



APTA Practice Advisory: Remote Therapeutic Monitoring Codes Under Medicare

Jan. 20, 2022 (updated from Jan. 7, 2022)

APTA Practice Advisory: Remote Therapeutic Monitoring Codes Under Medicare



This APTA Practice Advisory, initially released Jan. 7, 2022, is updated as of Jan. 20, 2022.

The Issue: The [Medicare Physician Fee Schedule final rule for 2022](#) adds five CPT codes for remote therapeutic monitoring. Physical therapists may bill these RTM codes under Medicare, and the codes also may be billable under commercial insurance plans. The new codes are available in the Medicine Section of the CPT Manual as of Jan. 1, 2022.

When it proposed the 2022 fee schedule in July 2021, the Centers for Medicare and Medicaid Services prohibited PTs from billing the remote monitoring codes, stating that they represented “incident to” services. APTA challenged that assumption in its comments to CMS, and in the final rule the agency relented, establishing that PTs are permitted to bill the codes.

What you need to know: Of the five codes, three reflect RTM services (98975, 98976, 98977), and two are for RTM treatment management services (98980, 98981). Specific guidelines govern the use of these codes, and physical therapists must be aware of the requirements for reporting and billing the services related to them.

Suggested next steps: Understand the requirements for reporting, billing, and documenting remote therapeutic monitoring services under Medicare. Also review commercial payer plans and policies to determine if these codes will be covered when billed by physical therapists and, if so, what is required for reporting and documentation.

Who Does This Impact?

Physical therapists providing outpatient therapy under Medicare Part B can bill these RTM codes. The codes are available to “physicians and other qualified health care professionals,” which the CPT Codebook defines as “an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.”

About APTA Practice Advisories

APTA issues practice advisories to assist the physical therapy community in providing quality care that follows best available evidence and practice management principles. Practice advisories are not formal association guidelines, policies, positions, procedures, or standards. They are not clinical practice guidelines and do not establish a standard of care.

Physical therapists, physical therapist assistants, and students of physical therapy are responsible for clinical practice that is consistent with their scope of practice, and for complying with licensure laws and other regulations, all of which vary by state. The information provided is not meant as a substitute for legal or professional advice on any subject matter.

Practice advisories may be updated after their original publication. Use of practice advisories is voluntary.

What Are RTM Codes?

Remote therapeutic monitoring is described by a family of five codes created by the CPT Editorial Panel in October 2020 and valued by the RVS Update Committee at its January 2021 meeting. APTA participated in the survey process for valuation recommendations of the codes, as it was clear the codes could represent services that physical therapists deliver.

RTM codes were developed to report patient management using RTM medical devices that collect nonphysiological data. RTM codes describe the monitoring of health conditions, including musculoskeletal system status, respiratory system status, therapy adherence, and therapy response. Patients can self-report, manually enter, and digitally upload RTM data.

The five new RTM CPT codes and their descriptors are:

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 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 device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days.

98980 Remote therapeutic monitoring treatment management, 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, physician/other qualified health care professional time in a calendar month; each additional 20 minutes.

Reporting and Documentation Requirements

To be eligible to be reported under CPT codes 98975, 98976, or 98977, the service must be ordered by a physician or other qualified health care professional, such as a physical therapist, and the data collected must relate to signs, symptoms, and functions of a therapeutic response. Data that represents objective device-generated integrated data or subjective inputs reported by a patient is allowed. Finally, the device used must be a medical device “as defined by the FDA” per the official description in the CPT code set. AMA does not validate or verify FDA status of specific devices, and individual payers may have additional requirements regarding devices. For more information, AMA advises providers to reference [the February 2022 edition of the CPT Assistant](#).

Report 98975 for the initial set-up and patient education in the use of eligible devices that will collect and transmit therapeutic data. Report this code only once per episode of care and only if monitoring occurs over a period of at least 16 days. Document the type of device being used, the specific education and training provided to the patient and/or caregiver, and any device set-up required.

Report 98976 for the cost of a medical device, as defined by the FDA, that is used to transmit data in monitoring respiratory system response. Report this code only if monitoring occurs over a period of at least 16 days. Document the name and description of the device provided for monitoring of the respiratory system.

Report 98977 for the cost of a medical device, as defined by the FDA, that is used to transmit data in monitoring musculoskeletal system response. Report this code only if monitoring occurs over a period of at least 16 days. Document the name and description of the device provided for monitoring of the musculoskeletal system.

Report 98980 for the first 20 minutes of monitoring in a calendar month during which there is at least one interactive communication between the provider and the caregiver or patient. Do not report 98980 unless a full 20 minutes of monitoring has occurred. Document the data gathered from the device, the date and time of the patient and/or caregiver interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring.

Report 98981 for each additional 20 minutes of monitoring in a calendar month. Do not report 98981 unless a full additional 20 minutes of monitoring has occurred.

Note: While 98976 is specific to the respiratory system and 98977 is specific to the musculoskeletal system, 98975 is not system, condition, or therapeutic response-specific. You may report 98975 for the initial set-up and patient education in the use of any medical device, as defined by the FDA, that collects information. Likewise, 98980 and 98981 are not specific to any particular body system or therapy, and you may report them for the monitoring of any system or therapeutic response.

CSM Designates RTM Codes as “Sometimes Therapy”

The five RTM codes are designated as “sometimes therapy,” which means that, when appropriate, the services can be billed outside a therapy plan of care by a physician and certain other nonphysician providers. CMS clarified that RTM services that relate to devices specific to therapy services, such as the ARIA Physical Therapy device (which would be reported as CPT code 98977), should always be furnished under a therapy plan of care.

Payment Adjustment for PTA Services

The two device codes, 98976 and 98977, are not subject to the payment adjustment that applies to services provided by physical therapist assistants. However, code 98975, representing initial set-up and patient education services, is subject to the adjustment.

Clinical Examples

Case 1

A physical therapist is seeing a patient with knee pain associated with osteoarthritis, impaired muscle performance, and decreased joint mobility. After an evaluation and two treatment sessions the PT prescribes a home exercise program and a walking program, and advises the patient to apply ice to reduce inflammation and manage pain.

The PT recommends that the patient use a monitoring device that is a medical device as defined by the FDA that will prompt them to follow the prescribed programs and will gather patient-reported information including pain levels, rating of perceived exertion, use of ice, and confidence in performing the program. The PT provides the device, customizing the program consistent with the goals of the plan of care. The PT instructs the patient in using the monitoring device within the plan of care, responds to questions, and has the patient demonstrate use of the device to confirm competence.

After monitoring the patient's performance and response for two days and analyzing the transmitted data, the PT determines that the patient isn't performing one of the exercises and isn't using ice as prescribed. The patient's self-reported pain levels indicate that pain remains a barrier to some functions. The PT contacts the patient, reviews the exercise in question, and reinforces the importance of using ice for pain relief. Over the next 72 hours, the therapist sees via the transmitted data that the patient is now performing all exercises, is using ice as prescribed, and has decreasing pain. At the next visit the therapist can progress the patient's program based on the determination that the patient is proficient in the prescribed program. Remote therapeutic monitoring and management continues for 21 days within the same calendar month, accumulating a total of 25 minutes, until the patient has achieved their goals.

Reporting and Billing

- Bill one unit of 98975 for the initial set-up and patient education in the use of the device, but bill only after monitoring has occurred for at least 16 days.
- Bill one unit of 98977 for provision of the monitoring device itself, but bill only after monitoring has occurred for at least 16 days.
- Bill one unit of 98980, because there was a total of more than 20 minutes of monitoring over 21 days in the calendar month, during which there was at least one patient interaction. NOTE: If the 21 days of monitoring had spanned two calendar months, then at least 20 minutes of cumulative time would have needed to be provided in each month in order to bill 98980 in that month.

Case 2

A patient with low back pain has an initial physical therapy visit. The PT identifies muscle weakness, muscle imbalance, decreased mobility, postural misalignment, and decreased physical activity tolerance. In discussing the findings, the PT notes that the patient feels overwhelmed and at a loss of control over his condition. The patient's wife, an involved caregiver, is also there, and couple say that they will work together in support of the patient's recovery.

The PT recommends using a device that the patient already owns, and is a medical device as defined by the FDA, to help the patient and his wife adhere to a home program and to gather information for the therapist between visits. The therapist gives the patient basic information on back care and safe movement and prescribes a low-grade exercise program to give the patient some sense of control over his condition. The therapist educates the patient and his wife in entering information related to his sense of confidence and self-efficacy in performing the home program, and in entering pain interference information, so the therapist can sense how the patient's condition is manifesting itself throughout a normal day.

The therapist uses this information throughout the course of the patient's episode of care to coordinate care between visits and to upgrade the program as the patient's capacity increases, ensuring that the patient stays engaged and can achieve his goals. Monitoring occurs over 26 days within a calendar month for total time of 45 minutes.

Reporting and Billing

- Bill one unit of 98975 for the initial set-up and patient and caregiver education in the use of the device, but bill only after monitoring has occurred for at least 16 days.
- Do not bill 98977, as the patient already owns the device.
- Bill one unit of 98980 (for the first 20 full minutes) and one unit of 98981 (for at least another full 20 minutes) for the 45 minutes over 26 days in the calendar month, during which there was at least one patient interaction. NOTE: If the 26 days of monitoring had spanned two calendar months, and at least 20 minutes of time had accumulated in each month, then billing would be one unit of 98980 in each

month, such as 22 minutes over 12 days in the first calendar month and 23 minutes over 14 days in the next month, for the total time of 45 minutes.

Future Revisions Possible

CMS stated that it hopes 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, and will potentially revise these codes in future rulemaking.

APTA Resources

Members can reach out to advocacy@apta.org with questions.

Last Updated: 01/20/2022

Contact: advocacy@apta.org