Maryland
DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
Clinics No. 72
Dental No. 53
Medical Supply and Equipment No. 76
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Home Health No. 73
Hospital No. 295
Local Health Department No. 14
MCO No. 166
Nurse Midwives No. 32
January 20, 2023

TO: Clinics
Dental Providers
Durable Medical Equipment Providers
Federally Qualified Health Centers
Home Health Agencies
Hospitals
Local Health Departments
Managed Care Organizations
Nurse Midwives

FROM: Sandra E. Kick, Director *Sandra E. Kick*
Office of Medical Benefits Management

Marlana R. Hutchinson, Director *mrh*
Office of Long Term Services and Supports

RE: Reimbursement for Remote Patient Monitoring Services Effective January 1, 2023

NOTE: **Please ensure that the appropriate staff members in your organizations are informed of the content of this transmittal.**

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Remote Patient Monitoring (RPM)

RPM is a service which uses digital technologies to collect medical and other forms of health data from individuals and electronically transmits that information securely to health care providers for assessment, recommendations, and interventions. Providers should order RPM when it is medically necessary to improve chronic disease control and it is expected to reduce potentially preventable hospital utilization.

As part of the COVID-19 response, the Maryland Department of Health (MDH) Secretary's Orders expanded RPM coverage to all conditions that can be monitored via RPM. In accordance with the Preserve Telehealth Access Act of 2021 (Chs. 70 and 71 of the 2021 Acts), Medicaid has permanently expanded access to RPM services to include participants who qualify based on any conditions and medical histories capable of monitoring via RPM.[1] Additionally, Medicaid has eliminated fee-for-service prior authorization requirements.

In accordance with Senate Bill 244–Maryland Medical Assistance Program - Self-Measured Blood Pressure Monitoring (Chs. 670 of the 2022 Acts)[2], effective January 1, 2023, Medicaid's RPM program covers the monitoring of validated home blood pressure monitors and reimbursement for patient training, patient data transmission, interpretation of readings and reporting, and co-intervention deliveries. Co-intervention deliveries may include educational materials or classes, behavioral change management, and medication management.

To receive RPM, the participants must be enrolled in Medicaid, consent to RPM, have the necessary internet connections, and be capable of using the monitoring tools in their homes.

Referrals for RPM may cover an episode of up to 60 days of monitoring. Eligible participants may only receive one unit of RPM per 30-day period and four units within a 365 day period.

Physicians or home health agencies can provide RPM; however, the authorization limits apply across programs. Therefore, a participant cannot receive more than a total of one unit per 30-day period and four units within a 365 day period, regardless of who is rendering the service.

RPM Reimbursement
Revenue code 0581 (for home health agencies) and HCPCS code S9110 (for all other professionals) are reimbursable for RPM. The RPM rate is an all-inclusive rate of $125 per 30 days of monitoring, which covers:

- Equipment installation;
- Participant education for using the equipment; and

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[1] See also
https://health.maryland.gov/mmcp/Medicaid%20COVID19/Medicaid%20Provider%20Guidance_COVID-19%20Secretary%27s%20Orders_Changes_Rev%207.16.21.pdf.
[2] See also https://mgaleg.maryland.gov/2022RS/chapters_noln/Ch_670_sb0244T.pdf.

- Daily monitoring of the information transmitted for abnormal data measurements.

The rate does not include and Medicaid will not pay for:
- RPM equipment;
- Upgrades to RPM equipment; or
- Internet service for participants.

Coverage of blood pressure monitoring equipment as durable medical equipment (DME) has not changed. Please see COMAR 10.09.12.04 and PT 10-23: Fiscal Year 2023 Rate Increase for DMS/DME Oxygen Services for a copy of the current fee schedule.

The criteria outlined are for fee-for-service participants receiving RPM. Managed care organizations may preauthorize and reimburse differently for HealthChoice participants. Please contact HealthChoice MCOs for more information about their RPM requirements.