

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: MP.031**  
**REVISION DATE: 08/09**  
**ANNUAL APPROVAL DATE: 09/09**  
**PAGE NUMBER: 1 of 5**

**SUBJECT:** Home Telemonitoring  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** September 2005

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>				
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )	
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All (X)	
Medicare Select ( )	Medicare Supplement ( )			
<b>DPW-MA:</b>				
Health Choices ( )		Voluntary ( )		All (X)
<b>CMS-MA:</b>				
OH ( )	WV ( )	PA ( )	All (X)	Other ( )
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ( )	PFFS ( )
<b>PID-CHIP:</b>				
Free ( )	Sub ( )	Full ( )	All (X)	
<b>APPLICABLE TO:</b>				
Community Care ( )		Work Partners ( )		

## I. POLICY

It is the policy of UPMC Health Plan to cover home telemonitoring when it is medically necessary and covered under the member's benefit plan.

UPMC Health Plan recognizes home telemonitoring as appropriate and consistent with good medical practice when performed to monitor and manage heart failure.

Coverage will be considered after review on an individual basis for the specific indications detailed in this policy.

All denials are based on medical necessity and appropriateness as determined by a UPMC Health Plan Medical Director (Medical Director).

## II. DEFINITIONS

### **Stages of Heart Failure:**

**Class I (Asymptomatic left ventricular function)-** No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).

**Class II (Mild chronic heart failure)- Slight** limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.

**Class III (Moderate chronic heart failure) - Marked** limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.

**Class IV (Severe chronic heart failure) - Unable** to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

### **III. PURPOSE**

The purpose of this policy is to define the criteria for the use of Home Telemonitoring.

### **IV. SCOPE**

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims departments.

### **V. PROCEDURE**

#### **A. Medical Description:**

Home telemonitoring can be described as using telecommunications for diagnostic monitoring or for therapeutic purposes. Interaction with a health care professional can be live by video or information can be stored and forwarded at a later time.

Home telemonitoring is used to monitor and modify self-management behaviors key to successful management of heart failure or other designated chronic conditions. The technology includes videophones, an in-home messaging device and a telemonitor with peripheral vital sign devices such as blood pressure cuff, weight scale and pulse oximeter for oxygen saturation.

#### **B. Specific Indications:**

Medically necessary indications for home telemonitoring include:

1. UPMC Health Plan members classified as class III or IV Heart Failure as a primary diagnosis and have repeated hospitalizations or questionable compliance to prescribed treatment  
OR
2. Participants in the Cardiovascular Health Management program who have a history of repeated heart failure hospitalizations or heart failure emergency department visits (2 or more in the past six (6) months)  
AND
3. Member Profile
  - The member must be willing to use the technology;

AND

- The member must have the ability to hear prompts and telephone conversations.

AND

- The member must be able to read and have the physical dexterity to use the equipment.

### **C. Limitations:**

1. A home health care agency will monitor readings from a central station.
2. A telemonitoring visit will not replace the home face to face visit provided by a nurse and ordered by a primary care physician (PCP) or cardiologist.
3. A home health care agency will facilitate the prescribing physician order required for the use of this technology.
4. The prescribing physician will determine the monitoring parameters and how many telemonitoring visits per week are necessary.
5. Equipment will be removed from the home after thirty (30) days or once the member demonstrates independence in following the prescribed diet, treatment and medication regimens.

### **D. Information Required for Review:**

1. Initial requests for home telemonitoring are reviewed by Ancillary Services/ Medical Management Department staff or a Health Management Specialist (HMS). Review and authorization must be done prior to installation of equipment.
  - For Payment to be rendered, adequate information must be furnished by the home health care agency or prescribing physician.
2. Information required for review includes:
  - A Primary Care Physician (PCP) or Cardiologist's prescription indicating a diagnosis of class III or IV Heart Failure.
3. The initial approval will be granted for thirty (30) days.
4. The case will be referred to the appropriate Health Management (HM) program.
5. Extended requests- The HMS can extend approval after a review if the request for use of the equipment is for greater than thirty (30) days.

### **E. Review Process:**

1. The Ancillary or Medical Management Nurse Case Manager or Health Management Specialist reviews the request. If the case does not meet the established criteria, it is referred to the Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Ancillary or Medical Management Nurse Case Manager or Health Management Specialist completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

**F. Variations:**

N/A

**H. Record Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy, and as indicated in the UPMC Insurance Services Division Policy and Procedure.

**I. References:**

1. Kobb R. CHF Telehealth Study Decreased Hospital Admissions by 76%. The Remington Report 2003 Jan/Feb; 11(1).
2. Heart Failure Patient Admission Criteria for Telehealth. UPMC/South Hills Health System Home Health, LP
3. de Lusignan S, Wells S, Johnson P, et al. Compliance and Effectiveness of 1 year's home telemonitoring. The report of a pilot study of patients with chronic heart failure. Eur J Heart Fail. 2001; 3(6):723-730.
4. de Lusignan S, Meredith K, Wells S, et al. A controlled pilot study in the use of telemedicine in the community on the management of heart failure--a report of the first three months. Stud Health Technol Inform. 1999; 64:126-137.
5. Cordisco ME, Benjaminovitz A, Hammond K, Mancini D. Use of telemonitoring to decrease the rate of hospitalization in patients with severe congestive heart failure. Am J Cardiol. 1999; 84(7):860-862, A8.
6. New York Heart Association Grading of Heart Failure (NYHA).  
<http://cvi.med.nyu.edu/conditions-we-treat/conditions/classes-and-stages-heart-failure>

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of UPMC Health Plan. Any sale, copying, or dissemination of said policies is prohibited.