



APTA Practice Advisory: Remote Therapeutic Monitoring Codes Under Medicare

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The Issue: The [Medicare Physician Fee Schedule final rule for 2022](#) added 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.

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 how physical therapists use 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

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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 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 monitoring and 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 treatment management must be included in and provided under an active plan of care during the episode of care.

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 setup 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 the 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.

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 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 setup required. This code may be billed on Day 17 of monitoring.

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 only if 16 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 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 only if 16 days of collection occurred within a 30-day period. Document the name and description of the device provided for monitoring of the musculoskeletal system.

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 16 days of monitoring would be reflected by 16 days of data transmission.

Note: Data indicating 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. Data transmitted indicating a lack of engagement would qualify as a day of transmission for codes 98975, 98976, and 98977.

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. The interactive communication must be synchronous if occurring in person or via telephone or 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 monitoring in a calendar month. Do not report 98981 unless a full additional 20 minutes of monitoring has 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.

Note: While 98976 is specific to the respiratory system and 98977 is specific to the musculoskeletal system, 98975, 98980, and 98981 are not system- or condition-specific.

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 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

- Bill 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.
- 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 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

- Bill 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 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 Are 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.

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 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](#) with questions.

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Contact: advocacy@apta.org