2022



# Remote Therapeutic Monitoring FAQs - RTM Service Codes 98975, 98976, 98977, and RTM Treatment Management Codes 98980 and 98981

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The introduction of remote therapeutic monitoring CPT codes brings with it new questions and new opportunities. We cover those here.

With the introduction of new remote therapeutic monitoring (RTM) codes in the 2022 final rule published by the Centers for Medicare and Medicaid Services (CMS), there was bound to be a learning curve as physical therapists, occupational therapists, and speech-language pathologists became more familiar with their use. And while it would be easy to see RTM codes as yet another complication when it comes to compliance and billing, there is also a tremendous opportunity as well—provided that therapists know how to take advantage of it. With that in mind, here are some of the most frequently answered questions about RTM.

## What are remote therapeutic monitoring codes?

As explained in the proposed rule, RTM codes describe treatment scenarios where PTs, OTs, or SLPs can remotely monitor and collect non-physiologic data via a connected medical device, including "musculoskeletal system status, respiratory system status, therapy (medication) adherence, and therapy (medication) response." RTM codes also allow patients to self-report their data in addition to allowing the device to automatically upload the information to a medical records system.

## What's the difference between remote therapeutic monitoring and remote patient monitoring (RPM)?

While RTM and RPM are similar—particularly given that "new RTM coding was created to allow practitioners who cannot bill RPM codes to furnish and bill for services that look similar to those of RPM"—the main difference is the type and amount of data collected during the monitoring. Unlike RPM codes, which only cover physiologic data (e.g., heart rate, blood pressure, body temperature), RTM codes monitor and collect non-physiological data. Although CMS doesn't specifically define what qualifies as non-physiological data, it does provide examples, which include "therapy response" and "medication adherence."

As mentioned above, RTM codes also include monitoring self-reported data, which is essential to monitoring things like pain levels—and is something current RPM coverage doesn't account for.

## Who can bill for these RTM codes, and when can they be used?

According to CMS, the new RTM codes are classified as general medicine codes that "can be billed by physicians and other qualified health care professionals." In short, RTM is intended to be provided and billed for by a much wider range of providers—including PTs, OTs, and SLPs.

Given their newness, there is some flexibility when billing RTM codes; however, it's still imperative that providers who do use and bill for these codes to adhere to all the compliance and billing standards.

All in all, RTM codes should be fairly easy for therapists to incorporate into their practice. It's simply a matter of knowing when to use them and how to use them, which we cover next.

## What are the remote therapeutic monitoring codes?

The new RTM CPT codes are as follows:

### RTM Service Codes

These first three codes are specifically for RTM "services." These services include "supplying monitoring equipment to patients, setting up the devices so they're ready to use, and teaching patients what their role is when it comes to data collection and reporting."

**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)."

**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)."

**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)."

### RTM Treatment Management Codes

These next two codes cover the time therapists spend reviewing and monitoring reported patient data as it relates to their treatment. These services must be provided by a 'qualified' healthcare professional like a PT, OT, or therapy assistant; apply per calendar month; and must include at least one synchronous "interactive communication" between the patient and provider. (Telephone calls and telehealth visits both qualify; direct messaging, for example, does not.)

98980: "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."

98981: "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."

Of these five, though, only four are relevant to PTs, OTs, and SLPs: 98975, 98977, 98980, 98981.

## How often can RTM codes be billed?

Each RTM code varies slightly in terms of how often it can be billed. See here:

- Code 98975 may be billed once per episode of care, which starts when the remote therapeutic monitoring service initiates and ends once targeted treatment goals are attained.

- Codes 98976 and 98977 may be billed once per 30 days.
- Code 98980 may be billed once per calendar month for the first 20 minutes of care, regardless of the number of therapeutic monitoring modalities performed in that calendar month.
- Code 98981 may be billed once per calendar month for each additional 20 minutes completed within that month.

## Does RTM require the use of a medical device, and what is the cost associated with these devices?

The short answer is "yes," RTM does require the use of a medical device. As such, it doesn't take much of a leap to figure out that as clinics become more receptive to digital health trends and more reliant on technology, there are greater costs going towards the software required that need to be accounted for within billing. And yet it seems that CMS has not yet fully figured out how to account for this shift. From the 2022 final rule:

CMS noted that it "sought public comment on the typical type of device(s) and associated costs of the device(s) that might be used to collect the various kinds of data included in the code descriptors." Currently, CMS is still considering how best to reflect these costs under their current methodology.

## How do I know which RTM devices qualify for use?

For the purposes of the 2022 final rule, CMS's guidance on monitoring devices simply states that "the device used must meet the FDA definition of a device as described in section 201(h) of the Federal Food, Drug and Cosmetic Act (FFDCA)," which essentially states that medical devices should be:

- "Recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them";
- Intended to diagnose or help cure, mitigate, treat, or prevent diseases or other conditions;
- Intended to affect the body without (or nearly without) chemical action; and
- Unreliant on metabolization.

## Are RTM codes subject to the *de minimus* standard?

RTM codes 98976 and 98977 (a.k.a. the device codes) are not subject to the de minimus standard; however, RTM codes 98975, which pertains to the initial set-up and patient education services, is.

## Could any of these RTM rules change in the future?

This one is an obvious "yes," but allow me to add a bit of context.

In the 2022 final rule, CMS notes "we hope to continue to engage in dialogue with stakeholders, including the AMA CPT, in the immediate future on how best to refine the coding for the RTM services to address some of the specific concerns raised by stakeholders," later adding "(w)e will continue to consider the issues raised about this set of codes in the context of potential future rulemaking."

Of course, there are changes to come—it would be impossible to get it right the first time out with something as unwieldy as our healthcare system. What that means for PTs, OTs, and SLPs is that there is an opportunity to add your voice to those lobbying for the right kind of changes to RTM codes. Make

use of them as needed with patients, and make note of what can be improved so that you can contribute to the professional conversation with organizations like APTA and others.

## What opportunities do RTM codes present to rehab therapists?

In devising a plan of care and evaluating a patient's progress, therapists are reliant upon all the information they can collect, which previously was limited to what is observed in a clinic and what a patient reports. With RTM codes, clinicians have access to more and better data, which can only serve to improve patient care moving forward.

These codes also offer a new revenue stream for PTs. The time spent training patients on the use of medical devices as well as the time spent actually monitoring—valuable work done outside of a clinic setting—is now billable under RTM codes.

Increased use of RTM codes can also help to combat the issue of patient engagement and adherence to home physical therapy plans. Just as some of us are more apt to stand every hour or to take a walk through the neighborhood when our Apple Watch chimes as us, ensuring patients know that they are accountable for helping collect RTM data can prompt them to stick to their prescribed plans—and in turn, increase the likelihood of adherence. In short, this means better care management and better patient outcomes—which is a motivation I think we can all get behind.