connection date & details::	January 2024 – Introduced as new policy.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*