

# Clinical Policy: In Lieu Of Services : Remote Patient Monitoring

Reference Number: LA.CP.MP.524c

Date of Last Revision: 08/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

Remote patient monitoring (RPM) means digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment, recommendations, and interventions.

RPM devices include (1) non-invasive remote monitoring devices that measure or detect common physiological parameters, and (2) non-invasive monitoring devices that transmit the member/enrollee's medical information to their health care provider or other monitoring entity.

LHCC's (ILOS) In Lieu of Services are provided to eligible members at their option as a cost-effective alternative to an MCO Covered Service or Setting.

LHCC will identify members for potential enrollment into the RPM program. An RPM service provider, Ochsner Digital Medicine, contracted with LHCC will be provided a roster of eligible members for outreach and potential enrollment into the program. Alternatively, the member's PCP may request a member enrollment.

## Policy/Covered Service

- I. It is the policy of Louisiana Healthcare Connections that Remote Patient Monitoring (RPM) is considered a covered in lieu of service for the following indications:
  - A. Member/Enrollee with hypertension and/or diabetes;
  - B. The remote patient monitoring device must be reliable and valid, and the member/enrollee must be trained or sufficiently knowledgeable in the proper use/wearing of the device to ensure appropriate recording of medical information:
    1. Medical information may include, but is not limited to, blood pressure and heart rate and rhythm monitoring for members/enrollees with hypertension and blood glucose control for members/enrollees with diabetes.
  - C. Members/enrollees enrolled should have smart phone or tablet access and connectivity for data reporting;
  - D. It is anticipated that the length of service will be no greater than 6-12 months for adults with hypertension and/or diabetes; and
  - E. Substituted Services or setting include only:
    1. Physician services (office visits);
    2. emergency services; and
    3. inpatient hospitals.

## II. Service Provider Responsibility

- A. The RPM service provider will contact members to offer the RPM services and coordinate member communication to enroll in RPM.
- B. The provider will deliver the needed equipment to the member, educate the member on the use, and monitor aspects of the RPM program.

- C. Members/Enrollees who have exhibited or are at risk for potentially preventable admissions, potentially preventable readmission, potentially preventable ED utilization, and poor outcomes.
- D. The provider shall monitor results per agreed parameters and contact the member for results outside of agreed parameters.
- E. The provider shall engage the member with education and maintain continued participation in RPM.
- F. The provider of RPM services shall report to LHCC, in a mutually agreed upon format and basis, both aggregate and member level data on outcomes of monitoring. Reporting to the member's PCP on monitoring activities will occur on an ongoing basis.

### **III. Background**

RPM is targeted towards Members/Enrollees who have exhibited, or are at risk for, potentially preventable admissions, potentially preventable readmission, potentially preventable ED utilization, and poor outcomes.

#### Expected Outcomes

Anticipated outcomes for members participating in the ILO: -

- Improved BP control (<140/90)
- Improved blood glucose control, as measured by Hgb A1c (<9.0%)
- Reduced ED utilization for hypertension and diabetes related complications
- Reduced preventable hospitalizations for hypertension and diabetes
- Member engagement with RPM program and increased participation in care

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
New Policy	07/24	8/29/24	9/28/24
Annual Review. References reviewed.	08/25	11/17/25	12/18/25

### **References**

1. Louisiana Medicaid Managed Care Organization (MCO) Manual. Professional Services. Pg. 167, Updated 6/5/2024

### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not

constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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