Remote Patient Monitoring of Chronic Conditions - State Products

Policy Number:	**M20160428034**
Effective Date:	**6/1/2016**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus ☒Essential Plan
☐ Medicare, if yes, which plan(s): ☐MAPD; ☐PDP ☐ISNP; ☐CSNP
☐ Commercial, if yes, which type: ☐Large Group; ☐Small Group; ☐Individual
☐ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth coverage for remote patient monitoring (RPM) for MediSource, MediSource Connect, and Essential Plan.

Policy:

Background

Remote patient monitoring (RPM) uses digital technologies to collect medical data and other personal health information from the NYS Medicaid member in one location and can electronically transmit that information to health care providers in a different location for assessment and recommendations. Monitoring programs can collect a wide range of health data from the point of care, such as vital signs, blood pressure, heart rate, weight, blood sugar, blood oxygen levels and electrocardiogram readings. RPM may include follow-up on previously transmitted data conducted through communication technologies or by telephone.

MediSource, MediSource Connect, Child Health Plus, and Essential Plan: covers remote patient monitoring utilizing the New York state coverage criteria below.

Remote patient monitoring criteria for maternal care per DOH coverage criteria:

1. Remote patient monitoring (RPM) is covered during pregnancy and up to 84 days postpartum to further improve and expand access to prenatal and postpartum care.

2. This expansion of coverage includes an additional monthly fee to cover the cost of RPM devices/equipment.

3. Collection and Interpretation of physiologic data [e.g. electrocardiogram (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. There will be an initial set up and patient education given as well. Device(s) supply with daily recording(s) or programmed alert(s) transmission each 30 days.

4. For each 30 day period of RPM for prenatal and postpartum services, providers may report for two days up to 15 days of monitoring; or for at least 16 days up to 30 days of monitoring.

Note: MediSource, MediSource Connect, and Essential Plan members are eligible to participate in remote patient monitoring provided by the Independent Health Brook Remote Patient Monitoring program.

Clinical Indications

MediSource, MediSource Connect, Child Health Plus, and Essential Plan plan members: Medical conditions that may be treated/monitored by means of remote patient monitoring (RPM) include, but are not limited to **1 or more** of the following:

- Congestive heart failure

- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Wound care
- Polypharmacy
- Mental or Behavioral problems
- Pregnancy and up to 84 days postpartum
- Technology-dependent care such as **1 or more** of the following:
    - Continuous oxygen
    - Ventilator care
    - Total parenteral nutrition
    - Enteral feeding

Pre-Authorization Required? Yes ☐ No☐ Other ☒

Pre-authorization is required for this service for remote patient monitoring for home care providers billing S9110.

Pre-authorization is not required for remote patient monitoring when billing for maternal care with codes 99091,99453, and 99454.

Pre-authorization is not required for remote patient monitoring when billed by a non-homecare physician when using code 99091.

Preauthorization is not required for remote patient monitoring when billed by a non-homecare physician provider when billing code 99457. This service may be delivered by clinical staff; however, the service must be ordered by a physician or other qualified health care professional. Clinical staff include individuals under the direction of a physician or qualified health care professional who do not independently bill professional services, such as pharmacists and some registered dieticians. Providers delivering RPM must confirm that they operate within their scope of practice. Clinical staff may not order nor modify prescriptions. This service is not intended for retail pharmacists. CPT code “99457” requires a live, interactive communication with the patient/caregiver. The interactive communication contributes to the cumulative time, but it does not need to represent the entire cumulative reported time of the treatment management services. Providers are not to bill "99457" more than one time per member per 30-day period. Please see the link in the references section for additional resources, available in the Telehealth Policy Manual.

Pre-authorization is not required for participation in the Independent Health Brook Remote Patient Monitoring program.

Definitions

Remote patient monitoring for MediSource, MediSource Connect, Child Health Plus, and Essential Plan, is defined as the use of remote automated physiological patient monitoring devices (e.g., weight scales, automatic blood pressure cuff, pulse oximetry).

References

Related Policies, Processes and Other Documents

Remote Patient Monitoring for Chronic Conditions, Policy No. M20130211016

Non-Regulatory references

N/A

Regulatory References

Affordable Care Act, §6407

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). September 17, 2014.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). CHP – 00048. June 20, 2006.

New York State Medicaid Fee-for-Service Provider Policy Manual. Telehealth Policy Manual. Updated January 2026. Available at: https://health.ny.gov/health_care/medicaid/redesign/telehealth/docs/provider_manual.pdf Accessed April 1, 2026.

New York State Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan Model Contract March 1, 2019. Appendix K, Section 14. Available at: https://www.health.ny.gov/health_care/managed_care/docs/medicaid_managed_care_fhp_hiv-snp_model_contract.pdf Accessed April 1, 2026.

New York State Medicaid Update [web site]. New York State Medicaid Expansion of Remote Patient Monitoring for Maternal Care. September 2022; Volume 38 No. 10. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2022/docs/mu_no10_sep22_pr.pdf Accessed April 1, 2026.

New York State Medicaid Update [web site]. New York State Medicaid Update - February 2023 Comprehensive Guidance Regarding Use of Telehealth including Telephonic Services After the Coronavirus Disease 2019 Public Health Emergency Special Edition Volume 39 - Number 3. Available at: https://health.ny.gov/health_care/medicaid/program/update/2023/no03_2023-02_speced.htm Accessed April 1, 2026.

New York State Medicaid Update (website). New York State Medicaid Update - October 2024 Volume 40 – number 11. Available at: https://health.ny.gov/health_care/medicaid/program/update/2024/no11_2024-10.htm Accessed April 1, 2026.

New York State Medicaid Update (website). New York State Medicaid Update – March 2026 Volume 42 – Number 4. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2026/no04_2026-03.htm#RPM Accessed May 19, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Revised
7/1/2026	Health Care Services	Revised
5/1/2025	Health Care Services	Revised
5/1/2024	Health Care Services	Revised
5/1/2023	Health Care Services	Revised
5/1/2022	Health Care Services	Revised
5/1/2021	Health Care Services	Reviewed
5/1/2020	Health Care Services	Reviewed
6/1/2019	Medical Management	Revised
6/1/2018	Medical Management	Revised
6/1/2017	Medical Management	Revised