

Clinical Policy: Home Telemonitoring Services

Reference Number: TX.CP.MP.547

Last Review Date: 01/20

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Description

Home telemonitoring is a health service that requires scheduled remote monitoring of data related to a member's health and transmission of the data from the member's home to a licensed home health agency or a hospital. The data transmission must comply with standards set by the Health Insurance Portability and Accountability Act (HIPAA).

Data parameters are established as ordered by a physician's plan of care. Data must be reviewed by the prescribing physician, a registered nurse (RN), an advanced practice registered nurse (APRN), or a physician assistant (PA), who is responsible for reporting data to the prescribing physician in the event of a measurement outside the established parameters.

Online evaluation and management for home telemonitoring services (procedure code 99444) is a benefit in the office or outpatient hospital setting when services are provided by a PA, APRN, or physician provider. Procedure code 99444 is limited to once per seven days and is denied if it is submitted within the postoperative period of a previously completed procedure or within seven days of a related evaluation and management service by the same provider.

Scheduled periodic transmission of the member data to the physician is required, even when there have been no readings outside the parameters established in the physician's orders. Telemonitoring providers must be available 24 hours a day, 7 days a week. Although transmissions are generally at scheduled times, they can occur any time of the day or day of the week, according to the member's plan of care. The physician who orders home telemonitoring services has a responsibility to ensure that the member is aware that he/she has the right to discontinue home telemonitoring services at any time.

The purpose of this policy is to provide guidelines in processing prior authorization requests for home telemonitoring services and applies to the following products: STAR, STAR+PLUS, STAR Health, STAR Kids, and CHIP.

Policy/Criteria

I. General Criteria:

Home telemonitoring services will be a benefit only for members who are diagnosed with diabetes or hypertension. Members must exhibit two or more of the following risk factors:

- A. Two or more hospitalizations in the previous 12-month period
- B. Frequent or recurrent emergency department visits
- C. A documented history of poor adherence to ordered medication regimens
- D. Documented history of falls in the previous six-month period
- E. Limited or absent informal support systems

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- F. Living alone or being home alone for extended periods of time
- G. A documented history of care access challenges

II. Prior Authorization Protocols:

Online evaluation and management of home telemonitoring services (procedure code 99444) requires prior authorization.

The request must include all of the following:

- A. An order for telemonitoring services signed and dated by the prescribing physician who is familiar with the member,
- B. A plan of care signed and dated by the prescribing physician which includes home telemonitoring transmission frequency,
- C. The member's diagnoses and risk factors that qualify the member for home telemonitoring services,
- D. Prescribing physician must attest the member is sufficiently cognitively intact and able to operate the equipment or has a willing and able person to assist in completing electronic transmission of data (not required if the equipment does not require active participation from the recipient), and
- E. Monitoring of the member's clinical data is not duplicated by any other provider

Note: Home telemonitoring services for members who are diagnosed with diabetes or hypertension may be approved for up to 60 days per prior authorization request.

If additional home telemonitoring services are needed, the home health agency or hospital must request prior authorization before the current prior authorization period ends.

III. Documentation Requirements for Telemonitoring Providers

The home health agency or hospital must maintain documentation of all of the following in the member's medical record:

- A. The telemonitoring equipment meets all of the following requirements:
 - 1. Capable of monitoring any data parameters included in the plan of care
 - 2. Food and Drug Administration (FDA) Class II hospital-grade medical device
 - 3. Capable of measuring and transmitting member glucose or blood pressure data
- B. The provider's staff is qualified to install the needed telemonitoring equipment and to monitor the member data, which will be transmitted according to the member's care plan.
- C. Clinical data will be provided to the member's primary care physician or his/her designee
- D. Monitoring of the member's clinical data is not duplicated by any other provider
- E. Written protocols address the following:
 - 1. Authentication and authorization of users
 - 2. Authentication of the origin of member data transmitted

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3. Prevention of unauthorized access to the system or information
4. System security, including the integrity of information that is collected program integrity, and system integrity
5. Maintenance of documentation about system and information usage
6. Information storage, maintenance, and transmission.

Note: Please refer to TX.UM.26 Electronic and Verbal Signature Policy for other acceptable alternative orders.

Background

N/A

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2019, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
99444	Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
N/A	



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Reviews, Revisions, and Approvals	Date	Approval Date
Included RS Work Process regarding TMHP Telemonitoring Provider List requirements w/ RS fax back.	02/14	02/14
Removed CHIP Perinate under product. Updated Purpose. Updated Definitions and References. Updated 99444 definition. Updated Signatories.	12/14	12/14
Removed work process and imbedded in attachment section. Added policy to reference list.	02/15	02/15
Grammatical changes. Removed work process imbedded in attachment section. Added code 99090 and 99444 to definitions. Updated signatories. Added document requirements for telemonitoring providers. Added coding criteria requirements for telemonitoring providers. Removal of GQ modifier. Updated TMHP 3.3 Telemonitoring Services 2016.	02/16	02/16
Removed product regional references. Added STAR Kids to products. Grammatical edits. Updated signatories.	02/17	02/17
Updated references and signatories. Deleted revision history prior to 2014.	02/18	02/18
Annual review. Updated references and signatories.	01/19	01/19
Updated to new template from TX.UM.10.47 (TX.CP.MP.547 nomenclature implementation). Removed information related to procedure code 99090; code end dated 1/1/2019. Updated references.	01/20	01/20

References

1. TX.UM.05 Timeliness of UM Decisions and Notifications
2. TX.UM.10.35 Physician Peer to Peer Policy
3. Texas Administrative Code Rule 354.1434
4. Texas Medicaid Provider Procedures Manual, 3.4 Telemonitoring Services, December 2019
5. TX.UM.26 Electronic and Verbal Signature Policy

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering



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benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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