Medical Policy

Blue Cross Blue Shield Blue Care Network of Michigan

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***Current Policy Effective Date: 3/1/23**
(See policy history boxes for previous effective dates)

Title: Remote Therapeutic Monitoring (RTM)

Description/Background

Remote patient monitoring (RPM) is the use of digital technologies to collect health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and clinical management recommendations. Monitoring devices and programs collect physiological signs such as temperature, respiratory rate, heart rate, blood pressure, blood sugar, blood oxygen levels, weight and electrocardiograms. Healthcare professionals monitor these patients remotely and respond to the information received as part of the treatment plan.[1] The evaluation of RPM information is considered to be a component of evaluation and management services, and may only be billed by specific qualified healthcare professionals.

Remote *therapeutic* monitoring (RTM), the remote monitoring of a therapeutic plan, may be useful for individuals who have musculoskeletal or respiratory conditions, to collect non-physiological data related to adherence and response to the medical treatment plan. Information may include medication adherence (eg, smart pill reminder systems), therapy adherence (eg, physical therapy exercises), medication and therapy responses (eg, pain levels), and patient feedback (eg, patient reports of medication adverse reactions). Essentially, any information that is not physiological may be considered appropriate for remote therapeutic monitoring. Remote therapeutic monitoring services are considered general medical services, and may be billed by physicians, nurse practitioners, physician assistants, physical therapists, occupational therapists, speech-language pathologists, and clinical social workers.

As with remote patient monitoring, devices used for remote therapeutic monitoring must be approved by the U.S. Food and Drug Administration. The use of a device is not required. If a platform is able to track data from an individual (eg, software, a wearable, self-reported information), remote therapeutic monitoring is achieved. Information that is collected may be both quantitative and subjective. Because the data collected is related to adherence and response to a treatment plan, a wellness device is not appropriate for RTM.

Regulatory Status

Per Section 201(h) of the Food, Drug, and Cosmetic Act, a medical device is:

- "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is: recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them,
- intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
- intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes."

Medical Policy Statement

The use of remote therapeutic monitoring (RTM) in the medical management of an individual's respiratory or musculoskeletal treatment plan is considered established when criteria are met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Remote Therapeutic Monitoring (RTM) is not intended to be an ongoing modality; it is intended to monitor a patient's response to a plan of care, until goals are reached.

When Blue Cross of Michigan has an existing medical policy that is specific to the technology or device being considered for RTM, that policy supersedes the information in this policy.

Inclusions:
Remote therapeutic monitoring (RTM) is approved when:

- There is an order written by a physician or qualified healthcare practitioner that specifies the medical condition and the length of time for RTM, up to 90 days

POLICY GUIDELINES

- RTM Data
  - Data may be self-reported by the individual or may be electronically captured by a device.
  - Data is for a respiratory or musculoskeletal condition.
- RTM Device Guidance (when a device is used)*
  - The device used for data collection must be a medical device, as defined by the FDA
  - The device used must provide secure, HIPAA-compliant transmission of the data

  * Examples: devices may include wearable, hand-held, and digital interfaces.

- Services included in RTM:
  - Initial set-up and patient instruction of the monitoring device
  - RTM for up to 90 days
    - For RTM services beyond 90 days:
      - ✓ there is a physician/QHP order for the continuation of RTM; and
      - ✓ the medical record contains documentation that:
        - supports the medical necessity for continued RTM, and
        - reflects that the results of the monitoring are used in clinical decision-making and intervention; and
      - ✓ RTM (after the first 90 days) is billed with modifier KX (the provider attests that requirements specified in the medical policy have been met)
- Each 30-day billing cycle must include at least 16 days of monitoring
- Reimbursement for remote therapeutic monitoring is driven by current BCBSM payment policy

Exclusions:
- The RTM device itself (including any additional apps, software, digital interfaces, etc.) is generally not covered

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CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

98975 98976 98977 98980 98981

Other codes (investigational, not medically necessary, etc.):

NA

Note: Individual policy criteria determine the coverage status of the CPT/HCPCS code(s) on this policy. Codes listed in this policy may have different coverage positions (such as established or experimental/investigational) in other medical policies.

Rationale

Remote patient monitoring (RPM) (also referred to as remote physiologic monitoring) monitors data that is physiologic in nature – heart rate, respiratory rate, blood pressure, weight, etc. Remote therapeutic monitoring (RTM) collects and monitors non-physiological data. At the writing of this policy, the only conditions for which for RTM may be billed and reimbursed are respiratory and musculoskeletal conditions.

Mehta et al (2020) reported on a randomized controlled trial of 242 patients at 2 urban hospitals, between February 2018 and April 2019.[2] Participants were between 18 to 85 years of age, with a median age of 66 years; 78.1% were women, 45.5% were White, and 43.4% were Black. The participants were randomized to receive usual care (n=124) or remote monitoring (n=118). Those in the intervention arm agreed to receive a wearable activity

monitor to track step count; to message regarding postoperative goals and milestones, and pain score tracking; and to connect with clinicians as needed. Patients assigned to receive monitoring were further randomized to remote monitoring alone or remote monitoring with gamification and social support. Remote monitoring was offered before surgery, began at hospital discharge, and continued for 45 days following discharge. The primary outcome was discharge status (home versus skilled nursing facility or inpatient rehabilitation). Prespecified secondary outcomes included change in average daily step count and re-admissions to the hospital setting. There was no significant difference in the rate of discharge to home between the usual care arm (57.3%; 95% CI, 48.5% to 65.9%) and the intervention arm (56.8%; 95% CI, 47.9% to 65.7%). There was no significant increase in step count in those receiving remote monitoring plus gamification and social support compared with remote monitoring alone. There was a statistically significant reduction in re-hospitalization rate in the intervention arm (3.4%; 95% CI, 0.1% to 6.7%) compared with the usual care arm (12.2%; 95% CI, 6.4% to 18.0%; p=.01). The authors concluded that the remote monitoring program did not increase rate of discharge to home after hip or knee arthroplasty; and further, gamification and social support did not increase activity levels. However, there was a significant reduction in re-hospitalizations among those receiving the intervention, which the authors suggested may have resulted from goal setting and connection to the care team.

Mosnaim et al (2021) evaluated a study of adherence to inhaled medication, comparing self-reported information with electronic medication monitor data.[3] Adults diagnosed with uncontrolled asthma and who were prescribed inhaled corticosteroids and short-acting beta 2-agonists were enrolled. One hundred participants (80% female, mean age 48.5 years, 60% completed college, 80% privately insured) had complete data over 14 days. Participants were asked to complete paper diaries of medication usage, while objective data was obtained from the electronic medication monitors that had been fitted to the inhalers. Participant self-report data of short-acting beta 2-agonist use (median: 0.8 [0.0, 2.0]) was greater than objectively measured (median: 0.43 [0.1, 2.1]), but the difference was not statistically significant (p=.64). Participant self-report inhaled corticosteroid adherence (median: 97 [67, 100]) was significantly greater than objectively measured (median: 75 [54, 93]; p=.002). The authors reported significant discrepancies between self-reported and objective inhaled corticosteroid use. The authors concluded that electronic medication monitoring can provide clinicians with accurate data on medication adherence, thus reducing medication regimen complexity, side effects, and costs.

Summary

Remote therapeutic monitoring is the reporting or collection of non-physiologic therapeutic data, such as pain levels, adherence to medications, and adherence to therapy. The information collected may be both quantitative and subjective in nature. The data may be self-reported by the individual or a device may automatically record and report the health data to the care team. The data is used by healthcare providers to make more comprehensive patient evaluations and determine more effective care strategies. Remote therapeutic monitoring is to be used for the management of respiratory or musculoskeletal conditions.

SUPPLEMENTAL INFORMATION

PRACTICE GUIDELINES AND POSITION STATEMENTS

No guidelines are found related to remote therapeutic monitoring.

Government Regulations
National:
There is no National Coverage Document on this topic.

Local:
There is no Local Coverage Document on this topic.

Federal Register Vol. 86, No. 221, November 19, 2021/Rules and Regulations, 65114-65117
https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf

- "The services and code structure of (remote therapeutic monitoring) RTM resemble those of remote physiological monitoring (RPM)…
- The RTM codes reflect similar staff and physician work, although the specific equipment used is different because the data being monitoring are non-physiologic rather than physiologic, as they are with RPM...
- According to the code descriptors, RTM codes monitor health conditions, including musculoskeletal system status, respiratory system status, therapy (for example, medication) adherence, and therapy (for example, medication) response, and as such, allow non-physiologic data to be collected. Reportedly, RTM data can be patient reported, as well as digitally uploaded while RPM requires that data be physiologic and be digitally uploaded.
- We note that, for both sets of codes, the device used must meet the FDA definition of a device as described in section 201(h) of the Federal Food, Drug and Cosmetic Act (FFDCA)."

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

Telemedicine Services
Remote Patient Monitoring

References

1. Remote Patient Monitoring. Center for Connected Health Policy. https://www.cchpca.org/about/about-telehealth/remote-patient-monitoring-rpm Accessed 8/31/22.
2. Mehta SJ, Hume E, Troxel AB, et al. Effect of remote monitoring on discharge to home, return to activity, and rehospitalization after hip and knee arthroplasty: a randomized clinical trial. JAMA Netw Open. 2020 Dec 1;3(12):e2028328. PMID 33346847
3. Mosnaim GS, Stempel DA, Gonzalez C, et al. Electronic medication monitoring versus self-reported use of inhaled corticosteroids and short-acting beta2-agonists in uncontrolled asthma. J Asthma. 2021 Nov 2;1-4. PMID 34699302

4. Centers for Medicare and Medicaid. Final Rule. (37) Remote Therapeutic Monitoring/Treatment Management. Federal Register Vol. 86, No. 221, November 19, 2021/Rules and Regulations, 65114-65117 https://www.govinfo.gov/content/pkg/FR-2021-11-19/pdf/2021-23972.pdf Accessed 8/31/22

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 9/1/22, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
1/1/23	10/18/22		Joint policy established (ls)
3/1/23	12/20/22		Code update, nomenclature changes to 98975, 98976, 98977

Next Review Date: 4th Qtr, 2023

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: REMOTE THERAPEUTIC MONITORING

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered
BCNA (Medicare Advantage)	See Government Regulations section.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.