UnitedHealthcare drops remote monitoring coverage in defiance of Medicare policies

The policy change will go into effect in January

By Mario Aguilar, Health Tech Correspondent
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Beginning in January, UnitedHealthcare will no longer pay physicians to remotely monitor the data that patients collect at home about chronic conditions like hypertension.

The updated medical policies for both Medicare and commercial health plans from the country's largest insurer were posted in September and apply to most of the remote physiologic monitoring (RPM) of patient conditions using devices like blood pressure cuffs and scales. The policy states that RPM "is not reasonable and necessary due to insufficient evidence of efficacy" for a wide swath of conditions including high blood pressure, chronic obstructive pulmonary disease, depression, diabetes, and more. By exception, UnitedHealthcare said it will pay physicians to monitor heart failure as well as hypertensive disorders during pregnancy.

UnitedHealthcare's decision to scale back coverage of remote monitoring services will affect millions of its members and comes after the insurer faced intense criticism for allegedly denying to pay for medically necessary care for its Medicare Advantage beneficiaries. UnitedHealth Group, the insurer's parent company, is also in the midst of a financial turnaround.

The decision not to cover RPM in UnitedHealth's Medicare Advantage plans appears to fly in the face of traditional Medicare coverage for the services. In these plans the government pays private insurers to administer health benefits for older Americans and other people eligible for Medicare.

Medicare has covered RPM since 2019, and many commercial insurers pay for the services as well. Medicare spending exploded from $15 million in 2019 to over $300 million by 2022, according to the health department's Office of Inspector General (OIG). Over the same period, the number of Medicare Advantage beneficiaries using RPM increased 14-fold. Advocates say that these services can help people get deadly chronic conditions under control and save the health care system money by avoiding more expensive care in the future.

UnitedHealthcare points out that there is no national or local coverage determination for remote patient monitoring, but the Centers for Medicare and Medicaid Services has on multiple occasions clarified that Medicare Advantage plans must pay for the same services as traditional Medicare.

In 2020, Medicare finalized a rule stating that RPM “may be medically necessary for patients with acute conditions as well as patients with chronic conditions.”

Carrie Nixon, an attorney who supports companies that offer RPM services, said that UnitedHealthcare sees wiggle room in Medicare’s rules to make its own decisions about what is medically necessary but that it can easily be argued that the new policy “effectively narrows the benefit right that has been set forth in traditional Medicare.”

The policy is being vocally challenged by vendors like Cadence, which helps health systems provide RPM services, and it could set UnitedHealthcare up for appeals and legal challenges. Christopher McGhee, the CEO of Current Health, celebrated UnitedHealth’s action, arguing that “bad actors have built ventures that existed only to bill for RPM, with no focus on outcomes, no benefit to consumers, and no value to our healthcare delivery system.”

UnitedHealthcare’s new policies follow increasing scrutiny of RPM services by the government, nonprofits, and academics who caution that unfettered access to the services will lead to abuse. In particular, a 2024 report from OIG identified billing behaviors it felt were questionable and raised concern about the necessity and benefit of some of some RPM services.

In its updated policies, UnitedHealthcare points to studies it says illustrate insufficient evidence supporting RPM. Others have argued that open-ended coverage ought to be limited to conditions and for durations supported by clinical evidence.

“I think there is good (and growing) evidence that RPM is valuable and cost effective for managing hypertension if implemented in the right way,” said Mitchell Tang, an assistant professor at Columbia University’s Mailman School of Public Health. For example, he said RPM services should be limited to people who don’t have their conditions under control; ought to include appropriate wraparound support from nurses or other personnel; and should only be used only for as long as necessary.

“These overly strict policies, rather than incentivizing this right type of RPM use, throw the baby out with the bathwater,” he said. “I think that’s a real shame given RPM’s very real potential to help in chronic disease management.” Tang’s latest research, published this week, showed that primary care practices that adopt RPM saw Medicare revenues increase by 20%. The article calls for “thoughtful guardrails that strike the right balance.”

In a statement, a UnitedHealthcare spokesperson confirmed the new policies and said that company will “continue to cover home monitoring devices according to members’ benefit plans and encourage providers to work with their patients to manage their health with proven, effective care.”

Jared Augenstein, a senior managing director at Manatt Health, called UnitedHealth's decision a "big deal" and pointed out that while there is strong evidence for RPM for hypertension when paired with medication management, the overall evidence supporting RPM for different conditions is varied.

"Payers are going to be looking closely at the evidence base and will increasingly limit coverage for clinical domains in which RPM has not been clearly shown to have a clinical impact," Augenstein said. "This will put the onus back on the clinical, research, and innovator communities to generate more evidence of condition-specific impact in order to maintain coverage."

So far, Medicare has declined to put any guardrails around RPM services, and in the 2026 payment policies finalized last week, the government insurer expanded RPM coverage to include cases in which physicians review less data and spend less time communicating with doctors. CMS did not immediately respond to a request for comm