



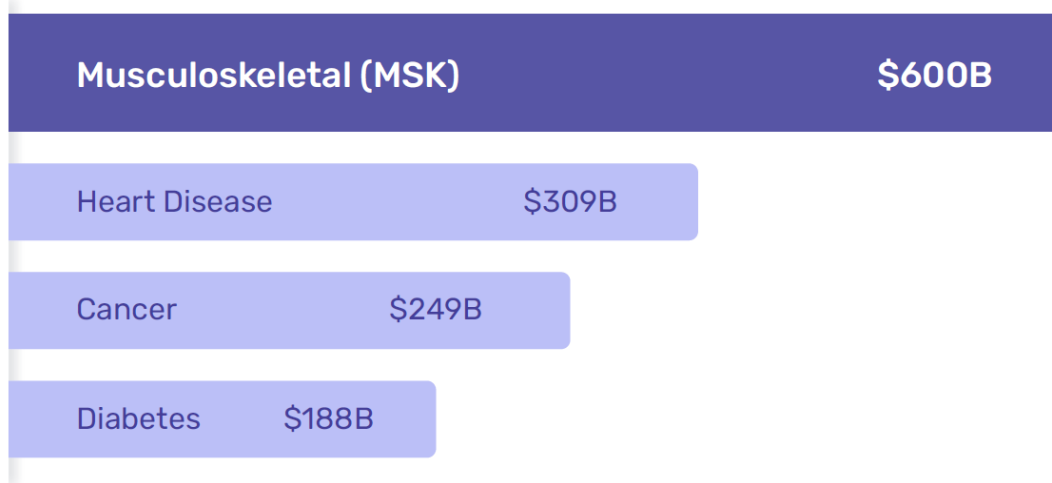
Remote Therapeutic Monitoring

In 2022, a new family of CPT® codes – created by the American Medical Association’s CPT Editorial Panel – became effective for remotely monitoring musculoskeletal (MSK) patients. Medicare began coverage and payment for these new services. For the first time, physicians and qualified healthcare professionals can be reimbursed for remotely monitoring their MSK patients from home. For that reason, Remote Therapeutic Monitoring (RTM) remains a popular topic in the MSK industry.

Meeting the Needs of Musculoskeletal Patients

On average, musculoskeletal conditions cost the healthcare system \$600 billion dollars per year. That’s more than twice what heart disease costs the healthcare system.

Annual Cost of Health Conditions (Billions \$)



[1 US Health Care Spending by Payer and Health Condition](#) | [2 Musculoskeletal Disorders a Universal Source of Pain and Disability](#) | [3 The Economic Costs of Pain in the United States](#)

How can RTM help MSK providers?

Continuous communication between the patient and the care team gives the provider valuable information needed to appropriately modify the plan of care. By combining both subjective and objective measures, RTM generates a clear picture of the patient’s status and response to treatment. Changes made to the plan, in response to data gleaned from RTM, can improve patient adherence and positively alter outcomes.

RTM was created to focus on musculoskeletal and respiratory systems, therapy adherence and therapy response, and represents the review and monitoring of data related to signs, symptoms and functions of a therapeutic response. RTM expands the types of providers allowed to bill these codes to include physical/occupational therapists.



Remote Physiological Monitoring (RPM)		Remote Therapeutic Monitoring (RTM)
Physicians, Non-Physician Providers, including PA & NP	Prescribers	Physicians Non-Physician providers, including PT, OT & SLP
Physiological	Data	Non-Physiological
Post Acute & Chronic	Conditions	Musculoskeletal, Respiratory & Others
Automatic	Transmission	Patient Reported or Automatic

CMS Rules & Regulations

According to the rules published by CMS, RTM refers to the collection and monitoring of non-physiological data' via an approved medical device.

Non-Physiological Data

Non-physiological data includes musculoskeletal system status, therapy adherence, and therapy response. Dissimilar to RPM, with RTM, the data can include self-reported information through the device by the patient.

Medical Device

The medical device must meet the definition of a medical device, as defined by the United States Food and Drug Administration (FDA) :An instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease.

Benefits of Remote Therapeutic Monitoring

Benefit 1: Improve data-driven clinical decision making

RTM enables providers to improve their clinical insight and understanding of a patient's health status beyond in-clinic appointments. By improving visibility to health related outcomes (such as pain scores, outcome measures, and therapy adherence), providers can identify issues, intervene, and alter the patient's care plan accordingly.

Benefit 2: Improve patient access to care

RTM removes barriers to care by meeting patients where they are, when they need it. The service allows patients to receive care from the comfort of their own homes, which can be especially beneficial for those who have access issues (such as rural areas), and difficulty attending regularly scheduled in-clinic appointments. When questions arise between visits regarding symptoms or nuances of a prescribed exercise program, patients now have the means to receive quick answers.



Benefit 3: Improve patient engagement and outcomes

The RTM service is an effective patient engagement strategy, providing patients with convenient toolsets to improve their understanding of their health condition. RTM empowers patients by giving them improved access to their health data and care plan, thereby encouraging them to take a more active role in managing their condition. As motivation wavers, the remote support of RTM improves engagement. When a patient understands their condition, their unique care plan, and feels supported along the way, they're more likely to experience positive health outcomes.

Benefit 4: Improve patient-provider communications & relationships

RTM enables more opportunities for communication, thereby strengthening the patient-provider relationship. Research shows that there are several reported barriers to home exercise adherence, including time constraints, pain and level of physical activity, as well as lack of social support and self-efficacy. Frequent communication and motivation, outside of regularly scheduled clinic visits, can positively impact a patient's perception of those barriers. It provides patients with knowledge that their provider is tracking their progress and is invested in their outcomes, thereby building a lasting rapport.

Benefit 5: Increase net patient revenue

With the use of the RTM CPT® codes, the RTM service line provides further opportunities for revenue compared to the traditional clinical model. Not only are these remote services reimbursable, but they also improve clinical workflow efficiencies, enhance staff productivity, and reduce administrative costs associated with in-clinic care.

Benefit 6: Reduce downstream total cost of care

RTM has the potential to decrease downstream healthcare costs by improving the ability to track existing health issues, detect new conditions before they become problematic, and triage patients appropriately. By enabling the provider to have improved visibility to patient data, and the patient to have improved access to support and care, RTM allows for early intervention, which in turn, can reduce unnecessary surgeries, imaging, opioids, emergency room visits, and hospitalizations.

Billing Basics for Remote Therapeutic Monitoring

There are six CPT® codes for RTM, only four of which are relevant to musculoskeletal conditions (the fifth being specific to respiratory system conditions and the sixth relating to cognitive behavioral therapy). For that reason, we'll provide a detailed overview of the four applicable codes.

Furthermore, the codes are broken down into two basic types: service codes and treatment management codes. Below are some examples and key differences between the two.

Billing Logistics

CPT® Code 98975: Initial Set-up and Patient Education

This code may be billed for a patient once per episode of care. By definition, an episode of care begins when the RTM service starts, and ends when established treatment goals are met. You can not bill code 98975 if less than 16 days of monitoring occurred.

**CPT® Code 98977: Supply of Device for Monitoring Musculoskeletal**

This code can be billed for a patient once each 30 days. In other words, if the patient continues to be actively involved in the RTM service, and you continue to provide the ‘medical device’, you may continue to bill this code in subsequent 30 day periods. You can not bill code 98977 if less than 16 days of monitoring occurred during the 30-day period.

CPT® Code 98980: Monitoring/Treatment Management Services, first 20 minutes

This code can be billed once per calendar month for the first 20 minutes of care provided to the patient. For instance, if you perform a total of 20 minutes during the month speaking directly with the patient regarding their therapy program, monitoring their pain level data, and reviewing their exercise compliance, you qualify to bill this code. However, if you perform only 19 minutes of these services, you do not qualify.

CPT® Code 98981: Monitoring/Treatment Management Services, each additional 20 minutes

This code can be billed if you perform additional services as outlined in code 98980 beyond the initial 20 minutes, during the same calendar month. For instance, if you perform an additional 22 minutes answering the patient’s questions, and reviewing and analyzing data, you qualify to bill this code. However, if you only perform an additional 15 minutes of the services, you do not qualify.

Eligible Billing Providers

According to CMS, the CPT® codes for RTM can be billed by “physicians and other eligible qualified healthcare professionals”. RTM services are within the scope of practice of several disciplines, the following: Physicians, Physical Therapists, Occupational Therapists, Speech Language Pathologists.

Participating Insurance Plans

At the inception of RTM, the codes were recognized solely by traditional Medicare and many Medicare Advantage plans. However, over time, there has been adoption from many commercial payors. With our experience, we have identified several additional payors covering RTM codes. To more about these payors, and better understand the ROI for your organization, [click here](#) to speak to a member of our team.