Medical Coverage Policy

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Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM)

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted

for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview

This Coverage Policy addresses remote physiologic monitoring (RPM) (also known as remote patient monitoring), self-measured blood pressure (SMBP), and remote therapeutic monitoring (RTM).

RPM involves the use of digital technologies to capture and monitor information regarding the physical or behavioral functioning of an individual. Examples of RPM include the monitoring of pulse, blood pressure, respiratory rate, blood glucose, weight, and/or oxygen saturation using automated digital technology.

SMBP monitoring is a subset of RPM and involves the collection of blood pressure data only, self-measured by the individual and reported to the physician or other qualified health care professional with subsequent communication of a treatment plan from the physician or other qualified health care professional back to the individual.

RTM refers to the management of an individual's non-physiologic information by a healthcare provider. An example of RTM is the monitoring of patient adherence to a treatment plan.

Technology used for remote monitoring includes software, use of a mobile device, and/or a wearable device. The information is electronically transmitted to the healthcare provider for assessment.

Coverage Policy

Coverage for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) varies across plans. Refer to the customer's benefit plan document for coverage details.

Remote Physiologic Monitoring (RPM) (CPT® codes 99091, 99453, 99454, 99457, 99458, HCPCS code G0322) is considered medically necessary for ANY of the following indications:

- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes Mellitus
- Gestational Diabetes
- Heart Failure
- Hypertensive Disorders Of Pregnancy (HDP)

when ALL of the following criteria are met for the technology in question:

- Prescribed and administered by a board-eligible or board-certified medical provider or subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), nurse practitioner (NP) or physician assistant (PA))

- physiologic data are electronically collected and automatically uploaded for analysis and interpretation.
- intended for the purpose of displaying or analyzing the physiological parameter(s) measured by the device
- used for remote communication, counseling and monitoring of acute or chronic health conditions

Self-Measured Blood Pressure (SMBP) Monitoring (CPT® codes 99473, 99474) is considered medically necessary for the following indication:

- Hypertension
- Hypertensive Disorders Of Pregnancy (HDP)

when ALL of the following criteria are met for the technology in question:

- Prescribed and administered by a board-eligible or board-certified medical provider or subspecialist (e.g., cardiologist, pulmonologist, endocrinologist), nurse practitioner (NP) or physician assistant (PA))
- physiologic data are electronically collected and automatically uploaded for analysis and interpretation.
- intended for the purpose of displaying or analyzing the physiological parameter(s) measured by the device
- used for remote communication, counseling and monitoring of acute or chronic health conditions

Remote Physiologic Monitoring (RPM) is not covered or reimbursable for any other indication, including isolated hypertension.

Remote Therapeutic Monitoring (RTM) (CPT codes 98975, 98976, 98977, 98978, 98980, 98981) is not covered or reimbursable for ANY indication.

Health Equity Considerations

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

According to HRSA (2025), health barriers to telehealth access remain, including the lack of access to the internet with enough bandwidth for video, different comfort levels with technology, older computers with out-of-date software, and geographic isolation.

Remote physiologic monitoring as a subset of telehealth services is proposed as a means to allow more equitable access to healthcare services to underserved communities such as low-income individuals, those who live in rural areas, people of color, immigrants and others.

Gestational Diabetes

Preexisting diabetes and gestational diabetes can negatively affect maternal and infant health, including increased risk for preterm birth. Diabetes in pregnancy varies by race and ethnicity. Preexisting diabetes is highest among American Indian, Alaska Native and Native Hawaiian and Pacific Islander women. Gestational diabetes is a type of diabetes that first develops during pregnancy. Among women with a live birth, gestational diabetes rates are highest among Asian women. Among women with any type of diabetes, high blood glucose during pregnancy increases women's risk of having a cesarean delivery. It also increases babies' risk of being born too large and developing obesity or type 2 diabetes in the future (Ely, et al., 2024).

Hypertensive Disorders of Pregnancy
Hypertensive disorders in pregnancy (HDPs), defined as pre-pregnancy (chronic) or pregnancy-associated hypertension, are common pregnancy complications in the United States with incidence ranging from 13.3%–15.9% between 2017 and 2019. HDPs are strongly associated with heart attack and stroke and are a leading cause of pregnancy-related death in the United States. Compared with non-Hispanic White women, non-Hispanic Black women have higher odds of entering pregnancy with chronic hypertension and developing severe preeclampsia, eclampsia, and severe maternal morbidity. Additionally, Black patients are at least 2.6 times more likely to experience a pregnancy-related death and face increased odds of postpartum readmission due to hypertension. In a study of racial and ethnic disparities in pregnancy-related deaths, those caused by HDP among Black and AI/AN women were found to be substantially higher than those among White women, highlighting the importance of addressing HDP to reduce inequities in pregnancy-related mortality.

Factors that contribute to racial and ethnic inequities in chronic and pregnancy-induced hypertension are varied and include higher prevalences of HDP risk factors, including diet, tobacco use, physical activity patterns, poverty and access to care. Research shows that women living in rural and economically disadvantaged areas have maternal mortality risks that are 60% to 97% higher than those of women living in urban and affluent areas. Regarding access to care, attendance at prenatal and postpartum visits is lower among socially and economically vulnerable patients, particularly those who are younger, belong to minority ethnic groups, and rely on state-funded health insurance. Risk factors for HDP, include advanced maternal age, obesity, and diabetes mellitus. Women with a history of pregnancy-associated hypertension are at increased risk for cardiovascular disease compared with women with normotensive pregnancies (Howard, et, al., 2024; Ford, et al., 2022).

General Background

Remote Physiologic Monitoring (RPM)
For the purpose of this Coverage Policy, RPM, also referred to as remote patient monitoring, involves the use of digital technologies such as software, or a mobile or wearable device to capture and monitor patient information related to physical or behavioral functioning of an individual. The term RPM does not refer to a single technology or intervention; multiple types of technologies may be used, depending on the condition(s) being monitored. The use of technology to monitor an individual’s chronic condition remotely allows patients and providers flexibility in the scheduling of in-person trips into the healthcare provider’s office. Other benefits include measurement and potential stabilization of acute symptoms.

Although devices used for RPM may be invasive or non-invasive, for the purpose of this Coverage Policy RPM refers to non-invasive interventions.

Information that is collected and automatically transmitted to the healthcare provider for assessment may include measurement of blood pressure, weight, heart and respiratory rate, pulse

oximetry, spirometry, temperature and blood glucose levels (American Telemedicine Association, 2006; Malasinghe, et al., 2019).

According to the Centers for Medicare and Medicare Services ([CMS, 2021]) and the Health Resources and Services Administration ([HRSA], 2025) the following parameters apply to RPM:

- Physiologic data must be electronically collected and automatically uploaded to a secure location where the data can be available for analysis and interpretation by the billing practitioner.
- Devices must be FDA-approved as a medical device, and they must be able to automatically transmit data and information to the provider without patient interference.
- Remote physiologic monitoring services must monitor an acute care or chronic condition.
- The services may be provided by auxiliary personnel under the general supervision of the billing practitioner.
- Monitoring must occur over at least 16 days of a 30-day period.
- When multiple medical devices are provided to a patient, the services associated with all the medical devices can be billed only once per patient per 30-day period and only when at least 16 days of data have been collected.

Please see the appendix for a list of RPM CPT codes.

Self-Measured Blood Pressure (SMBP)
Similar to RPM, SMBP involves the use of a validated blood pressure device for home use to capture and monitor blood pressure measurements that have been self-measured, by the individual, and reported to the healthcare provider. It's proposed that SMBP plus clinical support can improve access to and quality of care by making blood pressure control more convenient and accessible (CDC, 2024).

Please see the appendix for a list of SMBP CPT codes.

Remote Therapeutic Monitoring (RTM)
Like RPM, RTM involves the use of digital technologies such as software, or a mobile or wearable device to capture and monitor patient information by a healthcare provider. However, the devices support the receipt of non-physiologic information, such as whether or not an individual is taking medication or participating in therapy as prescribed or to monitor the level of pain. Per CMS guidelines, the use of RTM in reporting an individual's non-physiologic information is limited to musculoskeletal and respiratory conditions.

Please see the appendix for a list of RTM CPT codes.

U.S. Food and Drug Administration (FDA)

A number of remote or wearable monitoring devices have received FDA approval and clearance. These include non-invasive remote monitoring devices that measure or detect common physiological parameters and non-invasive monitoring devices that wirelessly transmit patient information to a health care provider or other monitoring entity. (FDA, 2025).

Literature Review

Remote Physiologic Monitoring (RPM)
Multiple peer-reviewed randomized controlled trials and meta-analyses and systematic reviews of RCTs, case-controlled studies, cohort studies, and observational studies have been published (n=17–22,047) comparing RPM to the standard of care. Limitations such as heterogeneous patient

populations, type of monitoring performed (e.g. telemedicine, real time video conferencing, structured telephone calls, videophone, and interactive voice response devices), and study design have been identified. However, there is some evidence to support a reduction in the number of emergency department visits, inpatient hospital admissions and mortality rates, improvement in patient satisfaction with care management and quality of life with the use of RPM for the management of chronic obstructive pulmonary disease (COPD), diabetes mellitus (DM) heart failure (HF), gestational diabetes, and hypertensive disorders of Pregnancy (HDP). (Kantorowska, et al., 2023; Wei, et al., 2023; Castelyn, et al., 2021; Kitsiou, et al., 2021; Taylor, et al., 2021; Cooper, et al., 2020; Hong, et al., 2019; Bollyky, et al., 2018; Koehler, et al., 2018;Lee, et al., 2018; Olivari, et al., 2018; Walker, et al., 2018; Vegesna et al., 2017; Ming, et al., 2016; Vianello, et al., 2016; Flodgren, et al., 2015; Conway, et al., 2014; Nakamura, et al., 2013; Inglis, et al., 2011; Klersy, et al., 2009).

Chronic Obstructive Pulmonary Disease (COPD)
The existing peer-reviewed published evidence evaluating the use of RPM and telemonitoring consist of systemic review of randomized controlled trials and randomized and non-randomized controlled trials (n=17–334) (this list may not be all inclusive). Studies are limited by variability in their designs, the types of monitoring conducted, the outcomes measured, and the duration of follow-up. However, studies suggest that RPM results in improved outcomes (e.g., reduce hospital admissions and readmissions) compared to usual care and that there were no adverse effects reported (Glyde, et al., 2024; Cooper, et al., 2020; Walker, et al., 2018; Vianello, et al., 2016).

Department of Veterans Affairs/Department of Defense (VA/DoD): In a clinical practice guideline for the management COPD (2021), the VA/DoD gave a "weak" recommendation for the use of "telehealth support that includes telemonitoring and/or mobile applications". The work group indicated that "the quality of evidence for the evaluation for telehealth support was low due to inconsistency" and that "most studies were either fair or poor quality, and studies varied with respect to their comparison groups and timing in which outcomes were assessed". Interventions were categorized as telephone only, mobile phone/interactive web-based support, video supported and remote monitoring. The workgroup concluded that the benefits increasing accessibility with telehealth support outweigh the harms and that such services should "be considered supportive in nature and not a replacement for usual medical care".

Diabetes Mellitus

The existing peer-reviewed published evidence evaluating the use of RPM and telemonitoring for diabetes mellitus consists of randomized controlled trials (n=240–330). Studies are limited by heterogeneous patient populations, under representation of minority groups, variability in the types of RPM utilized, geographical locations, costs associated with interventions, and the follow-up durations across different studies. However, studies suggest that RPM results in improved outcomes (e.g. improvement in blood glucose, weight, and HbA1C) compared to usual care and that there were no adverse effects reported (Lee, et al., 2020; Bollyky, et al., 2018).

Department of Veterans Affairs/Department of Defense (VA/DoD): In a 2023 clinical practice guideline for the management of type 2 diabetes mellitus, the VA/DoD gave a "weak" recommendation for the use of telehealth interventions in adults with type 2 diabetes mellitus. The work group indicated that the quality of evidence is low to support telehealth interventions in this population with small sample sizes, confounding variables, and heterogeneity of telehealth interventions. The workgroup added that "no single study reported harm associated with the telehealth intervention, and outcomes ranged from neutral to moderately beneficial".

Gestational Diabetes

Peer-reviewed evidence regarding the efficacy of RPM for monitoring blood glucose levels in pregnant individuals is limited. However, systematic review and meta-analysis of randomized controlled trials and a retrospective cohort study reflect improvement in morbidity, achievement of glycemic control in the target range sooner, submission of more glucose values, and lower rates of neonatal hypglycemia in the first 24 hours of life. The evidence also suggests improved outcomes related to patient engagement, decreased number of face-to-face provider visits, and positive patient perception of RPM. Heterogeneity related to type of RPM used for individual studies exists, however, no harms were noted with use of RPM compared to in office measurement for blood glucose (Wei, et al., 2023; Ming, et al., 2016; Kantorowska, et al., 2023).

Heart Failure (HF)
The existing peer-reviewed published evidence evaluating the use of RPM and telemonitoring for heart failure consist of systematic reviews, meta-analyses, randomized controlled trials, and cohort studies (n=229–4389). Studies are limited by variability in the types of RPM utilized and the follow-up durations across different studies. However, studies suggest that RPM results in improved outcomes (e.g. a reduction in heart failure-related hospitalizations, an improvement in the quality of life, and a decreased risk of all-cause mortality) compared to usual care and that there were no adverse effects reported (Kitsiou, et al., 2021; Olivari, et al., 2018; Koehler, et al., 201; Conway, et al., 2014; Nakamura, et al., 2013; Inglis, et al., 2011; Klersy, et al., 2009).

Other Conditions
Research utilizing robust study designs is needed to assess the efficacy and value of RPM technology for other conditions. Data are not yet available to determine improved patient outcomes compared to standard of care clinical practice for additional indications.

Asthma
Kew et al. (2016) conducted a systematic review of randomized controlled trials to assess the safety and efficacy of home telemonitoring (i.e., text messaging, web systems, phone calls) with healthcare professional feedback between clinical visits compared with usual care (i.e., educational session, personalized asthma action plan, peak flow meter to encourage self-monitoring at home). Eighteen studies with follow-up times ranging from 3–12 months were included in the review. The number of participants in each study ranged from 16–288 adults and/or children. The authors concluded that "Current evidence does not support the widespread implementation of telemonitoring with healthcare provider feedback between asthma clinic visits. Studies have not yet proved that additional telemonitoring strategies lead to better symptom control or reduced need for oral steroids over usual asthma care, nor have they ruled out unintended harms. Investigators have reported small benefits in quality of life, but these are subject to a risk of bias, as the studies were unblinded. Similarly, some benefits for lung function are uncertain owing to possible attrition bias."

Self-Measured Blood Pressure (SMBP) Monitoring
Evidence in the published, peer-reviewed literature assessing the efficacy of SMBP monitoring compared to usual care is lacking. However, multiple professional society policy statements, practice guidelines, and recommendations support the use of SMBP monitoring for the management of hypertension and hypertensive disorders of pregnancy.

Professional Societies/Organizations
American Heart Association (AHA) and American Medical Association (AMA): In a 2020 joint policy statement (Shimbo, et al. 2020), the AHA and AMA stated that the use of self-measured BP monitoring without cointerventions vs usual care is associated with moderate reductions in SBP and DBP at 6 months and moderate reductions in SBP and DBP and improved BP control at 12 months with cointerventions. They provided the following indications for SMBP monitoring:

- "Diagnosing white-coat hypertension and masked hypertension and identifying white-coat effect and masked uncontrolled hypertension
- Evaluating BP in response to treatment
- Confirming the diagnosis of resistant hypertension
- Detecting morning hypertension"

In their joint policy statement, the AHA and AMA summarize the following professional society statements, guidelines, and position papers that include SMBP monitoring:

American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines:

- In adults with an untreated SBP >130 but <160 mmHg or DBP >80 but <100 mmHg, it is reasonable to screen for the presence of white-coat hypertension by using daytime ABPM or self-measured BP monitoring before diagnosis of hypertension (COR IIa; LOE B-NR).
- In adults with white-coat hypertension, periodic monitoring with either ABPM or self-measured BP monitoring is reasonable to detect transition to sustained hypertension (COR IIa; LOE C-LD).
- In adults with untreated office BPs that are consistently between 120 and 129 mmHg for SBP or between 75 and 79 mmHg for DBP, screening for masked hypertension with self-measured BP monitoring (or ABPM) is reasonable (COR IIa; LOE B-NR).
- In adults on multiple-drug therapies for hypertension and office BPs within 10 mmHg above goal, it may be reasonable to screen for white-coat effect with self-measured BP monitoring (or ABPM) (COR IIb; LOE C-LD).
- It may be reasonable to screen for masked uncontrolled hypertension with self-measured BP monitoring in adults being treated for hypertension with office readings at goal in the presence of target-organ damage or increased overall cardiovascular disease risk (COR IIb; LOE C-EO).

American Heart Association:

- Indications for self-measured BP monitoring include assessing for the presence of white-coat hypertension or masked hypertension, monitoring of antihypertensive medication efficacy in treated patients, assessing for white-coat effect, and assessing for masked uncontrolled hypertension.
- Self-measured BP monitoring can be used to exclude white-coat effect and to confirm the diagnosis of resistant hypertension.

USPSTF:

- Recommended to confirm a diagnosis of high BP when ABPM is not feasible. The USPSTF acknowledged the current barriers, including the availability and affordability of ABPM.

American Society of Hypertension:

- Recommended to confirm diagnosis of high BP and to evaluate white-coat hypertension and masked hypertension. Evaluating BP in response to treatment. Self-measured BP monitoring is preferred over ABPM because performing multiple ABPM sessions in the same patient is impractical.

The authors reported that "SMBP monitoring is a validated approach to measure out-of-office BP and is recognized to be part of hypertension diagnosis and treatment."

American Heart Association (AHA): In a 2022 scientific statement on hypertension in pregnancy (Garovic, et al., 2022), the AHA stated that "out-of-office BP measurements are widely endorsed as more accurate and better predictors of cardiovascular morbidity and mortality" for the general population. "Available information does not demonstrate a systematic difference between

self-measurements and office BP measurements in pregnancy, which suggests that appropriate treatment and diagnostic thresholds for self-monitoring during pregnancy may be equivalent to standard clinic thresholds."

International Society for the Study of Hypertension in Pregnancy (ISSHP): In a practice recommendation document (Brown, et al., 2018) on hypertensive disorders of pregnancy, the ISSHP gives the following recommendations related to SMBP monitoring:

- "Home blood pressure monitoring is a useful adjunct in the management of chronic hypertension and is mandatory in the management of white-coat hypertension."
- "Transient gestational hypertension is not a benign disorder; it is associated with approximately 20% chance of developing preeclampsia and a further 20% chance of developing gestational hypertension. Therefore, such women should receive extra monitoring throughout their pregnancy, ideally including home BP measurements."

American College of Obstetricians and Gynecologists: In a report on hypertension in pregnancy (Roberts, et al., 2013), the ACOG provided the following recommendations related to SMBP monitoring during pregnancy:

- "For women with gestational hypertension, monitoring BP at least once weekly with proteinuria assessment in the office with an additional weekly measurement of BP at home or in the office is suggested (Quality of evidence: Moderate; Strength of recommendation: Qualified."
- "For pregnant women with chronic hypertension and poorly controlled BP, the use of home BP monitoring is suggested (Quality of evidence: Moderate; Strength of recommendation: Qualified."

Center for Disease Control and Prevention: In a morbidity and mortality weekly report on hypertensive disorders in pregnancy (Ford, et al., 2022), the CDC stated that "A strategy to address disparities in HDP and pregnancy-related mortality can include strengthening regional networks of health care facilities providing risk-appropriate maternal care through telemedicine. Recommendations for identifying and monitoring pregnant persons with hypertension include measuring blood pressure throughout pregnancy, including self-monitoring."

Remote Therapeutic Monitoring (RTM)

There are limited published, peer-reviewed data regarding the effect of RTM on health outcomes. At this time there is insufficient evidence to support improved health outcomes with remote therapeutic monitoring compared to standard of care clinical practice.

Cystic Fibrosis (CF)

In a 2023 systematic review, Pinto, et al. sought to evaluate the benefits and harms of digital health technologies for delivering and monitoring exercise programs, adherence to exercise programs, and improving clinical outcomes in individuals with CF. Interventions and comparators included:

Digital health technologies for monitoring physical activity:

- Wearable fitness tracker plus personalized exercise prescription compared to personalized exercise prescription alone
- Wearable fitness tracker plus text message for personalized feedback and goal setting compared to wearable fitness tracker alone
- Web-based application to record, monitor, and set goals on physical activity plus usual care compared to usual care alone

Digital health technologies for delivering exercise programs:

- Web-based versus face-to-face exercise delivery

The authors concluded that there were methodologic concerns with the RCTs including insufficient information regarding study design, non-blinding of outcome assessors, missing outcome data, short term follow-ups, and small patient populations which led to a rating of low- to very low-certainty of evidence.

Professional Societies/Organizations
Published professional society consensus guidelines are lacking regarding the use of RTM.

Medicare Coverage Determinations

	Contractor	Determination Name/Number	Revision Effective Date
NCD		No National Coverage Determination found	
LCD		No National Coverage Determination found	

Note: Please review the current Medicare Policy for the most up-to-date information.
(NCD = National Coverage Determination; LCD = Local Coverage Determination)

Appendix

Remote Physiologic Monitoring (RPM) CPT codes:

99091	Collection and interpretation of physiologic data (eg, 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
99453	Remote monitoring of physiologic parameter(s) (eg, 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) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

Self-Measured Blood Pressure (SMBP) CPT codes:

99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Remote Therapeutic Monitoring (RTM) CPT codes:

98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

Coding Information

Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	**Description**
99091	Collection and interpretation of physiologic data (eg, 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

CPT®* Codes	Description
99453	Remote monitoring of physiologic parameter(s) (eg, 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) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)

HCPCS Codes	Description
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

ICD-10-CM Diagnosis Codes	Description
E08.00-E13.9	Diabetes mellitus
I50.1-I50.9	Heart failure
J44.0-J44.9	Chronic obstructive pulmonary disease
O10.011-O10.93	Pre-existing hypertension complicating pregnancy, childbirth and the puerperium
O11.1-O11.9	Pre-existing hypertension with pre-eclampsia
O13.1-O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.00-O14.95	Pre-eclampsia
O15.00-O15.9	Eclampsia
O16.1-O16.9	Unspecified maternal hypertension
O24.011-O24.93	Diabetes mellitus in pregnancy, childbirth, and the puerperium

Not Covered or Reimbursable:

ICD-10-CM Diagnosis Codes	Description
	All other diagnosis codes

Considered Medically Necessary when criteria in the applicable policy statements listed above are met:

CPT®* Codes	Description
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

ICD-10-CM Diagnosis Codes	Description
I10	Essential (primary) hypertension
O10.011-O10.019	Pre-existing essential hypertension complicating pregnancy
O10.02	Pre-existing essential hypertension complicating childbirth
O10.111-O10.119	Pre-existing hypertensive heart disease complicating pregnancy
O10.12	Pre-existing hypertensive heart disease complicating childbirth
O10.211-O10.219	Pre-existing hypertensive chronic kidney disease complicating pregnancy
O10.22	Pre-existing hypertensive chronic kidney disease complicating childbirth
O10.311-O10.319	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy
O10.32	Pre-existing hypertensive heart and chronic kidney disease complicating childbirth
O10.411-O10.419	Pre-existing secondary hypertension complicating pregnancy
O10.42	Pre-existing secondary hypertension complicating childbirth
O10.911-O10.919	Unspecified pre-existing hypertension complicating pregnancy
O10.92	Unspecified pre-existing hypertension complicating childbirth
O11.1-O11.4	Pre-existing hypertension with pre-eclampsia
O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester
O13.1-O13.4	Gestational [pregnancy-induced] hypertension without significant proteinuria
O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria, unspecified trimester
O14.00-O14.04	Mild to moderate pre-eclampsia
O14.10-O14.14	Severe pre-eclampsia
O14.20-O14.24	HELLP syndrome (HELLP)
O14.90-O14.94	Unspecified pre-eclampsia, unspecified trimester

ICD-10-CM Diagnosis Codes	Description
O15.00-O15.1	Eclampsia complicating pregnancy
O15.9	Eclampsia, unspecified as to time period
O16.1-O16.4	Unspecified maternal hypertension, first trimester
O16.9	Unspecified maternal hypertension, unspecified trimester
R03.0	Elevated blood-pressure reading, without diagnosis of hypertension

Not Covered or Reimbursable:

ICD-10-CM Diagnosis Codes	Description
	All other diagnosis codes

Not Covered or Reimbursable:

CPT®* Codes	Description
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor cognitive behavioral therapy, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)

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Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	• No clinical policy statement changes.	5/15/2025
Focused Review	• Added policy statement for gestational diabetes and hypertensive disorders of pregnancy.	9/15/2024
Annual Review	• Title change • Added policy statement for self-measured blood pressure monitoring • Removed policy statement criteria requiring FDA approval/clearance. • Revised policy statement for RPM for any other indication.	5/15/2024
New Policy	New policy created.	5/15/2023