

RB.026.A REMOTE PATIENT MONITORING

Original Implementation Date : 10/14/2022
Version [A] Date : 10/14/2022
Last Reviewed Date: 02/02/2026

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business unless noted below.

POLICY STATEMENT

The plan approves Remote Patient Monitoring (RPM) and considers it covered and eligible for reimbursement **when all the following criteria are met:**

1. RPM devices and equipment must be supplied by the provider.
2. Eligible remote monitoring devices must be:
 - a. Food and Drug Administration (FDA) approved and meet the FDA definition of a “medical device”.
 - b. The device must digitally (e.g., automatically) upload patient physiologic data (i.e., data cannot be self-recorded or self-reported by the patient).
 - c. Able to transmit patient’s physiological data through a secure connection established by the prescribing provider) Health Insurance Portability and Accountability Act (HIPPA)-compliant.
 - d. Referred by a physician or qualified licensed healthcare provider such as the discharging inpatient/emergency department provider, patient’s personal primary care or specialty care provider.
3. Providers approved for Remote Patient Monitoring Programs must have data available upon request.
4. Delivery of remote patient monitoring services must conform to professional standards of care: ethical practice, scope of practice, and other relevant federal, state, and institutional policies and requirements, such as Practice Act and Licensing Board rules.

POLICY GUIDELINES

RPM allows providers to be reimbursed for remote treatment and management of patients using devices that collect essential physiologic data. RPM CPT codes include reimbursement for both collection and interpretation of physiologic data from devices (e.g., scales, pulse oximeters, blood pressure cuffs, etc.). The plan also requires data from devices to be collected and transmitted electronically to bill for these codes, i.e., data cannot be self-reported by the patient.

CPT Code	What it covers	Who can bill	Frequency of billing
99445	Device(s) supply with Daily Recording(s) or Programmed Alert(s) transmission, 2-15 days in a 30-day period	Not Required to be Clinical Staff (Practice Expense Only Code)	Billed Each 30 days, less than 16 Days of Monitoring
99453	Initial Setup of Device	Not Required to be Clinical Staff (Practice Expense Only Code)	Billed 1X Per Patient, Only First Month of Reading for 99454
99454	Device Supply with Daily Recordings and Programmed Alert(s) transmission, 16-30 days in a 30-day period	Not Required to be Clinical Staff (Practice Expense Only Code)	Billed Each 30 Days, Minimum of 16 Days of Monitoring
99457	First 20 Minutes of Monitoring and Treatment Management That Includes Interactive Communication with the Patient or Caregiver During the Calendar Month	Performed by Physician, Other Qualified Healthcare Professional (QHCP) or Clinical Staff	Billed Each Calendar Month
99458	Each Additional 20 Minutes of Monitoring and Treatment	Performed by Physician, Other Qualified Healthcare Professional	Billed Each Calendar Month

CPT Code	What it covers	Who can bill	Frequency of billing
	Management Services Provided.	(QHCP) or Clinical Staff	
99470	First 10 minutes of Monitoring and Treatment Management That Includes Interactive Communication with the Patient or Caregiver During the Calendar Month	Performed by Physician, Other Qualified Healthcare Professional (QHCP) or Clinical Staff	Billed Each Calendar Month
99091	30 Minutes of Monitoring Each 30 Days That Does Not Require Interactive Communication	Performed by Physician, Other Qualified Healthcare Professional (QHCP) or Clinical Staff	Billed Each 30 Days

Remote Patient Monitoring (RPM) must meet all the requirements established between a licensed health care provider and a patient that is consistent with the provider's scope of practice for services appropriately provided through remote patient monitoring services. Only qualified health care professionals possessing necessary clinical training may participate in monitoring and evaluating physical data received remotely from the patient. Personal devices such as Apple Watch® or Fitbit® are not approved for Remote Patient Monitoring.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. The listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
99091	Collection and interpretation of physiological data {e.g., 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
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period
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 (excludes less than 16 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; first 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; each additional 20 minutes (List separately in addition to code for primary procedure)
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

HCPSC Code	Description
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment

ICD-10 Codes	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the members' benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

Remote Patient Monitoring is the use of digital devices to measure and transmit personal health information from a beneficiary in one location to a provider in a different location. Remote patient monitoring enables providers to collect and analyze information such as vital signs (blood pressure, heart rate, weight, blood oxygen levels) in order to make treatment recommendations.

DEFINITIONS

N/A

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2026 review. Codes added.	A	10/14/2022
2024 review. No changes to policy.	A	10/14/2022
This is a new policy.	A	10/14/2022

REFERENCES

N/A.