

Policy Number: CP-MCD22-002A

Original Effective Date: April 1, 2022
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Telemonitoring Remote Physiological Monitoring Services

The purpose of this policy is to provide clarity and specificity for coverage related to monitoring data such as a member's vital signs or biometric information. This service is **not** the same as telemedicine or e-visits that are interactive. Telemonitoring is a tool that can assist the provider in managing a member's complex health needs.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Connect (SNBC)	✓
Prepaid Medical Assistance Program (PMAP), MinnesotaCare (MNCare)	✓
Minnesota Senior Care Plus (MSC+)	✓

Benefit category

Telemonitoring

Definitions or summary

Telemonitoring-remote monitoring of data related to a member's vital signs (i.e., blood pressure) or biometric data (i.e., weight) by a monitoring device or equipment that transmits the data electronically to a provider for clinical analysis.

Telemonitoring services are used for members that are high-risk and have medically complex conditions like congestive heart failure, chronic obstructive pulmonary disease (COPD) or diabetes.

Coverage policy

Covered

- Assessment and monitoring of health data transmitted by monitoring must be performed by qualified health care professionals.
- Data must be collected and transmitted rather than self-reported to the provider.
- Device must be defined by the FDA as a medical device.
- Equipment necessary to record and transmit medical data, including but not limited to
 - Blood Pressure Cuff
 - ECG + Stethoscope
 - Glucometer
 - Internet connections, software
 - Pulse Oximeter
 - Scale
 - Thermometer
 - Wearables (Activity Trackers and Continuous Monitoring)
- Member is cognitively and physically capable of operating the monitoring device or equipment, or the member has a caregiver who is willing and able to assist with the monitoring device or equipment.
- Patient education
- Telemonitoring is medically appropriate based on the member's medical condition or status.
- The member resides in a setting that is suitable for telemonitoring and **not in a setting that has health care staff on site**.
- The prescribing provider has identified and documented how telemonitoring services would likely prevent the member's admission or readmission to a hospital, emergency room or nursing facility.
- The results of the telemonitoring services are directly used to impact the plan of care.

Not Covered

- Self-reported information
- Remote monitoring performed by an Independent diagnostic testing facility
- Information not used to directly impact the plan of care.

Prior authorization**Not required****Related policies and documentation***References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
None	

References and source documents*Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy*[Plan Documents and Forms | UCare](#)[MHCP Provider Manual – Physician and Professional Services; Telemonitoring \(Remote Physiological Monitoring Services\)](#)[2024 MN Statute 256B.0625, Subd. 3h Telemonitoring services](#)**Coverage policy development and revision history**

Version	Date	Note(s)
V1	April 1, 2022	New policy
	Nov.30, 2022	Annual review; separated policy into 2; IFP_ Medicare; no content changes
V2	Oct. 18, 2023	Annual review, add MHCP Provider Manual, Add MN State Statute related to the Telemonitoring services, reviewed language for accuracy in telemonitoring coverage and non-coverage statements.
	Oct. 11, 2024	Annual review, no substantive changes.
	March 28, 2025	March 2025, DHS guideline requirement
	April 23, 2025	Annual review, add acronym for MinnesotaCare, punctuation updates, added MHCP Provider manual to include where the information can be found in the manual, update year (2024) to the MN Statute.