



APTA Practice Advisory: Remote Therapeutic Monitoring Codes Under Medicare

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This APTA Practice Advisory, initially released Jan. 7, 2022, is updated as of Jan. 29, 2026.

The issue: The [Medicare Physician Fee Schedule final rule for 2022](#) added five CPT codes for remote therapeutic monitoring. In 2023, a code was added for RTM for Cognitive Behavioral Therapy, and an additional four new codes were added to this code set through the fee schedule 2026 final rule. Physical therapists may bill these RTM codes under Medicare, and the codes also may be billable under other payers. The new codes are available in the Medicine Section of the CPT Manual.

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 the agency relented in the final rule, establishing that PTs are permitted to bill the codes.

What you need to know: Of the 10 codes, seven reflect RTM services (98975, 98976, 98977, 98978, 98984, 98985, 98986), and three are for RTM treatment management services (98979, 98980, 98981). Specific guidelines govern how physical therapists use these codes, and physical therapists must be aware of the requirements for reporting and billing the services related to them.

About APTA Practice Advisories

APTA issues practice advisories to assist the physical therapy community in providing quality care that follows the 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.

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CPT codes 98978 and 98986, which reflect remote therapeutic monitoring for cognitive behavioral therapy, are not traditionally reported by physical therapists, and providers should confirm whether physical therapists are eligible to report these codes per payer policy.

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. Normal copay rates may apply.

Who Does This Impact?

Physical therapists providing 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.”

What Are RTM Codes?

Remote therapeutic monitoring is described by a family of 10 codes created by the CPT Editorial Panel in October 2020, September 2021, and September 2024, and valued by the RVS Update Committee at its respective meetings. 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 remote monitoring and remote monitoring treatment management using RTM medical devices that collect nonphysiological data.

RTM codes describe the monitoring of health conditions, therapy adherence, and therapy response. Patients can self-report, manually enter, and digitally upload RTM data on a device that meets the FDA definition of a medical device. Remote therapeutic monitoring and remote monitoring treatment management must be included in and provided under an active plan of care during the episode of care.

The 10 total RTM CPT codes and their descriptors are:

- 98975 Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial setup and patient education on use of equipment, 2 or more days in an episode of care.
- 98984 Remote therapeutic monitoring device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period.
- 98976 Remote therapeutic monitoring device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, 16-30 days in a 30-day period.
- 98985 Remote therapeutic monitoring device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period.
- 98977 Remote therapeutic monitoring device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, 16-30 days in a 30-day period.
- 98986 Remote therapeutic monitoring device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period.
- 98978 Remote therapeutic monitoring device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period.
- 98979 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes.
- 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

In order to report the RTM codes, 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 the FDA status of specific devices, and individual payers may have additional requirements regarding devices. For more information, AMA advises providers to reference the CPT Assistant.

As with all physical therapy interventions, documentation of these codes within the electronic health record should reflect the intent to which the intervention is anticipated to assist the patient in meeting the established physical therapy plan of care goals. Physical therapists reporting Remote Therapeutic Monitoring codes should document use of this intervention as they would any other intervention in respect to establishing and documenting progress toward established goals. Plan of care goals may or may not directly reference the use of Remote Therapeutic Monitoring codes, but the goals should be specific to what you hope to achieve using remote therapeutic monitoring. There does not have to be a goal specific to the education and training of the remote monitoring device.

Report 98975 for the initial setup and patient education in the use of eligible device(s) that will collect and transmit therapeutic data. Report this code only once per episode of care and only if the patient has activated their use of the device and at least two days of cumulative monitoring occur in a 30-day period. Document the type of device being used, the specific education and training provided to the patient and/or caregiver, and any device setup required. This code may be billed on Day 3 of monitoring.

Report 98984 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring respiratory system response. Report this code if 2-15 days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the respiratory system.

Report 98976 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring respiratory system response. Report this code if 16 or more days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the respiratory system.

Report 98985 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring musculoskeletal system response. Report this code if 2-15 days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the musculoskeletal system.

Report 98977 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring musculoskeletal system response. Report this code if 16 or more days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the musculoskeletal system.

Report 98986 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring cognitive behavioral therapy response. Report this code if 2-15 days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the cognitive behavioral therapy.

Report 98978 for the cost of the use of a medical device, as defined by the FDA, that is used to transmit data in monitoring cognitive behavioral therapy response. Report this code if 16 or more days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the cognitive behavioral therapy.

For clarification, per the CPT manual, remote monitoring represents the review and monitoring of data related to signs, symptoms, compliance, and functions of a therapeutic response, so the number of days of monitoring would be reflected by the number of days of data transmission.

Additionally, the 2-15 and 16-or-more day codes are not additive in nature. If RTM for MSK is performed for 15 days in a 30-day period, only 98985 would be reported for the use of the device. If RTM for MSK is performed for 16 days in a 30-day period, only 98977 would be reported for the use of the device.

Note: The indication of a lack of engagement in or failure to complete a prescribed program should be addressed in a timely manner through program modification, patient communication, and/or redetermination of the indication for remote monitoring.

Report 98979 for 10-19 minutes of remote therapeutic monitoring treatment management services in a calendar month requiring at least one real-time interactive communication with the patient or caregiver during the calendar month. The interactive communication must be synchronous, occurring in person, via telephone, or via video. The minutes spent in the

interactive communication cannot be counted toward any other code reporting. Do not report 98979 unless a full 10 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. Telehealth and secure messaging would not be considered examples of this code.

Report 98980 for the first 20 minutes of remote therapeutic monitoring treatment management in a calendar month requiring at least one real-time interactive communication between the provider and the patient and/or caregiver during the calendar month. The interactive communication must be synchronous if occurring in person, via telephone, or via video. The minutes spent in the interactive communication cannot be counted toward any other code reporting. 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. Telehealth and secure messaging would not be considered examples of this code.

Report 98981 for each additional 20 minutes of remote therapeutic monitoring and treatment management in a calendar month. Do not report 98981 unless a full additional 20 minutes of monitoring have occurred. More than one unit of 98981 can be billed in a calendar month if additional 20-minute blocks of time are provided. For example, if a therapist provides a total of 60 minutes of remote therapeutic monitoring treatment management services in a calendar month, the therapist would report one unit of 98980 and two units of 98981.

These codes are not additive in nature. If 10 minutes of cumulative monitoring and treatment management are provided in a calendar month, 98979 would be reported. If 20 minutes of cumulative monitoring and treatment management are provided in a calendar month, only 98980 would be reported.

Note: While 98984 and 98976 are specific to the respiratory system; 98985 and 98977 are specific to the musculoskeletal system; and 98986 and 98978 are specific to cognitive behavioral therapy; 98975, 98979, 98980, and 98981 are not system- or condition-specific.

CMS Designates RTM Codes as "Sometimes Therapy"

The 10 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 98985 or 98977), should always be furnished under a therapy plan of care.

Payment Adjustment for PTA Services: The six device codes (98984, 98976, 98985, 98977, 98986, and 98978) are not subject to the payment adjustment that applies to services provided by physical therapist assistants. However, code 98975, representing initial setup and patient education services, is subject to the adjustment.

Supervision for PTA Services: Effective Jan. 1, 2025, Medicare regulations now allow PTAs in private practice to operate under general supervision for all applicable outpatient therapy services, including RTM. This change aligns with APTA's advocacy efforts and provides greater flexibility for therapy practices.

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 continue for 21 days within the same calendar month, accumulating a total of 25 minutes, until the patient has achieved their goals.

Reporting and Billing

- Report one unit of 98975 for the initial setup and patient education in the use of the device, but bill only after monitoring has occurred for at least 16 days.
- Report one unit of 98977 for provision of the monitoring device itself, but bill only after monitoring has occurred for at least 16 days.
- Report one unit of 98980, because there was a total of more than 20 minutes of monitoring and management 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 the 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 a total time of 45 minutes.

Reporting and Billing

- Report one unit of 98975 for the initial setup 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 report 98977, as the patient already owns the device.
- Report 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 of monitoring and management 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.

Case 3

A physical therapist is seeing a patient post-total knee arthroplasty. The patient has been prescribed a home exercise program but expresses concern with completing the program. The patient cannot provide any specific issues, but appears to be overwhelmed and in need of additional support with the rehabilitation program. After an evaluation and one treatment session, the PT discusses the use of remote therapeutic monitoring with the patient to improve carryover and provide additional guidance and support in the performance of the home exercise program. The patient indicates a desire to participate, and the physical therapist provides the device, customizing the program in accordance with the goals of the plan of care. The PT instructs the patient in using the monitoring device as outlined in the plan of care, responds to questions, and has the patient demonstrate use of the device to confirm competence. The physical therapist monitors the patient over four days, providing feedback through direct interaction and electronic communication with a total of 14 minutes of remote monitoring and treatment management in the calendar month. At the next visit, the patient expresses a level of confidence with the home exercise program, and the therapist and patient agree that the RTM is no longer needed.

Reporting and Billing

- Report one unit of 98975 for the initial setup and patient education in the use of the device, but bill only after monitoring has occurred for at least two days.
- Report one unit of 98985 for the provision of the monitoring device itself, but bill only after monitoring has occurred for at least two days.
- Report one unit of 98979 for 14 minutes of monitoring and management.

Examples of Patient-Centered Goals Involving Remote Monitoring

- Analysis of data gathered through remote monitoring and patient interaction will result in effective integration of the prescribed home program into the patient's daily routine and support carryover of the skilled therapy program.
- Remote therapeutic monitoring will facilitate the patient's independence in and their consistent and sustainable performance of a self-management plan.
- The prescribed home exercise program will be integrated effectively into the patient's daily routine and support carryover of the skilled therapy program.

APTA Resources

Members can reach out to [APTA advocacy staff](#) with questions.

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Contact: advocacy@apta.org