Remote Patient Monitoring – MassHealth ACO and NaviCare 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
☐ Community Care (Commercial/Exchange)

Policy

Remote patient monitoring as described in this policy includes Remote Patient Monitoring (RPM) (CPT codes 99091, 99453, 99454, 99457, and 99458) as described in MassHealth Transmittal Letter PHY-170 July 2024 and MassHealth Transmittal Letter CHC-122 July 2024, and COVID-19 Remote Patient Monitoring, as described in MassHealth All Provider Bulletin 294 May 2020.

The services described in this policy apply to MassHealth ACO and NaviCare members only.

Remote Patient Monitoring (RPM) (CPT codes 99091, 99453, 99454, 99457, and 99458)

Effective August 1, 2024, the Plan will provide coverage for RPM (CPT codes 99091, 99453, 99454, 99457, and 99458) provided by a physician nurse practitioner, certified nurse specialist, physician assistant or certified nurse midwife to facilitate in-home monitoring of members who meet Covierage Criteria.

RPM (CPT codes 99091, 99453, 99454, 99457, and 99458) is defined as the use of select medical devices that transmit digital personal health information in a synchronous or asynchronous manner from an at-risk patient to a treating provider at a distant location. The information is generated so the provider can respond to the patient and manage their condition. Devices used for RPM may include, but are not limited to, devices that monitor blood pressure, oxygenation, and weight. RPM does not apply to continuous glucose monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms. RPM codes must be billed on professional claims only. Providers may not bill a facility claim for RPM codes.

Coverage Criteria

1. Eligible conditions

The member must have one of the following conditions:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Diabetes Type I or II
- Hypertension
- Perinatal state (defined as the period encompassing pregnancy, labor, and delivery, through 12 months following delivery, inclusive of all pregnancy outcomes)

2. Patient Criteria
   a. For eligible conditions other than the perinatal state, the member's condition(s) must demonstrate instability or risk for deterioration as evidenced by either

- a history of more than two hospitalizations or Emergency Department (ED) visits for the same qualifying condition (or for related conditions) over the past 24 months, or
- presence of factors suggesting the member is at risk for ED or hospitalization (for example, recent discharge from inpatient stay or extended stay in a setting such as a Skilled Nursing Facility, documented poor adherence to ordered medication, or a documented history of care access challenges such as consistently missed appointments), as determined by the ordering provider.

b. For the perinatal state, the provider recommending RPM should identify one or more risk factors that warrant the use of RPM. The following is a non-exhaustive list of risk factors for gestational hypertension and preeclampsia.

- Nulliparity
- Multifetal gestation
- Preeclampsia in a previous pregnancy
- Chronic hypertension o Pregestational diabetes
- Gestational diabetes
- Thrombophilia
- Systemic lupus erythematosus
- Pregnancy body mass index greater than or equal to 30
- Antiphospholipid antibody syndrome Kidney disease
- Assisted reproductive technology
- Obstructive sleep apnea

Comprehensive assessment of risk should be based on clinical judgment and may include consideration of social and demographic factors.

3. Provider requirements

- All RPM codes may be billed by the following provider types: physician, nurse practitioner (NP), certified nurse specialist (CNS), physician assistant (PA), certified nurse mid-wife (CNM).
- For new patients or patients not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the patient to initiate RPM.
- Providers billing RPM services must have policies and systems in place to ensure timely and appropriate responses to emergent, urgent, and routine member needs related to use of remotepatient monitoring (such as monitoring data outside of expected parameters).
- Providers should ensure that they work with other providers as necessary for care coordination.

4. Technology Criteria

Devices used for RPM may include, but are not limited to, devices that monitor blood pressure, oxygenation, and weight. Coverage of RPM does not apply to continuous glucose monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms.

Devices must be capable of automatic reporting compatible with Medicare requirements (for example, the device automatically transmits biomonitoring data to the provider) without the member needing to manually report the data.

Some providers may use RPM through a vendor who assists with management of RPM devices. However, billing must be done by the MassHealth-enrolled provider.

To bill for CPT code 99454, the member must get the device from the provider, not through the durable medical equipment supplier or pharmacy. Providers can only bill for the device once it has been given to an eligible member.

5. Security criteria
    - All services must meet the minimum federal and state requirements for protecting patient privacy and security, including but not limited to 45 CFR, Parts 160 and 164 (HIPAA Security Rules). All existing confidentiality requirements that apply to written medical records will apply to services delivered by RPM, including the actual transmission of health care data and any other electronic information/records.
    - All devices must be FDA-approved as a medical device.

Sources: MassHealth Transmittal Letter PHY-170 July 2024; MassHealth Transmittal Letter CHC-122 July 2024.

COVID-19 Remote Patient Monitoring

The Plan will provide coverage for 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 medically 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

Remote patient monitoring allows a patient to collect their own health data (e.g., blood pressure) using a connected medical device that automatically transmits the data to their provider. The provider then uses these data to treat or manage the patient's condition.

Remote Patient Monitoring (RPM) (CPT codes 99091, 99453, 99454, 99457, and 99458)

Effective August 1, 2024, the Plan will reimburse RPM (CPT codes 99091, 99453, 99454, 99457, and 99458) provided by a physician, nurse practitioner, certified nurse specialist, physician assistant or certified nurse midwife to facilitate in-home monitoring of members who meet clinical criteria.

For new patients or patients not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the patient to initiate RPM.

The Plan will reimburse a physician or group practice for physician services subject to the terms and conditions described in the MassHealth regulations. If group practice bills, the group practice must use physician's name and NPI as rendering provider.

The plan will reimburse a certified nurse midwife or group practice for certified nurse midwife services when the services are within the scope of practice authorized by state law or regulation (130 CMR 433.419). If group practice bills, the group practice must use CNM's name and NPI as rendering provider.

The Plan will reimburse either an independent certified nurse practitioner or group practice (in accordance with 130 CMR 433.433(C)), or the physician employer of a nonindependent certified nurse practitioner. If group practice bills, the group practice must use CNP's name and NPI as rendering provider.

The Plan will reimburse an independent certified nurse specialist or group practice for certified nurse specialist services when the services are within the scopy of practice authorized by state law or regulation. If group practice bills, the group practice must use CNS's name and NPI as rendering provider.

The Plan does not reimburse physician assistants directly for services rendered to MassHealth ACO and NaviCare SCO (Medicaid-only members). The Plan reimburses a group practice employer of a physician assistant for physician assistant services provided to MassHealth ACO and NaviCare SCO (Medicaid-ony) members (130 CMR 433.434). Physician assistants must be a member of a group practice that also has at least one supervising physician as a member of that same group. Physician assistants cannot bill for their own services due to Massachusetts licensure requirements; therefore, only the group practice is able to bill for physician assistant services (must use the PA's NPI as rendering provider). Physicians may not bill for the services of physician assistants (MassHealth Transmittal Letter PHY- 154 July 2017).

The Plan will reimburse Community Health Centers for RPM (CPT codes 99091, 99453, 99454, 99457, and 99458) provided by a physician, nurse practitioner, certified nurse specialist, physician assistant or certified nurse midwife. The Community Health Center must use the name and NPI of the physician, nurse practitioner, certified nurse specialist, physician assistant or certified nurse midwife as rendering provider.

COVID-19 Remote Patient Monitoring

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

Remote patient monitoring allows a patient to collect their own health data (e.g., blood pressure) using a connected medical device that automatically transmits the data to their provider. The provider then uses these data to treat or manage the patient's condition.

Remote Patient Monitoring (RPM) CPT codes 99091, 99453, 99454, 99457, and 99458

RPM CPT codes 99091, 99453, 99454, 99457, and 99458 is a professional service. Providers may not bill a facility claim for RPM codes.

Providers billing RPM services must have policies and systems in place to ensure timely and appropriate responses to emergent, urgent, and routine member needs related to use of remotepatient monitoring (such as monitoring data outside of expected parameters). Providers should ensure that they work with other providers as necessary for care coordination.

To report CPT code 99454, the member must get the device from the provider, not through the durable medical equipment supplier or pharmacy. Providers can only bill for the device once it has been given to an eligible member. All devices must automatically transmits biomonitoring data to the provider without the member needing to manually report the data. All devices must be FDA-approved as a medical device.

For new patients or patients not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the patient to initiate RPM.

Review of CPT prefatory language (CPT® 2024 Professional Codebook, p. 41) provides additional information about the two physician-expense only codes. The CPT prefatory language indicates that monitoring must occur over at least 16 days of a 30-day period in order for CPT codes 99453 and 99454 to be billed. The medically necessary services associated with all the medical devices for a single patient can be billed by only one provider, only once per patient per 30-day period, and only when at least 16 days of data have been collected.

CPT 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as "beginning when the remote monitoring service is initiated, and ends with attainment of targeted treatment goals (CPT® 2024 Professional Codebook, p. 41)."

CPT 99454 is not to be reported more than once during a 30-day period.

After the data collection period for CPT code 99454, the physiologic data that are collected and transmitted must be analyzed and interpreted as described by CPT code 99091, a code that includes only professional work (that is, there are no direct physician expense inputs).

RPM services are not considered to be diagnostic tests; that is, they cannot be furnished and billed by cacility on the order of a physician or other qualified healthcare provider.

The services described by CPT codes 99457 and the add-on code 99458 are services that are typically furnished remotely using communications technologies that allow ''interactive communication,'' between a patient and the physician or other qualified healthcare provider. CPT 99457 and the add-on code 99458 are inherently non-face-to-face and therefore should not be billed as telehealth services.

CPT 99455 and the add-on code 99458 require live, interactive communication with the patient/caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. CPT 99457 and 99458 may only be reported once during a 30-day period, regardless of the number of parameters monitored. CPT 99457 may not be reported for services less than 20 minutes. CPT 99458 may not be reported for services less than an additional increment of 20 minutes (CPT® 2024 Professional Codebook, pp. 42-43).

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
99453	Remote monitoring of physiologic parameter(s) (e.g., 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) (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; initial 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; additional 20 minutes

COVID-19 Remote Patient Monitoring

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.
January 2025 – Updated to include Remote Patient Monitoring (CPT codes 99091, 99453, 99454, 99457, and 99458), title changed from COVID-19 Remote Patient Monitoring to Remote Patient Monitoring – MassHealth ACO and NaviCare.

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.