Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Remote Patient Monitoring for Tufts Health Together, One Care, and Senior Care Options (SCO)

Effective: September 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Tufts Health Together
- Tufts Health One Care
- Tufts Health Plan Senior Care Options

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

The delivery of remote patient monitoring outside of the traditional health care setting has rapidly evolved and has been proposed for patients with conditions that are at risk for decompensation and readmission. Remote patient monitoring (RPM) is the use of digital technologies to collect, measure, analyze, and/or transmit data about the physiological status of a patient outside of the traditional health setting. The data collected from these devices are then electronically transferred to providers for the purpose of monitoring disease and symptom progression remotely in order to make clinical management recommendations. RPM is considered an intervention designed to promote continuity of care and provide support for patients and caregivers managing acute and chronic conditions; it is not intended to be an ongoing intervention for patients whose condition(s) has stabilized.

Devices used for remote patient monitoring can include invasive and non-invasive devices, however for the purposes of this MNG, RPM refers to non-invasive devices. Examples of RPM include, but are not limited to, monitoring of blood pressure, oxygen saturation, heart rate, or weight using automated digital technology.

Clinical Guideline Coverage Criteria

The Plan considers remote patient monitoring (RPM)*, also referred to as remote physiologic monitoring, as reasonable and medically necessary when a member has a chronic or acute condition and is currently in or recently completed a skilled homecare episode of treatment or is a direct admit to the program and **ALL** of the following indications are met:

1. Member has **ONE** of the following condition(s):
   a. Asthma; **or**
   b. Chronic obstructive pulmonary disease (COPD) ; **or**
   c. Congestive heart failure (CHF) ; **or**
   d. Type I or II diabetes mellitus; **or**

e. Hypertension; **or**
f. Perinatal from pregnancy through 12 months post-delivery; **and**

2. A physician or qualified healthcare practitioner (QHP) has documented the Member's condition is at high-risk for instability or risk of deterioration and **ONE** of the following: **(excludes perinatal):**
   a. Member has a history of two or more hospitalizations or emergency department visit(s) in the past 24 months for one of the condition(s) listed above; **or**
   b. Member has risk factors which places the Member at risk for ED or hospitalization (e.g., recent discharge from inpatient stay or extended stay skilled nursing facility, documented poor adherence to ordered medication, or a documented history of care access challenges such as consistently missed appointments); **and**
3. Condition requires enhanced monitoring on a daily basis to assess for acute changes in clinical status and prompt intervention; **and**
4. For new Members to the physician's practice or Members not seen by the practitioner within one year, the practitioner must first conduct a face-to-face or telehealth visit with the Member to initiate RPM; **and**
5. **For perinatal only**, a physician or qualified healthcare practitioner (QHP) documentation supports the Member has one or more risk factors that warrant the use of RPM, which includes, but is not limited to **ONE** of the following:
   a. Nulliparity; **or**
   b. Multi gestation; **or**
   c. Chronic hypertension; **or**
   d. Pregestational or gestational diabetes; **or**
   e. Systemic lupus; **or**
   f. Preeclampsia in a previous pregnancy; **or**
   g. Antiphospholipid antibody syndrome; **or**
   h. Kidney disease; **or**
   i. Obstructive sleep apnea; **or**
   j. Assisted reproductive technology; **or**
   k. Pregnancy body mass index ≥ 30; **and**
6. A written order by the treating provider that specifies the medical condition and the length of time for RPM, up to 90 days
   a. For RPM services, there is a treating provider order for the continuation of RPM and the medical record contains documentation that supports the medical necessity for continued RPM; **and**
7. The Member's current/new treatment plan requires monitoring and oversight to achieve the plan of care goals; **and**
8. Remote physiologic data requirements, **ALL**:
   a. The device used to collect and transmit data must meet the definition of a medical device as defined by the FDA*; **and**
   b. RTM data will be electronically collected and automatically uploaded to a secure location where the data can be available for analysis and interpretation daily by the billing practitioner*; **and**
   c. RTM data is being regularly assessed to detect acute changes in the Member's clinical status and prompt intervention.

***** The RPM device used for data collection must be a medical device, as defined by the FDA. Medical devices that digitally collect and transmit a patient's physiologic data must be reasonable and necessary for the diagnosis or treatment of the patient's illness or injury or to improve the functioning of the patient. According to the FDA, non-invasive remote monitoring devices are used to acquire patient physiological data without the need for in-clinic visits and facilitate patient management by healthcare providers while reducing the need for in-office or in-hospital services. Additionally, these devices must have the potential to be connected to a wireless network through Bluetooth, Wi-Fi, or cellular connection to transmit a patient's measurements directly to their healthcare provider or other monitoring entities. The device used must provide secure, HIPAA-compliant transmission of the data.

Note: Coverage of RPM does not apply to Continuous Glucose Monitoring (CGM) devices, Holter monitors, implantable pacemakers and defibrillators, or electroencephalograms

Limitations

The Plan considers remote patient monitoring as not medically necessary under the following conditions:

1. Member and/or caregiver is not capable of using the equipment
2. The RPM device itself (including any additional apps, software, digital interfaces, etc.) is not covered
3. Use of smartwatches and fitness trackers

Codes

The following code(s) do not require prior authorization: (Note: Monitoring must occur over at least 16 days of a 30-day period. These codes should not be reported for monitoring if the duration is less than 16 days in order for CPT codes 99453 and 99454 to be billed)

Table 1: CPT/HCPCS Codes

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) (eg, 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) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period
99457	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 20 minutes
99458	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; each additional 20 minutes (list separately in addition to code for primary procedure)

List of Medically Necessary ICD-10 Codes

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Approval And Revision History

September 19, 2024: Reviewed by the Medical Policy Approval Committee (MPAC) as a new coverage guideline for Remote Patient Monitoring for Members of Tufts Health Together, Tufts Health One Care plan, and Tufts Health Senior Care Options (SCO) effective November 1, 2024

Subsequent endorsement and change(s) made:

- July 25, 2025: Fax number for Senior Care Options, Tufts Medicare Preferred HMO and Tufts Medicare Preferred PPO updated; Harvard Pilgrim Health Care Stride Medicare Advantage removed as an applicable product from the template; language for CareLink removed
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes; ICD-10 Code list updated in accordance with annual ICD-10 CM code updates effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- July 15, 2026: Reviewed by MPAC for annual review, renewed without changes and administrative update to template, effective September 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis

considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.