



Remote Therapeutic Monitoring

BILLING AND CODING GUIDE

2022 Edition

Please note: The information in this document does not constitute legal advice to the reader, nor is it a guarantee of reimbursement for any claims.

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Looking for more information on Remote Patient Monitoring (RPM) billing and coding?

**Access the 2022 RPM Billing
and Coding Guide**



What Is Remote Therapeutic Monitoring?

Remote Therapeutic Monitoring (“RTM”) uses digital technologies to gather non-physiologic data from patients in one location (e.g., their home) and transmit that information to healthcare providers in another location (e.g., their doctor’s office) for analysis. RTM devices collect various forms of health data, including respiratory system status, musculoskeletal system status, therapy/medication adherence, and therapy/medication response to monitor patients’ respiratory or musculoskeletal systems. Providers can use this data to monitor patients’ health conditions, provide recommendations, and/or make changes to a patient’s care plan.

The final [2022 Medicare Physician Fee Schedule](#) (“2022 Rule”) released on November 2, 2021, created a new family of five CPT® codes for RTM and RTM Treatment Management services (CPT® codes 98975, 98976, 98977, 98980, and 98981) that resemble the services and code structure of the codes used for Remote Physiologic Monitoring (“RPM”) that were finalized in 2019 and expanded in 2020.

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How RTM Differs from Remote Patient Monitoring (RPM)

Centers for Medicare and Medicaid Services (“CMS”) noted in the 2022 Rule that although there are similarities between RTM and Remote Patient Monitoring (“RPM”), there are two primary differences: (1) the RTM codes, unlike the RPM codes, have not been designated as “care management services” and therefore the clinical labor component of the codes must be provided under the direct supervision of the billing practitioner (instead of general supervision), and (2) RTM non-physiologic data can be patient self-reported, as well as digitally uploaded, while RPM requires that data be physiologic and digitally uploaded. During the PHE, direct supervision may be provided through virtual direct supervision, meaning the billing practitioner must be immediately available by virtual means while clinical staff are providing monitoring services.

RTM services can be beneficial to patients, providers, and healthcare facilities. RTM expands the types of practitioners who can furnish, and bill monitoring services and helps patients by allowing them to self-report key pieces of information that their care teams can use to correlate between therapeutics used and treatment efficacy. This can lead to quicker, more tailored, and more effective treatments, increasing patients’ quality of life and decreasing their healthcare costs. RTM can help physicians and health care facilities reduce the number of hospitalizations, readmission rates, and patients’ length of stay by identifying adverse health events sooner. All of these factors can help reduce the overall cost of care.

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Remote Therapeutic Monitoring (RTM) Codes



The descriptors for the RTM codes are as follows:

CPT® code 98975 (\$18)

Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

CPT® code 98976 (\$54)

Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to **monitor respiratory system**, each 30 days

CPT® code 98977 (\$54)

Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to **monitor musculoskeletal system**, each 30 days

CPT® code 98980 (\$48)

Remote therapeutic monitoring treatment management services, physician/ other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes

CPT® code 98981 (\$39)

Remote therapeutic monitoring treatment management services, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes

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Frequently Asked Questions

01 Are there patient co-pays for the RTM codes?

Yes. As with all Medicare services, patients are responsible for all applicable co-payments and cost-sharing amounts. Medicare Part B beneficiaries are typically responsible for a 20% co-pay each time a code is billed.

During the COVID PHE, however, providers may waive copays for RPM services.

02 Is there a recommended billing format for the RTM Codes?

Providers should follow current billing practices and ensure that all the requirements for each code are met, such as documenting medical necessity for ordering RTM services and patient consent in the medical record.

03 Who can bill Medicare directly for RTM services?

Providers who are eligible to bill Medicare directly for their services and whose scope of practice includes RTM services are eligible to bill for RTM services. This may include:

- Physicians
- Anesthesiology Assistants
- Certified Nurse Midwives
- Certified Registered Nurse Anesthetists
- Clinical Nurse Specialists, Clinical Social Workers
- Nurse Practitioners
- Occupational Therapists in Private Practice
- Physical Therapists in Private Practice
- Physician Assistants
- Psychologists
- Qualified Audiologists
- Speech Language Pathologists in Private Practice
- Registered Dietitians or Nutrition Professionals

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Frequently Asked Questions (cont'd)



04

Can RTM and RPM be billed at the same time for the same patient?

No. The American Medical Association's CPT® Manual (the "CPT® Manual") states that RTM and RPM should not be billed for the same patient in the same month.

05

Does RTM require a certain number of readings?

Yes. Although the 2022 Rule is silent on the matter, the CPT® Manual states that device CPT® codes 98975, 98976, 98977 should not be reported if monitoring is less than 16 days. Please note that CMS and auditors generally defer to language in the CPT® manual when the MPFS is silent.

There is no prohibition, however, on billing the treatment management services codes (CPT® codes 98980 and 98981) if less than 16 days of transmissions have occurred, as long as the 20 minutes of time has been accrued and all other billing requirements are met.

06

Did CMS designate RTM as "Care Management Services" like they did with RPM?

CMS did not designate the RTM code set as "Care Management Services". This means that when RTM services are provided incident-to the billing practitioner, clinical staff must be supervised under **direct** supervision, meaning the billing practitioner must be in the same physical office location as the clinical staff.

During the PHE, direct supervision may be provided through virtual direct supervision, meaning the billing practitioner must be immediately available by virtual means while clinical staff are providing monitoring services.

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Frequently Asked Questions (cont'd)



07

Can providers use “clinical staff” to provide RTM services?

Although “clinical staff” is not included in the RTM code descriptors, CMS clarified that when the billing practitioner’s benefit allows services to be furnished incident-to their professional services, RTM services can be provided by clinical staff under direct supervision.

The following practitioners’ benefits allow for billing incident to their professional services:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Nurse Midwives
- Clinical Psychologists.

During the PHE, direct supervision may be provided through virtual direct supervision, meaning the billing practitioner must be immediately available by virtual means while clinical staff are providing monitoring services.

08

What constitutes “clinical staff” for purposes of RTM?

If the RTM services are performed as “not therapy services”, meaning the services are being performed by a physician/NPP outside of a therapy plan of care (more information provided below in the Therapy Services FAQ section), a clinical staff member is defined in the CPT® Manual as “a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service, but who does not individually report that service.”

This means that the type of personnel that qualify as “clinical staff” for purposes of RTM varies by state law and providers should look to applicable scope of practice laws in the patient’s state to determine who can and cannot provide monitoring services.

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Frequently Asked Questions (cont'd)



09 What does “non-physiologic” mean for purposes of billing the RTM codes?

CMS does not specifically define “physiologic” data for RPM or “non-physiological” data for RTM. In the 2022 Rule, CMS gives examples of health conditions all where non-physiologic data can be collected, including musculoskeletal system status, respiratory system status, therapy (for example, medication) adherence, and therapy (for example, medication) response.

Providers should use their professional judgment in determining what constitutes “non-physiologic” or “therapeutic” for purposes of RTM.

10 What types of devices can be used for providing RTM services?

CPT® codes 98976 and 98977, billed for the ongoing supply of RTM devices, provide reimbursement for devices that monitor the respiratory (98976) or musculoskeletal (98977) system.

For both RTM and RPM services, the CPT® Manual states that devices used must be “medical devices” as that term is defined by the U.S. Food and Drug Administration (FDA) in the Food, Drug & Cosmetics Act (“FD&C Act”). This does NOT mean that a device used must necessarily go through the FDA “clearance” or “approval” process for reimbursement purposes, but the FDA may require this depending on the device’s status under applicable FDA pathways. Importantly, the FDA’s definition of a “medical device” includes certain software functions.

More information regarding medical devices under the FD&C Act can be found on [the FDA website](#).

11 Can patients self-report therapeutic data for RTM?

Yes. RTM data can be patient reported or automatically transmitted through a SaaS platform that is classified by the FDA as Software as a Medical Device (“SaMD”).

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