2021

Remote Therapeutic Monitoring (RTM): What your rehab team should know about the final rule

MTELEHEALTH

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One positive outcome published in the Centers for Medicare & Medicaid Services' Final Rule on the 2022 Medicare Physician Payment Schedule was clarification around the use of RTM codes.

In an era of aiming to promote aging in place, supporting effective transitions across care environments and most importantly the evolution of alternative options to traditional care models, therapy teams should take note of our newly approved access to remote therapeutic monitoring CPT codes.

We all struggle, you know we do, when the time comes to discharge those for which we care.

This is even more challenging when they have significant clinical complexity and comorbidity which will require continued (maybe even lifelong) monitoring and maintenance of various body systems.

Even after a course of skilled rehabilitative services, extensive patient and caregiver training, heck, we may have even ensured effective learner understanding of safety and compensatory techniques.

We lose sleep, we worry and we hope and pray that all our lessons stick once our patients return to their prior living environments.

What if… just what if there were codes that would allow us to monitor respiratory system status, musculoskeletal system status, therapy adherence and therapy response.

Remote therapeutic monitoring could allow you to achieve this exactly.

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What is Remote Therapeutic Monitoring (RTM)?

Remote Therapeutic Monitoring (RTM) is a family of five codes created by the CPT Editorial Panel in October 2020 and valued by the RUC at its January 2021 meeting — Remote Therapeutic Monitoring/Treatment Management CPT codes 98975, 98976, 98977, 98980 and 98981.

The RTM family includes three PE-only codes and two codes that include professional work — 98980 and 98981:

- CPT code 98980: Remote therapeutic monitoring treatment management services, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes — base code.
- CPT code 98981: Remote therapeutic monitoring treatment management services, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional add on code 20 minutes (list separately in addition to code for primary procedure).

- CPT code 98975: 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: 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: 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. (Specific to ARIA Physical Therapy device.)

The History:

CMS notes that they questioned in the proposed rule whether the RTM codes as constructed could be used by therapists because the Medicare benefit does not include services provided incident to the services of a therapist.

Furthermore, they stated they viewed the clinical labor described in the RTM codes as being services incident to the billing practitioner's professional services. In the proposed rule they focused on therapists as providers of RTM services because we heard from stakeholders that the codes were developed in response to the needs of physical therapists.

They go on to note that speech-language pathologists, clinical social workers, registered dietitians, nutrition professionals and CRNAs also have Medicare benefits that do not include incident to services.

Therefore, they state, "*Despite our concerns about the construction of the codes, we believe the services described by the codes are important to beneficiaries*.

Thus, we are finalizing a policy that permits therapists and other qualified healthcare professionals to bill the RTM codes as described."

However, where the practitioner's Medicare benefit does not include services furnished incident to their professional services, the items and services described by these codes must be furnished directly by the billing practitioner or, in the case of a PT or OT, by a therapy assistant under the PT's or OT's supervision.

They also note that the five RTM codes will be designated as "sometimes therapy" codes, which means that the services can be billed outside a therapy plan of care by a physician and certain NPPs, *but only when appropriate*.

What are key coding rules therapists should know?

- Cumulative time spent for data review and patient/caregiver interaction is totaled for a calendar month (not each 30 days).
- The base code (98980) and add-on code (98981) are reported together on the claim based on total time following the end of the calendar month.
- We do not report these codes if activities total less than 20 minutes in a calendar month.
- Codes 98976 and 98977 represent the cost of supplies for specific types of monitoring systems.

What devices can be used for RTM?

Monitoring devices used must be approved by the U.S. Food and Drug Administration, and data collected by the device can be patient self-reported or automatically transmitted directly from the device to the clinician.

One example provided in the proposed rule is as follows:

An asthmatic patient is prescribed a rescue inhaler equipped with an FDA-approved medical device that monitors when the patient uses the inhaler, how many times during the day the patient uses the inhaler, how many puffs/doses the patient uses each time, and the pollen count and environmental factors that exist in the patient's location at that time. This is non-physiologic data. The data is then used by the treating practitioner to assess the patient's therapeutic response and adherence to the asthma treatment plan. This can enable the practitioner to better determine how well the patient is responding to the particular medication, what social or environmental factors affect the patient's respiratory system status, and what changes could be made to improve the patient's health.

How is RTM impacted by *de minimis*?

CMS clarified that the two device codes, CPT codes 98976 and 98977, are not subject to the *de minimis* standard that establishes the threshold for the statutorily required payment adjustment that applies to therapy services provided in whole or in part by therapy assistants.

However, the initial set-up and patient education services represented by CPT code 98975 are subject to the *de minimis* policy. For more information about how the *de minimis* policy is applied for services provided in whole or in part by therapy assistants, see the Therapy pages at section II.H.1. of the final rule.

Other pros here?

Some of my favorite lines from the final rule are thoughtful comments surrounding beneficiary needs and care.

For example, they state, *“Our decision to finalize the proposed RTM codes and our proposed valuations for the services strikes a balance between supporting beneficiary access to care that these services describe and allowing for non-E/M billing practitioners to furnish and bill for these services.”*

Moreover, they allow opportunity for engagement and further conversation, noting, *“We acknowledge the major themes that emerged in the comments from stakeholders about broadening the base of practitioners that could furnish the RTM and RPM services, as well as maximizing the efficiency with which these services could be furnished.”*

In closing, I say we take this as a significant win, perhaps even allowing for less worry and better rest at the end of our day.

Remote therapeutic monitoring is heading our way in 2022 — will your therapy teams be ready?

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