




**To:** All Medicaid Provider Types, Medicaid Managed Care Organizations, Optum Behavioral Health ASO

**From:** Robert R. Neall, Secretary 

**Re:** COVID-19 #6: Temporary Expansion of Remote Patient Monitoring Services

**Effective Date:** March 27, 2020

**NOTE:** Please ensure appropriate staff members in your organization are informed of the contents of this guidance document.

## **Background**

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a state of emergency due to disease (“COVID-19”) caused by the novel coronavirus. An outbreak of disease due to COVID-19 first occurred in the Hubei Province, China, in late 2019, and has currently been detected in more than 109 countries, including the United States. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the novel coronavirus.

The measures outlined in this document are restricted to use during the emergency declared by Governor Hogan to deal with the threat of COVID-19 and will expire immediately at the end of the declared emergency or as revised by additional orders such that the Secretary’s authority to issue this guidance no longer exists.

This expansion applies to somatic services delivered to a Medicaid participant via fee-for-service (FFS) or through a HealthChoice Managed Care Organization (MCO). Delivery of behavioral health services is not impacted.

## **Remote Patient Monitoring (RPM)**

Remote Patient Monitoring (RPM) is a service which uses digital technologies to collect medical and other forms of health data from individuals and electronically transmits the information securely to health care providers for assessments, 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 admissions.

During the state of emergency, the Department is expanding access to RPM services and waiving certain regulatory requirements.

- The Department is expanding the conditions that would qualify a participant to receive RPM services to include all conditions capable of monitoring via RPM, not just chronic obstructive pulmonary disease (COPD), congestive heart failure, and diabetes. (COMAR 10.09.96.01(C), 10.09.96.05(A)(4))
- The Department is waiving the current regulatory requirement limiting use of RPM services to participants with a history of hospital or emergency department utilization. (COMAR 10.09.96.05(B)) During the state of emergency, participants with a condition capable of monitoring via RPM will be eligible for services even if they do not meet the following requirements:
  - (1) Two hospital admissions within the prior 12 months with the same qualifying medical condition as the primary diagnosis;
  - (2) Two emergency department visits within the prior 12 months with the same qualifying medical condition as the primary diagnosis; or
  - (3) One hospital admission and one separate emergency department visit within the prior 12 months with the same qualifying condition as the primary diagnosis.

The Department will also be exercising its discretion with respect to prior authorization of RPM services. (COMAR 10.09.96.08) Prior authorization requirements for the FFS program will be suspended during the state of emergency.

MCOs are required to lift the participant conditions listed above. However, the MCOs are still able to preauthorize and reimburse for RPM differently for HealthChoice participants. Please contact HealthChoice MCOs for more information about their RPM requirements.

### **Additional Information**

All other delivery of care and billing requirements for RPM services will remain in effect. Consistent with prior guidance, Medicaid will not pay for:

- RPM equipment;
- Upgrades to RPM equipment; or
- Internet service for participants.

Prior guidance on RPM services is included below.

- PT 15-18: Home Health Transmittal #64: Reimbursement for Remote Patient Monitoring Services Provided through Home Health Agencies Effective January 1, 2018 (January 10, 2018): <https://mmcp.health.maryland.gov/SiteAssets/SitePages/RPM/PT%2015-18%20Reimbursement%20for%20RPM%20Services%20through%20Home%20Health%20Agencies.pdf>
- PT 14-18: Reimbursement for Remote Patient Monitoring Provided through Physicians, Nurse Practitioners, and Physician Assistants Effective January 1, 2018 (January 10, 2018): <https://mmcp.health.maryland.gov/SiteAssets/SitePages/RPM/PT%2014-18%20Reimbursement%20for%20Remote%20Patient%20Monitoring%20Services.pdf>