***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

**PURPOSE**

This coverage determination guideline serves to address Remote Patient Monitoring (RPM), a method of healthcare delivery that uses technology to monitor patients outside of traditional clinical settings—typically in their home or a community-based location and chronic care management (CCM). RPM allows providers to track a patient's vital signs, symptoms, and health data in real time or at scheduled intervals, without requiring the patient to be physically present in a clinic or hospital.
RPM commonly involves devices such as blood pressure monitors, glucose meters, pulse oximeters, weight scales, and even wearables. The data from these devices is transmitted securely to a care team, who can then evaluate it and intervene if needed—whether that's adjusting a treatment plan, providing education, or arranging a follow-up.

The goal of RPM is to detect problems early and reduce avoidable hospitalizations or emergency room visits, support chronic disease management, enhance the quality of life for patients by keeping them stable in their preferred setting, and enable timely and data-driven clinical decisions.

Chronic Care Management (CCM), as defined by the Centers for Medicare & Medicaid Services (CMS), refers to non-face-to-face services provided to Medicare beneficiaries who have two or more chronic conditions. These conditions must be expected to last at least 12 months or until the patient's death and must place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline. CCM is designed to support patients through comprehensive care coordination and management. It includes the development and regular updating of a comprehensive care plan, ensuring 24/7 access to care management services, continuity of care with a designated clinical staff member, coordination with community-based providers, and oversight of care transitions, such as after a hospitalization. Providers must document at least 20 minutes of clinical staff time per calendar month, use a certified electronic health record (EHR) to store the care plan, and obtain the patient's verbal or written consent to provide and bill for these services.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations

(LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

**DEFINITIONS**
**None**

**POLICY**

SECUR Health Plan recognizes RPM allows a member to collect their own health data (for example, blood pressure) using a connected medical device that automatically transmits the data to their provider. The provider then uses this data to treat or manage the member's condition(s). RPM includes both remote physiological monitoring and remote therapeutic monitoring.

Remote physiological monitoring involves using non-face-to-face technology to monitor and analyze a member's physiological metrics including oxygen saturation, blood pressure, blood sugar, blood oxygen, and/or weight loss/gain.

Remote therapeutic monitoring (RTM) captures non-physiological data, often, self-reported related to a therapeutic treatment. This includes data on the member's musculoskeletal or respiratory system. RTM can also monitor treatment adherence and treatment response. A connected medical device transmits the member's information.
Requirements for RPM:

- Remote physiologic monitoring, but not RTM, requires an established patient relationship
- Only physicians and non-physician practitioners eligible to provide evaluation and management services can bill RPM services
- Remote physiologic monitoring: Practitioners must monitor an acute or chronic condition
- Practitioners must collect data for at least 16 days out of 30 days (doesn't apply to treatment management codes 99457, 99458, 98980, and 98981)
- Only 1 practitioner can bill for RPM per patient in a 30-day period
- Practitioners can't bill remote physiologic monitoring and RTM together
- Monitoring must be medically reasonable and necessary
- Practitioners may bill remote physiologic monitoring and RTM, but not both, concurrently with the following care management services for the same patient if you don't count time and effort twice: chronic management, transitional care management, behavioral health integration, principal care and chronic pain management
- Practitioners who aren't receiving the global periods of surgery service payment can bill for RPM services
- SECUR Health Plan requires patient consent at the time you provide RPM services
- Providers must electronically collect physiologic data and automatically upload it to a secure location

where the data can be available for analysis and interpretation by the billing practitioner

- The device used to collect and transmit the data must meet the definition of a medical device defined by FDA
- Auxiliary personnel can provide RPM services under the general supervision of the billing practitioner

RPM Components

RPM consists of 3 main components, each building off the step before it:

1. Member education and device set up.
2. Device supply.
3. Treatment management.

RPM Covered CPT/HCPCS Codes:

| CPT/HCPCS Code | Description | Time | Audio-only coverage |
|---|---|---|---|
| 99091 | Monthly review of data | 30 minutes | N/A |
| 99453 | Initial setup and monitoring | N/A | N/A |
| 99454 | Monthly review of RPM data | 16 or more days over a 30-day period | N/A |
| 99457 | Patient-provider communication related to RPM data | 20 minutes | Yes |
| 99458 | Patient-provider communication related to RPM data | Additional 20 minutes | Yes |
| 98975 | RTM device setup and patient education | N/A | N/A |
| 98976 | RTM monitoring, respiratory | 16 or more days over a 30-day period | N/A |
| 98977 | RTM monitoring, musculoskeletal | 16 or more days over a 30-day period | N/A |
| 98980 | Patient-provider communication related to | 20 minutes | Yes |

| | therapeutic device | | |
| --- | --- | --- | --- |
| 98981 | Additional time required for 98975–98978 or 90980 | Additional 20 minutes | Yes |

**Chronic Care Management (CCM)**

SECUR Health Plan recognizes CCM as a critical primary care service that contributes to better member health and care.

CCM services include but are not limited to structured recording of member health information, maintaining comprehensive electronic care plans, managing care transitions and other care management services, and coordination and sharing member health information promptly within and outside of the provider's practice.

CCM service elements apply to complex and non-complex CCM unless otherwise specified.

CCM is typically provided outside of face-to-face member visits and focused on advanced primary care characteristics such as continuous relationship between the member and the chosen care team member, supporting the member with chronic disease in achieving their health goals, preventative care, and sharing and use of health information.

Eligible members include those with multiple (2 or more) chronic conditions that are expected to last at least 12 months or until the member's death or that place them at significant risk for death, acute exacerbation or decompensation, or functional decline.

Examples of chronic conditions include but are not limited to:

- Alcohol abuse
- Asthma
- Chronic kidney disease
- Diabetes
- Heart failure
- Stroke

Covered CCM CPT/HCPCS Codes:

- 99437
- 99439
- 99487
- 99489

- 99490
- 99491
- G3002
- G3003

**References:**

1. Centers for Medicare and Medicaid Services (CMS) Medicare Learning Network, MLN901705, April 2025.
2. Centers for Medicare and Medicaid Services (CMS) Medicare Learning Network, MLN909188, May 2024.
3. Additional Oversight of Remote Patient Monitoring in Medicare is Needed – Office of Inspector General Report
4. Medicare Claims Processing Manual, Chapter 12, section 190
5. Telehealth Policy Changes After the COVID-19 PHE
6. Telehealth.HHS.gov