Highmark Reimbursement Policy Bulletin

Bulletin Number:	RP-084		
Subject:	Remote Patient Monitoring		
Effective Date:	February 23, 2026	**End Date:**	
Issue Date:	February 23, 2026	**Revised Date:**	
Date Reviewed:			
Source:	Reimbursement Policy		

Applicable Commercial Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Medicare Advantage Market	**PA**	☒	**WV**	☒	**DE**	☒	**NY**	☒
Applicable Claim Type	**UB**	☒	**1500**	☒				

A checked box indicates the policy is applicable to that market either entirely, or partially, as indicated within the policy.

Reimbursement Policy designation of Professional or Facility application is based on how the provider is contracted with the Plan.

PURPOSE:

This policy describes the Plan's reimbursement guidelines for Remote Patient Monitoring (RPM) services. RPM encompasses both Remote Physiological Monitoring, which tracks vital signs and other biological data, and Remote Therapeutic Monitoring (RTM) which focuses on tracking therapy adherence and response. RPM is the use of digital technologies to collect physiological and psychological 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 collect data and transmit it to healthcare professionals in office settings, hospitals, or centralized offsite case management programs where the data is reviewed and the healthcare professionals respond to the information received as part of the treatment plan. Medical necessity criteria for RPM are addressed in medical policy. Refer to medical policy for clinical appropriateness criteria and medical record documentation guidance.

REIMBURSEMENT GUIDELINES:

The use of RPM to collect physiological or psychological data in the medical management of patients is considered reimbursable when the criteria established in this document are met.

Requirements

- There must be an order written by a physician or Qualified Health Professional (QHP) that specifies the medical condition and the length of time for RPM, up to 90 days.
- RPM requires an established patient relationship.
    - Only one practitioner can bill for RPM per patient in a 30-day period.

    - Remote Physiological Monitoring and Remote Therapeutic Monitoring (RTM) cannot be billed together.
    - Remote Physiological Monitoring *and RTM, but not both, may be billed concurrently with the following care management services for the same patient if time and effort are not counted twice: chronic care management (CCM), transitional care management (TCM), behavioral health integration (BHI), and chronic pain management (CPM).*
- For RPM codes that have a time requirement (ex. CPT code 99454, RPM must be collected for at least 16 days out of 30 days in each period), the time limits must be met and/or not exceeded.
- The device used to collect and transmit the data must meet the definition of a medical device as defined by the FDA. (See RPM Device Guidance Section below)
- The services may be provided by health care personnel under the general supervision of the billing practitioner.
- RPM services are reimbursable, but the device used to collect data for RPM is not reimbursable ***separately*** by the Plan.
- RPM is not reimbursable, 90 days post a global surgery encounter for the same member.

RPM Data

- Collected 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. Data may include common physiological parameters such as heart rate, blood pressure, temperature, respiratory rate, weight, oxygen saturation, peak flow, blood glucose levels, well-being information, etc.
- Data for Remote Physiological Monitoring is not limited to but may include Cardiovascular Data: Blood pressure readings, Heart Rate/Pulse readings, Electrocardiogram (ECG/EKG. Respiratory Data: Oxygen Saturation (SpO2), Respiratory Rate. Metabolic Data: Blood Glucose Levels. Weight Data: Body Weight. Temperature Data: Body Temperature. Activity and Sleep Data: Activity Levels: Steps taken, distance covered, intensity of activity (though this can sometimes overlap with RTM if tied to a specific therapeutic exercise goal, in RPM it's usually for general health insight). Sleep Patterns. Other Specialized Physiological Data: Spirometry: Lung function measurements for respiratory conditions, and INR (International Normalized Ratio): For patients on anticoagulant therapy.
- Data for Remote Therapeutic Monitoring is not limited to but may include: Therapy Adherence Data, Medication intake/adherence, Device usage: How often and correctly a patient is using a therapeutic device (e.g., inhalers, glucose meters, physical therapy equipment), Exercise completion, Patient-Reported Outcomes (PROs): These are direct reports from the patient about their health status and experience, often collected via surveys or questionnaires. Examples include Pain levels, Symptom severity, Functional status, and Quality of life. Behavioral Data: Information related to patient behaviors that impact their therapy, such as: Dietary intake, Activity levels, and Sleep patterns: If relevant to the therapeutic goal.
- Objective Data (often linked to device usage): While RTM focuses more on the therapeutic aspect, there can be some overlap with objective data from devices used in the therapy. For instance: Inhaler actuation data, Blood glucose readings, and Weight measurements.

RPM Device Guidance

The device used for data collection must be a medical device, as defined by the FDA, and must be either FDA approved, or FDA cleared (Link with Further Explanation Included in the References of this Policy)

The device transmits a patient's measurements directly to their healthcare provider, or to a monitoring company affiliated with the healthcare provider and is uploaded and transmitted securely. The device used must provide secure HIPAA-compliant transmission of the data. Examples of these devices may include wearable, hand-held, stationary in-home units and digital interfaces. A device may be a clinical electronic thermometer, electrocardiograph, cardiac monitor, non-invasive blood pressure monitor, etc.

Services Included in RPM

Code	General Purpose of Code	Time Requirement
99091	Monthly review of data	30 minutes per 30 days
99453	RPM device set-up	Not Applicable
99454	Monthly review of RPM data	Minimum 16 days per 30-day collection period, once per 30 days, 90 days max
99457	Provider communication related to RPM data	First 20 minutes per calendar month
99458	Add-on code for 99457	Each additional 20 minutes
98975	RPM device set-up and patient education	Not Applicable
98976	RPM monitoring, respiratory	Minimum 16 days per 30-day collection period, once per 30 days
98977	RPM monitoring, musculoskeletal	Minimum 16 days per 30-day collection period, once per 30 days
98980	Provider communication related to RPM device	First 20 minutes
98981	Add-on code for 98980	Each additional 20 minutes
98979	RTM treatment management services - communication	First 10 minutes per calendar month
98978	Utilized to report the supply of one or more medical devices that facilitate data access or transmission	Patient must be monitored for a minimum of 16 days within the 30-day reporting period, billed once per 30 days
98984	RTM supply for data access/transmission – respiratory	2-15 days in a 30-day period
98985	RTM supply for data access/transmission - musculoskeletal	2-15 days in a 30-day period
98986	RTM supply for data access/transmission – cognitive behavioral therapy	2-15 days in a 30-day period
99445	RPM device supply with daily recordings or programmed alert transmissions	2-15 days in a 30-day period
99470	RPM treatment management services – requires 1 real-time interactive communication with the patient/caregiver during the calendar month	First 10 minutes
G0322	Collection of physiological data digitally stored and/or transmitted by the patient to the home health agency	Providers to list date range of data collection

RELATED POLICIES:

Refer to the following Medical Policies for additional information:

- M-89: Remote Patient Monitoring

Refer to the following Reimbursement Policies for additional information:

- RP-035: Correct Coding Guidelines
- RP-040: Facility Routine Supplies and Services
- RP-042: Global Surgery and Subsequent Services

REFERENCE:

- Centers for Medicare and Medicaid Services (CMS): MLN 901705; April 2025

POLICY UPDATE HISTORY INFORMATION:

2 / 2026	Implementation

IMPORTANT INFORMATION

The purpose of this Reimbursement Policy is to document our payment guidelines for those services covered by a member's medical benefit plan. Reimbursement Policies do not provide guidance on whether a service is a covered benefit under the members' contract. Benefit determinations are based in all cases on the applicable benefit plan contract language and applicable medical policies. Should there be any conflicts between Reimbursement Policy and the member's benefit plan, the member's benefit plan will prevail. Additionally, health care providers (facilities, physicians, and other professionals) are expected to exercise independent medical judgment in providing care to members. Reimbursement Policy is not intended to impact care decisions or medical practice. This Reimbursement Policy is intended to serve as a guide as to how the plan pays for covered services, however, other factors may influence payment and, in some cases, may supersede this policy. The provider should consult their network provider agreement for further details of their contractual obligations.