

TELEMONITORING/REMOTE MONITORING

Effective Date: December 1, 2025

Review Dates: 12/12, 12/13, 11/14, 11/15, 11/16, 2/17,
2/18, 2/19, 2/20, 2/21, 8/21, 2/22, 11/22, 5/23, 8/23,
8/24, 8/25, 11/25

Date Of Origin: December 12, 2012

Status: Current

Related policies:

- Digital Therapeutics #91645
- Implantable Heart Failure Monitors # 91610

Summary of Changes

- Deletion:
 - Moving criteria and codes related to telemedicine services to a Billing Policy
- Clarification:
 - Clarified medical necessity criteria for telemonitoring.

I. POLICY/CRITERIA

Virtual care services connect members with a provider over the phone, through email or through video using secure technology. Virtual care is used for a variety of health conditions for members to receive a diagnosis and treatment plan and may include telemedicine or telemonitoring.

A. Telemedicine – See [Billing Policy](#)

B. Telemonitoring - The use of information technology to monitor a member at a distance is considered medically necessary when at least one of the following applies:

1. Member has had recent hospitalization(s) with a primary diagnosis of heart failure (HF), chronic obstructive pulmonary disease (COPD), cardiovascular (CV) conditions, or diabetes.
2. Member has a history of failing to adhere to his or her treatment plan and is at risk for an acute episode.
3. Member has had emergency department visits in the recent past for treatment of cardiac conditions including heart failure, hypertension, COPD, or uncontrolled diabetes.

C. Members **excluded** from telemonitoring include those who:

1. Refuse or are unwilling.
2. Are unable to self-actuate or have no caregiver available to assist in use.
3. Are enrolled in hospice services.

4. Receive high frequency (greater than 3 times per week) clinical interventions.

All services above are subject to terms and conditions of the member's plan documents, including, but not limited to, required copayments, coinsurances, deductibles, and approved amount. Medicare members should refer to the Evidence of Coverage (EOC) for benefit details.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

V. CODING INFORMATION**TELEMONITORING**

ICD-10 Codes that may support medical necessity:

E10.10 – E10.9	Type 1 diabetes mellitus
E11.00 – E11.9	Type 2 diabetes mellitus
E13.00 – E13.9	Other specified diabetes mellitus
I10	Essential (primary) hypertension
I15.0 – I15.9	Secondary hypertension
I50.1 – I50.9	Heart failure
J44.0 – J44.9	Other chronic obstructive pulmonary disease

Revenue Codes:

0590 Home Health (HH) - General

CPT/HCPCS Codes:

Report with Revenue code 590 if billing using UB format

- 98975 Remote therapeutic monitoring (e.g., therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment
- 98976 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 16-30 days in a 30-day period
- 98977 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 16-30 days in a 30-day period
- 98979 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes
- 98980 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time 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 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 98984 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period
- 98985 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period
- 98986 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period

- 99445 Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period
- 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); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period
- 99457 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar 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 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)
- 99470 Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes
- S9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per month (*Report for ½ month monitoring*)
- T5999 Supply, not otherwise specified
(*Report for setup of “Smart Phone” application, initial coaching call, and first month monitoring*)
- T2023 Targeted case management; per month
(*Report with Revenue code 0590 for monthly “Smart Phone” monitoring starting with 2nd month*)

Not Covered

- 0704T Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment
- 0705T Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days
- 0706T Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month
- 0733T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; supply and technical support, per 30 days
- 0734T Remote real-time, motion capture-based neurorehabilitative therapy ordered by a physician or other qualified health care professional; treatment management services by a physician or other qualified health care professional, per calendar month

98978 Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period

VI. REFERENCES

1. American Medical Association. [Telehealth resource center: Definitions](#) (Accessed January 3, 2025).
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3. Center for Connected Health Policy. [What is telehealth](#) (Accessed January 3, 2025).
4. Centers for Medicare & Medicaid Services (CMS). [List of Telehealth Services](#). (Accessed July 7, 2025).
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6. Centers for Medicare & Medicaid Services (CMS). Telehealth Services. [Claims-Based Reporting Requirements for Post-Operative Visits](#) (Accessed July 7, 2025).
7. Centers for Medicare & Medicaid Services (CMS). [Telehealth Services. Medicare Telemedicine Health Care Provider Fact Sheet](#) (Accessed July 7, 2025).
8. Institute of Medicine (US) Committee on Evaluating Clinical Applications of Telemedicine; Editor: Marilyn J Field. Washington (DC): National Academies Press (US); 1996. ISBN: 09-309-05531-8
9. Michigan Department of Health and Human Services. MMP 23-10. Telemedicine Policy Post-COVID-19 Public Health Emergency, May 12, 2023.
10. Michigan Department of Health and Human Services. Medical Services Bulletin, MSA 21-24. Asynchronous Telemedicine Services. August 21, 2021.
11. Michigan Department of Health and Human Services. Medical Services Bulletin, MSA 20-09. Michigan Department of Health and Human Services. Medical Services Bulletin, MSA.
12. Michigan Legislature. The Insurance Code Of 1956, Act 218, 500. 3476 Telemedicine services; provisions; definitions.

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