



Remote Patient Monitoring - ACLA

In Lieu Of Policy ID: ILO.01

Recent review date: 2/2023

Next review date: 1/2024

Policy contains: Remote Patient Monitoring

AmeriHealth Caritas has developed In Lieu Of policies to assist with making coverage determinations for medically appropriate services outside required MCO Covered Services or settings (or beyond the service limits established by LDH for MCO Covered Services. AmeriHealth Caritas' In Lieu Of services are provided to Enrollees, at their option, as a cost-effective alternative to an MCO Covered Service or Setting.

LDH has determined that this In Lieu Of service is a medically appropriate and cost-effective substitute for the MCO Covered Service or setting under the Louisiana Medicaid State Plan.

Coverage policy

Remote patient monitoring is medically appropriate and approved for the following groups of members, provided the member has a smart phone or tablet access:

- Adult members with hypertension and a potentially preventable admission (PPA), potentially preventable readmission (PPR), or potentially preventable ED visit (PPV) event within the last 18 months.
- Adult members with diabetes and a PPA/PPR/PPV events within last 18 months.
- Adult members with poorly controlled hypertension (>140/90), at risk for PPA/PPR/PPV.
- Adult members with poorly controlled diabetes (HbA1c >9.0%), at risk for PPA/PPR/PPV.
- Pregnant women with hypertensive disorders and/or insulin dependent diabetes.
- Remote patient monitoring (RPM) services for AmeriHealth Caritas Louisiana enrolled members are reimbursable when ordered by physicians or other qualified health professionals. RPM services may be delivered by auxiliary personnel including contracted employees, when under the supervision of a billing physician or qualified health profession.

Member Identification and Referral

AmeriHealth Caritas will identify members for enrollment into the RPM program. The member's provider will be contacted to order and begin the enrollment process. Alternatively, the member's PCP may request member enrollment. ACLA will authorize member's participation in the RPM program by providing a roster of eligible members to the RPM provider.

ILO.01

Service Provider Responsibility

The RPM service provider will contact members to offer the RPM services and coordinate member communication to enroll in RPM. The provider will deliver needed equipment to the member, educate the member on use and monitoring aspects of RPM program. The provider shall monitor results per agreed parameters and contact the member for results outside of agreed parameters. The provider shall engage the member with education and to maintain continued participation in RPM.

Unit of Service

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.

99199 - Unlisted special service, procedure, or report- This code with appropriate modifiers may be used as an alternative reimbursement CPT code for systems that have conflict with use of 99453 and/or 99454.

Anticipated Units of Service per Person

CPT code 99453 is a one-time billing upon set up of the remote monitoring equipment. This code represents the initial setup and patient education on how to use connected devices as well as best practices on when to take measurements. CPT code 99453 is reimbursable once per episode of care (every 9 months during pregnancy).

CPT codes 99454 and 99199 are billable every 30 days for ongoing monitoring and covers the cost a provider incurs if they lease or purchase the device for their patient. Providers may use either CPT code 99454 or 99199, but not both codes for the same member.

Targeted Length of Service

It is anticipated that length of service will be no greater than 6-12 months for adults with hypertension and diabetes.

It is anticipated that length of service will be no greater than 9 months for pregnant members, including prenatal and postpartum periods.

Background

Remote patient monitoring (RPM) involves digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions. RPM devices include (1) non-invasive remote monitoring devices that measure or detect common physiological parameters, and (2) non-invasive monitoring devices that wirelessly transmit the beneficiary's medical information to their health care provider or other monitoring entity. The device must be reliable and valid, and the beneficiary must be trained or sufficiently knowledgeable in the proper use/wearing of the device to ensure appropriate recording

of medical information. Medical information may include, but is not limited to, blood pressure and heart rate and rhythm monitoring for members with hypertension and blood glucose control for members with diabetes. Members enrolled should have smart phone or tablet access and connectivity for data reporting.

LDH has approved an AmeriHealth Caritas Louisiana “in lieu of” (ILO) benefit to provide RPM coverage for identified members with hypertension and/or diabetes mellitus. Specific members being targeted are those who have exhibited, or at risk for, potentially preventable admissions, potentially preventable readmission, potentially preventable ED utilization, and poor outcomes. This encompasses a population of adult members with less-than-optimal disease control and in pregnancies complicated by hypertensive disorders and/or diabetes.

Reporting

The provider of RPM services shall report to ACLA, in a mutually agreed upon format and basis, both aggregate and member level data on outcomes of monitoring. Reporting to the member’s PCP on monitoring activities will occur on an ongoing basis.

Expected Outcomes

Anticipated outcomes for members participating in the ILO:

- Improved BP control (<140/90)
- Improved blood glucose control, as measured by Hgb A1c (<9.0%)
- Reduced ED utilization for hypertension and diabetes related complications
- Reduced preventable hospitalizations for hypertension and diabetes
- Reduced admission for hypertensive disorders in pregnancy and diabetes in pregnancy
- Improved pregnancy outcomes for pregnant women with hypertensive disorders and diabetes, based on preterm birth rates and infant birth weights
- Member engagement with RPM program and increased participation in care

Policy updates

2/2023: initial review date and ILO policy effective date: 2/2023