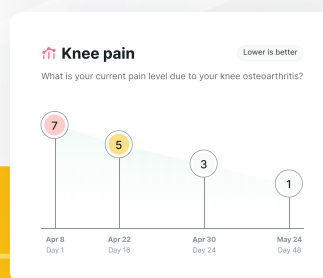


GUIDE

Remote Therapeutic Monitoring: Your Guide to Successful Billing

By Medbridge



Jane Wilson

Janey 12/08/2000 (24 years old) (555) 987-6543 jwilson@gmail.com Edit patient

Patellofemoral Pain Overview Exercises Lessons **Activity report**

2024

Provider activity Patient activity Export

May 26 at 10:00 AM EST	Jane Wilson logged exercise session
May 18 at 9:30 AM EST	Jane Wilson viewed educational resources
May 11 at 2:00 PM EST	Jane Wilson sent a message
April 20 at 3:15 PM EST	Jane Wilson logged exercise session
April 4 at 09:00 AM EST	Jane Wilson logged into portal

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Overview

Remote therapeutic monitoring (RTM) 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:

- The latest RTM billing requirements, including who can bill for it
- A breakdown of each of the four 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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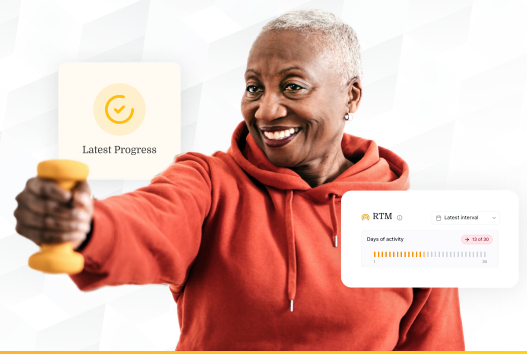
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Background on remote therapeutic monitoring—and why it's here to stay



Remote therapeutic monitoring (RTM) services monitor non-physiological health conditions, including musculoskeletal and respiratory issues, as well as therapy adherence. Using high-quality digital healthcare technologies for remote care improves access, resulting in better patient outcomes, satisfaction, and retention.

Over the last few years, the Centers for Medicare and Medicaid Services (CMS) has introduced and refined new sets of CPT billing codes that allow clinicians to be reimbursed for tracking and reviewing patient information using medical devices (including certain software) that can perform remote monitoring.

In 2022, CMS allowed providers to be reimbursed for RTM under Medicare, and in subsequent years has continued to support RTM services with significant updates. These updates expand billing opportunities for providers, indicate that CMS views RTM as an important part of modern healthcare delivery, and underscore the agency's commitment to the value of remote monitoring in patient care.

Recent Updates

Supervision requirements: As of January 1, 2024, CMS allows physical and occupational therapists in private practices to provide general supervision for RTM services, rather than direct supervision.

Billing clarifications: The 2024 Final Rule addressed billing scenarios and clarified the appropriate use of remote monitoring codes, enhancing the flexibility and streamlining of RTM services.

Future-Proof Your Practice with Medbridge Pathways + RTM

Create the ideal hybrid care experience for patients and providers. [Learn more.](#)

Who can bill for remote therapeutic monitoring?



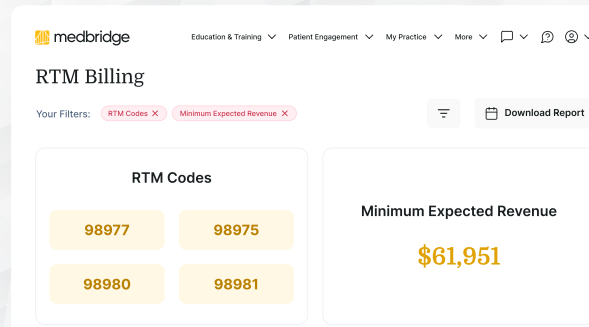
According to CMS, physicians and other "eligible qualified healthcare professionals" are permitted to bill for RTM. In the 2023 Final Rule, CMS indicated that the primary billers of RTM codes are expected to be physical therapists, nurse practitioners, and physiatrists. However, other providers can also use the codes, including occupational therapists, speech-language pathologists, physician assistants, and clinical social workers.

The 2024 Final Rule introduced a significant change regarding supervision requirements. CMS finalized a regulatory change to allow for general supervision of therapy assistants by physical and occupational therapists in private practices (PTPPs and OTPPs) for RTM services, effective January 1, 2024. This change aligns with the RTM general supervision policy finalized in the 2023 rulemaking.

Historically, supervision was defined as direct supervision, meaning the supervising physical therapist had to be in the same facility as the therapy assistant. With the CMS-issued Public Health Emergency (PHE), virtual direct supervision was permitted, allowing the physical therapist and assistant to be in different locations. The 2024 Final Rule's shift to general supervision further relaxes these requirements, enabling therapy assistants to provide RTM services under the general supervision of the billing practitioner, without the need for direct oversight.

These updates enhance the flexibility and accessibility of RTM services, allowing a broader range of healthcare professionals to participate in delivering these essential services.

The current CPT codes explained



The four CPT codes for RTM are listed below. In the next section, we'll break down each code in detail. Note that before billing for RTM, clinicians should ensure that the patient's insurance company reimburses for it.

According to CMS, the four RTM codes relevant to therapy 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.
- **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.

CONTINUED

The current CPT codes explained

New Codes Coming Up

Recently the AMA approved the creation of two new RTM codes that will become effective in January 2026. The added codes will include a new device code covering 2 to 15 days of data transmission, expanding from the 16 that are currently required for 98977. Another code will cover 10 to 19 minutes of data review time by a clinician, supplementing the 20 minutes required for 98980.

These two changes will expand the amount of time that is billable and will allow clinicians to get reimbursed for the time they put into providing the service to patients, lowering the risk for the clinician and potentially increasing access to the service for more patients. These new codes will receive values at the RUC meeting in January.

Code breakdown

RTM Setup

RTM Code	Descriptions	Patient Population	Billing Per Patient
98975	RTM Set Up Revenue	1000	\$6,783
98977	RTM Device Code Revenue	1000	\$19,502
98980	RTM Monitoring Revenue	1000	\$17,500

CPT 98975: RTM Device Education and Onboarding

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, any device set-up required, and patient consent to receive RTM services.

Billing Process Varies by Facility versus Non-Facility

The billing process will vary according to whether providers are facility or non-facility based.

For facility-based providers billing the Outpatient Prospective Payment System, bill codes 98975 and 98977. Codes 98980 and 98981 may be unavailable; however, reimbursement may be shifted to the codes available. Check with your billing department and payers for additional information.

For non-facility providers billing the Medicare Physician Fee Schedule, bill codes 98975, 98977, 98980, and 98981 as described in this guide.

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.

Code breakdown

Determining Patient Eligibility

To use this code, you'll need to determine if your patients have at least 16 days of data transmission. 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.*

Code breakdown

CPT 98977: Device Supply (Musculoskeletal)

What CPT code 98977 covers: Remote therapeutic monitoring (e.g., musculoskeletal system status, therapy adherence, therapy response), device(s) supply with scheduled (e.g., daily) recording(s), each 30 days.

How to use this code: Report 98977 only if monitoring a patient's musculoskeletal system. 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 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.

Code breakdown

Determining Patient Eligibility

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.*

Code breakdown

CPT 98980 and CPT 98981: 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 codes 98980 & 98981: Code 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. Code 98981 is used to report each subsequent 20- minute increment.

Count cumulative time spent in data review 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.

Note that CPT code 98980 must be billed if CPT code 98981 is being billed.

Code breakdown

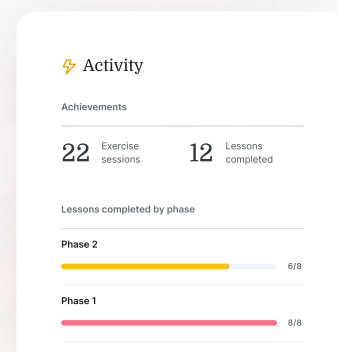
What to document: Document the data gathered from the device, the date and time of the patient and/or caregiver interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring.

Determining Patient Eligibility

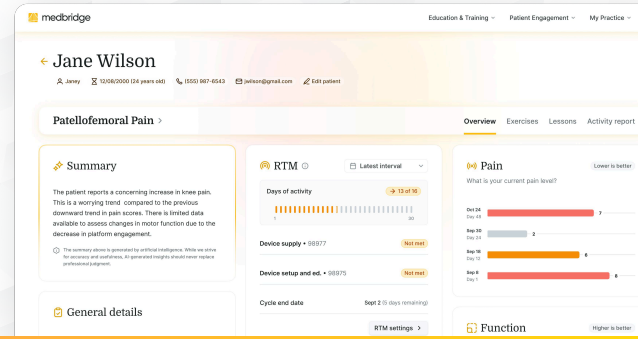
In order for a patient to be eligible for billing under 98980/81, two criteria need to be met:

- **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 with the patient must occur 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



With Medbridge Pathways, you can enable RTM for patients and automatically collect patient engagement data as they progress. Pathways has been built from the ground up to support highly engaging and effective digital care, and we are continuously optimizing and experimenting in Pathways to drive higher engagement in those first 30 days.

Pathways also provides a hub for providers to monitor patient progress, get feedback, automatically track monitoring time for easier documentation, and document their interactions for codes 98980 and 98981. Providers can interact with patients in Pathways via messaging in between visits, which they can use to check on patients' status, respond to feedback, and more. With Pathways, you get a digitally engaging platform for hybrid care that provides a single place to track RTM codes and then easily document it over to the EMR.

On top of that, Pathways includes patient-reported outcomes, which offer valuable data and feedback to help providers personalize care. By capturing these insights alongside engagement metrics, Pathways allows clinicians to monitor progress more effectively, adjust treatment plans in real time, and improve overall patient outcomes. Patient-reported outcomes also allow clinicians to better demonstrate the effectiveness of remote monitoring and digital care.

Medbridge Pathways takes RTM to the next level

Purpose-Built Digital Platform

RTM requires a platform built for digital care—Pathways.

Technology-Driven Engagement

A companion tool that provides summaries, nudges patients, and collects data with AI.

Cross-Discipline Best Practices

Pathways uses best practices in behavioral science, digital care, and more to engage patients.

No-Risk Pricing

RTM is included as part of Pathways, with no additional charges to plan for.

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.



“The new Remote Therapeutic Monitoring (RTM) dashboard is excellent—it reduces about two hours of work down to 15 seconds, allowing me to see at a glance who has been onboarded, engaged, and is on track with their exercises. These features will save us time and reduce the complexity of billing RTM, which is critical to support our broader roll out of the RTM service across the SPEAR Physical Therapy organization.”

—Kyle Stupi, PT, DPT, CSCS, Clinical Director at SPEAR Physical Therapy

About medbridge

Combining powerful digital patient care with the highest quality content, Medbridge builds exceptional education and care experiences. Expert-led, dynamic education ensures compliance, boosts clinical productivity, and uplevels the practice of every provider. Pre-built and custom digital care integrated into workflows expands access to care, improves engagement, and delivers better outcomes. With products that leverage over a decade of insight from more than 350,000 clinicians and 25 million patients, Medbridge helps organizations across the continuum provide better care.

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