Highmark Commercial Medical Policy-PA, WV, NY

Medical Policy:	M-89-001
Topic (or Title):	Remote Patient Monitoring
Section:	Diagnostic Medical
Effective Date:	November 24, 2025
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Remote Physiologic Monitoring (RPM) is the collection of physiological data (e.g. heart rate, blood pressure, body temperature) through medical devices. This data is then automatically transmitted to healthcare providers.

Remote Therapeutic Monitoring (RTM) is the collection of non-physiological data (e.g. therapy adherence and response, pain tolerance, medication adherence) that is typically self-reported and uploaded by individuals to be shared with healthcare providers.

Policy Position

Remote Physiologic Monitoring (RPM)

Remote Physiologic Monitoring (RPM) may be considered medically necessary when **ALL** of the following criteria are met:

- Prescribed and administered by **ONE or more** of the following:
  - Physicians:
    - Medical Doctor (MD)
    - Doctor of Osteopathic Medicine (DO)
  - Non-Physician Practitioners:
    - Nurse Practitioner (NP)
    - Physician Assistant (PA)
    - Certified Nurse Midwife (CNM)
- The prescribing provider has determined **ONE or more** of the following:
  - The individual being prescribed RPM is at high risk of deterioration or complications that could require hospitalization or other immediate medical treatment; **or**
  - Monitoring is necessary to assess the effectiveness of the current or new treatment plan; **and**
- Data is captured electronically and transmitted securely for analysis and interpretation; **and**
- Data is used for decision making for treatment planning, assessing treatment effectiveness, or risk assessment; **and**
- All technology utilized has been authorized by the FDA, either through approval, clearance, or emergency use authorization; **and**
- Initial authorization will be for a period of 3 months.

Reauthorization Criteria

Continuation of RPM may be considered medically necessary when **ALL** of the following criteria are met:

- All of the initial authorization criteria continues to be met; **and**
- The medical record supports the need for ongoing measurable improvements and stabilization of the individual's acute symptoms; **and**

- Reauthorization will be for a period of 3 months.

Required Documentation

Medical records should include **ALL** of the following:

- Physician order that includes **ALL** of the following:
  - the diagnosis; **and**
  - the length of time for RPM; **and**
  - device that was chosen; **and**
  - date the training was provided by the provider office to the individual; **and**
  - when the device was provided; **and**
- Consent is obtained at the time the RPM or RTM device is furnished; **and**
- All online communications relevant to the ongoing medical care of the individual; **and**
- Results of the monitoring; **and**
- Provider interpretation of the physiological or psychological data; **and**
- Information on how the results of monitoring influence medical decision making; **and**
- Support for the medical necessity of continued use of remote patient monitoring that includes stabilization of acute symptoms and/or measurable improvements in the individual's condition; **and**
- In each 30-day period, at least 16 days of data should be available.

NOTE: RPM is designed as a temporary intervention for managing adverse medical events, deterioration, or unstable conditions. It should be used to help individual's return to baseline. Once the individual reaches a baseline, either their previous health baseline or a newly established one, RPM is no longer considered a necessary part of their care plan.

NOTE: If a dedicated medical policy addresses the technology or device being used for RPM that policy will be the guiding document, rather than this general RPM policy. Coverage is subject to the terms of the benefit contract.

Remote Physiologic Monitoring not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

99091	99453	99454	99457	99458	G0322

Remote Therapeutic Monitoring (RTM)

Remote Therapeutic Monitoring (RTM) may be considered medically necessary when **ALL** of the following criteria are met:

- Prescribed and administered by **ONE or more** of the following:
  - Physicians:
    - Medical Doctor (MD); **or**
    - Doctor of Osteopathic Medicine (DO); **or**
  - Non-Physician Practitioners:
    - Nurse Practitioner (NP); **or**

        - Physician Assistant (PA); **or**
        - Certified Nurse Midwife (CNM); **or**
        - Clinical Psychologist (CP); **or**
        - Clinical Social Worker (CSW); **or**
        - Mental Health Counselor (MHC); **or**
        - Marriage and Family Therapist (MFT); **or**
        - Occupational therapist (OT); **or**
        - Physical Therapist (PT); **or**
        - Speech-Language Pathologist ; **and**
- The use of RTM is for management of **ONE or more** of the following types of treatment plans:
    - Respiratory; **or**
    - Musculoskeletal; **or**
    - Cognitive; **and**
- Data is captured electronically and transmitted securely for analysis and interpretation; **and**
- Data is used for decision making for treatment planning, assessing treatment effectiveness, or risk assessment; **and**
- All technology utilized has been authorized by the FDA, either through approval, clearance, or emergency use authorization; **and**
- Initial authorization will be for a period of 3 months.

Reauthorization Criteria

Continuation of RPM may be considered medically necessary when **ALL** of the following criteria are met:

- All of the initial authorization criteria continues to be met; **and**
- The medical record supports the need for ongoing measurable improvements to meet the individual's goals; **and**
- Reauthorization will be for a period of 3 months.

Required Documentation

Medical records should include the **ALL** of the following:

- Physician order that includes **ALL** of the following:
    - the diagnosis; **and**
    - the length of time for RPM; **and**
    - device that was chosen; **and**
    - date the training was provided by the provider office to the individual; **and**
    - when the device was provided; **and**
- Consent is obtained at the time the RPM or RTM device is furnished; **and**
- All online communications relevant to the ongoing medical care of the individual; **and**
- Results of the monitoring; **and**
- Provider interpretation of the physiological or psychological data; **and**
- Information on how the results of monitoring influence medical decision making; **and**
- Support for the medical necessity of continued use of remote patient monitoring that includes stabilization of acute symptoms and/or measurable improvements in the individual’s condition; **and**
- In each 30-day period, at least 16 days of data should be available.

NOTE: RTM is designed as a temporary intervention for monitoring an individual’s response to a plan of care. Once the individual reaches the goals of therapy, RTM is no longer considered a necessary part of their care plan.

NOTE: If a dedicated medical policy addresses the technology or device being used for RTM that policy will be the guiding document, rather than this general RTM policy. Coverage is subject to the terms of the benefit contract.

Remote Therapeutic Monitoring not meeting the criteria as indicated in this policy is considered not medically necessary.

RTM Procedure Codes

98975	98976	98977	98978	98980	98981

Quantity Level Limits (QLL)

RPM and RTM initial set up, supply, and education should be limited to once per 30-day period and will have a limit of 6 per calendar year.

QLL that exceeds the frequency guidelines listed on the policy are considered not medically necessary.

Procedure Codes

99453	99454	98976	98977

Related Policies

Refer to Reimbursement policy RP-043, Care Management for additional information.

Refer to Reimbursement policy RP-046, Telemedicine and Telehealth Services for additional information.

Place of Service: OUTPATIENT

Remote Patient Monitoring is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Links

- Link to Provider Resource Center for the Medical Policy Update

  08/2025, New Criteria Established for Remote Patient Monitoring

- Link to References

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract, and subject to the applicable laws of your state.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

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- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
    - *Qualified sign language interpreters*
    - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*

- *Provides free language services to people whose primary language is not English, such as:*
    - *Qualified interpreters*
    - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان **فارسی** صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.