



Remote Therapeutic Monitoring: Your Guide to Successful Billing

By MedBridge

Overview

Remote therapeutic monitoring allows providers to be reimbursed for collecting “therapeutic data” using virtual patient engagement and monitoring techniques, opening up new revenue streams while providing big boosts to patient engagement. Pretty exciting, right? But as you know, billing isn’t always as easy or straightforward as it might seem.

MedBridge is here to help. In this guide we’ll cover:

- What’s new in remote therapeutic monitoring in 2023
- Who can bill for remote therapeutic monitoring
- A breakdown of each of the five CPT codes
- How MedBridge can help your organization reap the many benefits of RTM

Disclaimer: The information contained in this document does not, and is not intended to, constitute legal, billing, or regulatory advice or guidance. All information, content, and material is for general information purposes and independent review and/or counsel should be obtained before making any legal or billing decisions.

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Background on Remote Therapeutic Monitoring

The 2022 Medicare Fee Schedule included five new CPT codes for remote therapeutic monitoring (RTM). Remote therapeutic monitoring allows providers to monitor the respiratory and musculoskeletal status of patients, and to bill for the remote management of their patients using medical devices (including certain software) that collect non-physiological data.

Prescribing home exercise programs to patients is standard practice for rehab therapists, but until recently, providers haven't been incentivized to interact with patients between sessions to monitor and encourage adherence to their home exercise programs.

However, with the new CPT codes launched by CMS, you can now be reimbursed for delivering the HEP digitally and collecting therapeutic data using the virtual patient engagement and monitoring techniques that many of your clinicians are already performing today.

RTM Is Here to Stay in 2023

The CMS Proposed Rule for Calendar Year 2023 included changes that could have cut reimbursements and impacted the future of remote therapeutic monitoring for physical and occupational therapists. However, the changes and reimbursement cuts to the codes that CMS proposed were not finalized in the CY 2023 Final Rule that went into effect on January 1, 2023.

This means that early RTM adopters can continue to enjoy the benefits they received from billing for RTM, and that the runway is now ready for the private practices, outpatient providers, and hospitals that were waiting for the all clear in 2023 before adopting this impactful program.



RTM Webinar

Want to learn more? Catch up with the latest in RTM with the recording of our recent webinar, [RTM Strategies: 2023 Physicians Fee Schedule & Lessons Learned](#)



Who Can Bill for Remote Therapeutic Monitoring?

According to CMS, physicians and other “eligible qualified healthcare professionals” are permitted to bill for RTM. In the final rule, CMS says it expects the primary billers of RTM codes to be physical therapists, nurse practitioners and physiatrists. However, other providers can use the codes as well, including occupational therapists, speech-language pathologists, physician assistants, and clinical social workers.

The 2023 Final Rule also included updates to supervision. Where the practitioner’s Medicare benefit does not include services furnished incident to their professional services, the services described by the codes must be furnished directly by the billing practitioner or, in the case of a PT or OT, by a therapy assistant under the billing PT’s or OT’s supervision.

Historically, supervision has been defined as direct supervision, meaning the supervising PT had to be in the same facility as the therapy assistant. But with the CMS issued Public Health Emergency (PHE), virtual direct supervision has been permitting, so the PT and assistant do not need to be in the same location. Virtual direct supervision has been extended by CMS to the year that the PHE ends (renewed in January 2023 and extended until May 23, 2023)— so at least until the end of 2023.

New CPT Codes

The five new CPT codes for remote therapeutic monitoring (RTM) are listed above on the right. In the next section, we’ll break down each code in detail.

P.5 CPT 98975

RTM Device Education and Onboarding

P.6 CPT 98976 CPT 98977

Device Supply

P.7 CPT 98980 CPT 98981

Remote Treatment

Billing for RTM Device Education and Onboarding

CPT 98975

CPT code 98975 covers: 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.

How to use CPT code 98975: Report this code only once per episode of care and only if monitoring occurs over a period of at least 16 days after patient activation. Use this code to report the initial time spent setting up and teaching the patient/caregiver how to use the device.

What to 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.

***Disclaimer:** For specific billing questions we recommend checking with your MAC and partnering with an experienced platform with robust reporting before developing an RTM program, particularly for institutional providers exploring models utilizing general supervision.*

Determining Patient Eligibility

To use this code, you'll need to determine if your patients have at least 16 days of activity data. Organizations have interpreted CMS' definition of "activity data" in many ways, so you'll need to work with your organization to determine what is right for you. The MedBridge RTM Solution provides three data points for you to choose from:

Days Since First RTM Login: The total number of days since the patient first logged in (i.e., activated) after RTM was enabled for the episode of care.

Patient Login Days: The total number of days where a patient login occurred after RTM was enabled for the episode. If a patient logs in multiple times on a single day, that day will only be counted one time.

Patient Activity Days: The total number of days that the patient completed an activity, as defined below, after RTM was enabled for the episode. If a patient completes multiple activities on a single day, that day will only be counted as one day.

***Patient Activities include:** logged adherence, engaged with education resources, messaged clinician, read message, opened an exercise or education video, completed a survey.*

Device Supply

What CPT code 98976 covers: 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.

What CPT Code 98977 covers: 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.

How to use these codes: Report 98976 only if monitoring a patient’s respiratory system and report 98977 only if monitoring a patient’s musculoskeletal system. With both codes, only report if the 16 days of data collection has occurred in a 30-day period.

What to document: The name and description of the device provided for monitoring of the respiratory or musculoskeletal system along with the dates covered.

It’s recommended to bill for this milestone once per month, but remember that this code looks at any 30-day period, so that doesn’t necessarily need to occur at the end of the month. You can use MedBridge’s RTM Solution to pull a report of the patient’s activity.

CPT 98976

CPT 98977

Determining Patient Eligibility

Similar to 98975, you’ll need to work with your organization to determine how you will interpret “16 scheduled recordings.” Again, MedBridge provides three data points; you can choose one of these to represent “scheduled recordings.”

Days Since First RTM Login: The total number of days since the patient first logged in after RTM was enabled for the episode of care.

Patient Login Days: The total number of days where a patient login occurred after RTM was enabled for the episode. If a patient logs in multiple times on a single day, that day will only be counted one time.

Patient Activity Days: The total number of days that the patient completed an activity, as defined below, after RTM was enabled for the episode. If a patient completes multiple activities on a single day, that day will only be counted as one day.

Patient Activities include: *logged adherence, engaged with education resources, messaged clinician, read message, opened an exercise or education video, completed a survey.*



Remote Treatment

What CPT code 98980 covers: 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.

What CPT code 98981 covers: 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 20 minutes. List separately in addition to code for primary procedure.

How to use CPT code 98980 & 98981: 98980 is used to report the first 20-minute increment of time spent reviewing and integrating the data collected during remote monitoring to inform treatment goals; monitor the patient's progress and adherence to the treatment plan; and provide clinical feedback to the patient/caregiver. 98981 is used to report each subsequent 20-minute increment.

Count cumulative time spent in data review and patient/caregiver interaction in a calendar month (not each 30 days). Report the base and add-on codes together on the claim, based on total time, at the end of each calendar month. The base code (98980) may only be reported once per calendar month.

Don't report CPT code 98980 unless a full 20 minutes of monitoring has occurred. Don't report CPT code 98981 unless a full additional 20 minutes of monitoring has occurred. Note that CPT code 98980 must be billed if CPT code 98981 is being billed.

CPT 98980

CPT 98981

What to document: 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.

RTM Activity Report

Provider activity
 Patient activity

Start Date * 11/01/2022 End Date * 11/30/2022

Provider Activity

- 11/01/2022 - Joe Brence, Nurse, marked patient's weekly check-in for 10/03/2022 - 10/10/2022 as viewed.
- 11/02/2022 - Joe Brence, Nurse, updated home exercise program
- 11/06/2022 - Joe Brence, Nurse, updated home exercise program

Determining Patient Eligibility

In order for a patient to be eligible for billing under 98980/81, two criteria need to be met:

Total time spent in the calendar month needs to be 20 minutes or more. For each additional 20 minutes, you can also bill 98981.

One interactive communication per calendar month. In addition to the time spent updating and monitoring that patient data, there needs to be at least one interactive communication, such as a phone call or telehealth visit, between the patient/caregiver/family and the clinician in the calendar month.

Once these two milestones have been met within a calendar month, you can bill for 98980. For each additional 20 minutes beyond the initial 98980 code time, you may report 98981. This code (98981) may be reported multiple times in a calendar month. An additional interactive communication is not required to bill for 98981; as long as that requirement was met for 98980, you can bill 98981 for each additional 20 minutes of treatment time.



How MedBridge Can Help with Remote Therapeutic Monitoring

The MedBridge **Remote Therapeutic Monitoring Solution** makes it easy to get started with RTM so that you can retain more patients and begin capturing new revenue today. Our solution allows you to digitally assign programs, monitor patient progress, communicate with patients, and accurately track for efficient RTM billing—all on our intuitive digital platform.



RTM Roundtable

Read more actionable insights in our [RTM Roundtable](#)



Support RTM With Our Complete Solution

Integrate Into Existing Workflows

Remotely monitor patients without adding to clinician workflows by assigning and tracking digital home exercise programs on our Patient Engagement platform.

Quickly Document and Report

Improve documentation and tracking efficiency with RTM Patient Enrollment, Activity Logging, and Reporting.

Capture Additional Revenue

Bill for RTM today with everything clinicians need to assign programs, remotely treat patients, and track and report—all in a single location.

- Home Exercise & Education Builder • Telehealth Virtual Visits • HIPAA-Compliant Patient Portal & Mobile App
- Patient Satisfaction • EMR Integration • Patient Adherence Tracker • Pain & Difficulty Self-Reporting
- RTM Enrollment & Activity Logging • RTM Reporting Dashboards



Conclusion

Healthcare organizations are increasingly facing tight operating margins due to high overhead costs, industry regulations, and third-party payer requirements. Remote therapeutic monitoring presents an exciting opportunity to meet these challenges by boosting revenue while also improving patient engagement, outcomes, patient satisfaction, and retention. Digital health tools are the future of healthcare, and using this guide to adopt RTM now will provide a significant benefit to patient satisfaction and engagement for years to come.

“Partnering with MedBridge for Remote Therapeutic Monitoring (RTM) is a key part of our strategy at MOTION PT Group to engage our patients in their care. Our patients enrolled in RTM have a 1,100% higher level of engagement than patients who are not yet enrolled. We are incredibly excited to continue to develop our approach to this new service and for our patients to enjoy the benefits of that engagement—improved adherence, enhanced outcomes and the highest quality of care.”

— **MIKE B. FOX**, PT, SCS | CHIEF CLINICAL OFFICER - MOTION PT GROUP



ABOUT MEDBRIDGE

Founded in 2011, MedBridge is an innovator at the intersection of healthcare technology, education, and patient engagement. We have helped more than 2,500 healthcare organizations grow their business, elevate their workforce, and deliver exceptional patient experiences. For more information, visit [medbridgeeducation.com](https://www.medbridgeeducation.com).

See how MedBridge can help your organization.

[Contact us to request a demo.](#)