111

111 Remote Patient Monitoring (RPM)

Remote Patient Monitoring (RPM), also known as In-home Remote Patient Monitoring, is a program that allows medical providers to monitor and manage acute and chronic health conditions while the patient is home. The goal of the program is to decrease exacerbation episodes, emergent care visits, hospital admissions, and medical costs and increase self-management of the disease/chronic condition.

Services rendered by non-physician practitioners, i.e., physician assistants, certified registered nurse practitioner, etc., must adhere to applicable guidelines, policies, and procedures. Refer to Administrative Code chapters 6: Physicians and 49: Certified Register Nurse Practitioner (CRNP) for additional information.

111.1 Provider Enrollment

Medicaid's fiscal agent enrolls providers and issues provider contracts to applicants who meet the licensure and/or certification requirements of the State of Alabama, the Code of Federal Regulations, the Alabama Medicaid Agency Administrative Code, and the Alabama Medicaid Provider Manual.

Refer to Chapter 2, Becoming a Medicaid Provider, for general enrollment instructions and information. Failure to provide accurate and truthful information or intentional misrepresentation might result in action ranging from denial of application to permanent exclusion.

Federal requirements mandate providers re-validate periodically with the Alabama Medicaid program. Providers will receive a notification when it is time to re-validate. Failure to re-validate and provide appropriate documentation to complete the enrollment process will result in an end-date being placed on the provider file. A new enrollment application must be submitted once a provider file has been closed due to failure to timely re-validate.

111.1.1 *National Provider Identifier, Type, and Specialty*

A provider who contracts with Medicaid as an RPM provider is added to the Medicaid system with the National Provider Identifiers provided to the Agency at the time application is made. Appropriate provider specialty codes are assigned to enable the provider to submit requests and receive reimbursements for RPM-related claims.

NOTE:
The 10-digit NPI is required when filing a claim

Remote Patient Monitoring providers are assigned a provider type of 08 (Remote Patient Monitoring) and provider specialty 085 or 086.

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111.1.2 *Enrollment Policy for RPM Providers*

Any provider that can and is willing to pay the Alabama State Share may enroll as an RPM provider. A Memorandum of Understand (MOU) must be executed between the Medicaid Agency and the RPM provider. The MOU will outline the financial and medical responsibilities for the Medicaid Agency and the RPM provider.

Requirements include but not limited:

- Ability to provide services statewide.
- Meet appropriate clinical staffing requirements.
- Provides and allows the recipients to keep user friendly, interactive audio and video technology monitoring equipment.
- Accepts electronic submissions of referrals.
- Provide in-home initial and in-home annual assessments.
- Transmits recipient data automatically in real time (a Medicare requirement).
- Reviews, intervenes, and reports on the data promptly.
- Provides 24-hour-a-day, 7-day-a-week (24/7) access to physicians or other qualified health care professionals or clinical staff, to address urgent needs of recipients.
- Develops, monitors and updates a patient-centered care plan
- Ongoing, compliance monitoring.
- Program graduation, when appropriate.

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111.1.3 *Provider Termination and/or Change of Ownership*

Medicaid may terminate the RPM provider's participation in the Medicaid program if the provider is participating in cases involving fraud or willful or grossly negligent non-compliance with all applicable program, State and federal guidelines.

Medicaid must be notified in writing within thirty (30) days of the date of an owner and/or name change. The existing contract will be terminated, and a new contract must be signed to continue participation in the Medicaid program.

Please refer to the executed MOU for specific information regarding the termination or expiration of the MOU between the Medicaid Agency and the provider.

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111.2 Benefits and Limitations

Remote Patient Monitoring (RPM) services are available to Medicaid eligible persons with a need for daily monitoring and with a diagnosis of one or more of the following conditions:

- Diabetes
- Gestational Diabetes (effective 10/1/2022)
- Hypertension
- Congestive Heart Failure
- Pediatric Asthma (effective 10/1/2022)

Enrollment orders must be obtained from the recipient's primary care physician (PCP). Enrollment orders are required prior to the start of rendering RPM service. Orders for RPM, along with the specific parameters for daily monitoring, must be obtained from the patient's PCP prior to evaluation and admission. The order must be documented in the medical record. Orders must be signed and dated by the ordering practitioner and must be obtained annually.

Referrals for RPM may be accepted from any source, including physicians, ACHN Care Coordinators, patient or caregiver, the Health Department, hospitals, home health agencies, or community-based organizations.

Annual orders and any other orders can be obtained from an independent nurse practitioner (CRNP) or physician assistant (PA) if they are linked under an active billing group and if they are Medicaid Certified practitioners. Orders can also be obtained from Certified Nurse Practitioners (CRNPs) and Physician Assistants (PAs) if they are part of the primary care provider's healthcare group.

NOTE:

The initial and annual RPM Provider Orders are valid for one calendar year to date. New orders must be obtained at least annually (but no later than 30 calendar days) from the date of the initial or previous annual RPM Provider Orders.

Added: NOTE: The initial…RPM Provider Orders.

A practitioner must obtain patient consent before furnishing or billing RPM services. Consent may be verbal or written but must be documented in the medical record, and includes informing them about:

- The availability of RPM services and applicable cost sharing
- That only one practitioner can furnish and be paid for RPM services during a calendar month
- The right to stop RPM services at any time (effective at the end of the calendar month)

Informed patient consent by the recipient or caregiver, when appropriate, must be obtained prior to rendering RPM services.

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111.2.1 *Benefits*

Benefits for the RPM program include:

- improved health outcomes for eligible Medicaid recipients

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- increased collaboration between PCP and patient/care giver
- teaches the patient and/or care giver self-management of the disease/chronic condition
- reduces hospital admissions and emergency department visits for recipients with identified chronic conditions/diagnoses
- health care monitoring provided in-home that reduces travel and in-person office visits

RPM services include, but are not limited to:

- Initial and Annual home assessments for RPM
- Initial setup of RPM equipment
- Instructions and education about the use of monitoring devices
- Instructing the patient/care giver on data entry
- Instructing patient on optimum symptom control
- Direct patient contact, when necessary and as indicated
- Evaluate threshold violations
- Monitoring and follow up
- Diet/nutrition education
- Needs assessing/screening
- Making referrals for care when appropriate

RPM providers must also develop a process for addressing patient noncompliance. This process should include the expected actions of the patient and the RPM provider related to initial and on-going noncompliance issues. Noncompliance and the specified actions must be documented in the patient's chart.

111.2.2 *Limitations*

Medicaid will not separately reimburse for any direct care services, such as wound care, rendered by RPM providers. RPM services are restricted to the medical diagnosis outlined in section 111.2.

111.3 Documentation Requirements

The RPM provider must maintain complete and accurate medical, case management, and fiscal records that fully disclose the extent of the services provided. All documentation must be legible, signed and dated by the person (identified by name and discipline) who is responsible for ordering, providing, or evaluating the service furnished. Additionally, the author of each entry must sign his or her entry, either handwritten or electronic. A stamped signature is not acceptable. (Signatures must be in compliance with details specified in Administrative Code Rule No. 560-X-1-.18 Provider and Recipient Signature Requirements.)

RPM records must contain documentation of:

a) Name and date of birth of recipient,
b) recipient Medicaid ID,
c) dates of services,
d) initial and annual assessments,
e) initial physician's order and any changes to the physician's order, (All provider's orders must be signed and dated by a licensed nurse)

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f) physician order renewals, (All provider's orders must be signed and dated by a licensed nurse)
g) recipient consent for services,
h) diagnoses from qualified Medical Professional,
i) medical history and physical,
j) threshold violations,
k) name of RPM provider and person providing services,
l) nature, start and end time, extent or units of services provided, and
m) a written assessment of the client's progress. (documented in the patient's chart at least monthly until discharge),
n) Initial home assessment for RPM,
o) Initial setup of RPM equipment,
p) Instructions and education on the use of monitoring devices,
q) Instructing the patient/ caregiver on data entry,
r) Instructing the patient on optimum symptom control,

Documentation must also include supervision of staff as required by licensing boards and applicable state and federal guidelines.

LPN observation by an RN or RN Supervisor

The RN must review all physician orders that are received by an LPN. The RN or RN supervisor must review the orders for accuracy and completion. After the RN has reviewed the Physician's orders, the RN must sign and date the orders. The RN must document in the patient's chart that the orders were reviewed, are accurate, and complete.

The RN or the RN supervisor must review the patient's chart for documentation completed by an LPN at least monthly. The RN or RN supervisor must document in the patients' chart that the LPN's documentation was reviewed.

The RPM provider must make available to Medicaid, at no charge, all information describing services provided to eligible recipients. The provider must also permit access to all records and facilities for the purpose of claims audit, program monitoring, and utilization review by duly authorized representatives of Federal and State agencies.

111.3.1 *Program Evaluation Report*

Program evaluation reports are required at least annually unless otherwise specified. The purpose of the report is to conduct a retrospective review, per calendar year, of relevant patient data and Medicaid claims to evaluate the efficiency of the RPM program. Specifics to be included in the report must include at least the following:

- Patient enrollments and re-enrollments
- Length of time patient enrolled in RPM program
- Number of deceased patients
- Improved patient compliance
- Patient graduation/program completion stats
- Reduced hospital admissions
    - Number of visits
    - Length of stay
    - Average length of stay
    - Total cost

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  - Average cost
  - Percent changes
- Reduced emergency department visits
  - Number of visits
  - Average visits
  - Percent changes
- Pharmacy cost impact
- Reduced overall health costs

111.4 Reimbursement

1. Remote Patient Monitoring (RPM) provider may submit a claim to Medicaid once each month

   NOTE: Claims paid in error will be subject to recoupment.

2. The RPM provider agrees to accept payment in full as the amount paid for covered RPM services.

111.4.1 *Completing the Claim Form*

To enhance the effectiveness and efficiency of Medicaid processing, providers are encouraged to bill Medicaid claims electronically.

RPM providers who bill Medicaid claims electronically receive the following benefits:

- Quicker claim processing turnaround
- Immediate claim correction
- Enhanced online adjustment functions
- Improved access to eligibility information

Refer to Appendix B, Electronic Media Claims Guidelines, for more information about electronic filing.

This section describes program-specific claims information. Refer to Chapter 5, Filing Claims, for general claims filing information and instructions.

111.4.2 *Procedure Codes, Modifiers, and Diagnosis Codes*

Billing Instructions: RPM provider bills on a UB-04 claim form using the following procedure codes, modifiers, and diagnosis codes:

- Revenue Code: 789
- Procedure Code: G9008-U4 (Nurse Case Management)
- Procedure Code: S9110- U8 (Telemonitoring Equipment)

Effective 1/1/24, at least one of the following diagnoses must be submitted on the RPM claim:

- Hypertension Code
- Diabetes-DM-1 Code
- Diabetes-DM-2 Code
- Gestational Diabetes Code
- Congestive Heart Failure Code

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- Pediatric Asthma Code

Billing Units: 5 minutes equals one unit

111.4.3 *Cost Sharing (Copayment)*

Copayment does not apply to services provided by RPM providers.

111.4.4 *Time Limit for Filing Claims*

Medicaid requires all claims for RPM services to be filed within one year of the date of service. Refer to Chapter 5, Filing Limits and Approved Exceptions, for more information regarding timely filing limits and exceptions.

111.5 For More Information

This section contains a cross-reference to other relevant sections in the manual.

Resource	Where to Find it
Becoming a Medicaid Provider	Chapter 2
Verifying Recipient Eligibility	Chapter 3
CMS 1500 Claim Filing Instructions	Chapter 5
Alabama Coordinated Health Network (ACHN)	Chapter 40
Electronic Media Claims (EMC) Submission Guidelines	Appendix B
AVRS Quick Reference Guide	Appendix L
Alabama Medicaid Contact Information	Appendix N

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