Remote patient monitoring

Remote patient monitoring, also called telemonitoring, is a type of ambulatory health care that allows a patient to use an internet-capable device to perform a routine test and send the test data to a health care professional in real time for analysis and follow-up.

Original Medicare

Original Medicare doesn’t cover remote patient monitoring, or telemonitoring, services.

Medicare Plus Blue PPO enhanced benefit

Medicare Plus Blue is a Medicare Advantage plan, which provides at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for remote patient monitoring (telemonitoring) is provided to members who meet the criteria and agree to participate in the Chronic Condition Management program under all individual Medicare Plus Blue PPO and group plans. Since Original Medicare doesn’t cover remote patient monitoring, the scope of the benefit, reimbursement methodology, maximum allowed payment amounts and member cost sharing are determined by Blue Cross for individual coverage and by the group for those with group-based coverage.

Members with a diagnosis of heart failure, chronic obstructive pulmonary disease or diabetes identified as high risk are potential candidates for telemonitoring. Only members who are referred, meet all program criteria (i.e., are in an independent living situation, currently enrolled, have no exclusionary conditions, etc.) and agree to participate in the CCM program, can receive the remote monitoring intervention. Members participating in a remote monitoring program will be sent a symptom appropriate monitor for their condition(s) and provided with the support needed to operate it. By placing the monitor in members’ homes to track weight and/or other symptoms, the program helps provide timely, actionable information whenever the patient has a status change to both the patient and his or her regular health care provider. This direct feedback allows the patient’s regular health care provider to initiate an intervention with the patient as needed. It also creates the opportunity for patients to receive information from their own health care provider that will empower them to better self-manage their chronic condition.

Conditions for payment

The telemonitoring is provided under the administration of the CCM program and a single source provider under contract with Blue Cross delivers all services. Due to the structure of this program, the vendor service payments are administered under the terms of the contract and there is no billing of the member by the provider.
**Reimbursement**
All charges for services delivered by the telemonitoring provider are handled under the terms of the contract between Blue Cross and the provider.

**Member cost sharing**
Due to the structure of the telemonitoring program, the member has no cost share for services delivered by the contracted provider. Member program eligibility is verified by Blue Cross prior to the member’s referral to the contracted provider for telemonitoring services.

**Revision history**
Policy number: MAPPO 1028
Reviewed: 8/3/2018
Revised: 06/26/2017, 11/02/2016, 08/11/2015
06/26/2017: Added Chronic Obstructive Pulmonary Disease and Diabetes, removed all condition acronyms.
11/02/2016: changed Congestive Heart Failure (CHF) to Heart Failure (HF), deleted Chronic Obstructive Pulmonary Disease (COPD) and Diabetes (DI)
Effective: 01/01/2016