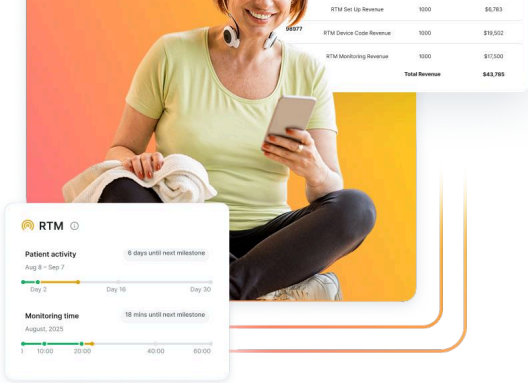# 2026 RTM Cheat Sheet for PT and OT Clinicians

Remote therapeutic monitoring (RTM) is a patient monitoring intervention that physical therapists and other qualified healthcare professionals can provide to their patient if the clinician anticipates that RTM may assist the patient in meeting the established goals in their plan of care. RTM represents the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response, which the AMA states would be indicated by patient access or data transmission.

RTM Example Workflow:

1 **Obtain consent from your patient to receive RTM services** (document in their record). To obtain consent, discuss the benefits of RTM and how you think it will help them to meet their goals.

2 **Set up your patient with the Medbridge RTM platform** and educate them on how to use it, when to use it, and what data they should record. *(bill code 98975 after 2 days monitoring)*

3 **The patient goes home, performs the exercises in their HEP** or Pathway, and records the data as requested by their clinician. *(bill code 98985 or 98977 depending on usage)*

4 **The clinician logs into the platform and reviews the patient's data sent by the device.** The clinician may then make updates as needed to the program and reach out to the patient for a phone call. *(bill code 98979, 98980 and 98981 depending on the professional time spent)*

- If the patient is unavailable by phone, consider checking in with them during an in-person visit (time for the interactive communication can not be counted for any other code).

Using and Billing the RTM Codes:

98975 - Setup and patient education on RTM platform
- Report this code once per episode and only after 2 days of cumulative monitoring has occurred during the 30-day period.

98985 - Device supply
- Report this code after the patient has been monitored for 2-15 days within a 30-day period.
- Do not report 98985 and 98977 together, select the appropriate code at the end of a 30-day period based on the number of days of data transmission or access.

98977 - Device supply
- Report this code after the patient has been monitored for 16-30 days within a 30-day period.

98979 - Treatment management
- Report this code for 10-19 minutes of professional time within a calendar month
- Report this code only if you have completed at least 1 synchronous interactive communication with the patient for the calendar month.
- Do not report this code in conjunction with 98980 (select the appropriate code at the end of the calendar month based on the professional time spent).

98980 - Treatment management
- Report this code for 20-39 minutes of professional time within a calendar month
- Report this code only if you have completed at least 1 interactive communication with the patient for the calendar month.

98981 - Treatment management
- Report this code for additional intervals of 20 minutes of professional time within a calendar month (up to 3x per calendar month)
- Report this code only when you have completed an additional interactive communication with the patient for the calendar month (for a total of 2 or more for the month).

Documentation Tips

Plan of care: Therapy clinicians can only bill RTM codes if they are part of a therapy plan of care. Clinicians should document progress toward established goals and what you hope to achieve using RTM. The RTM episode begins when the clinician turns it on and ends when the established goals in the patient's care plan are met.

Patient consent: Document that the patient has agreed to receive RTM services.

98975: Document the type of device or platform being used and any education or training provided to the patient to set up the device.

98985: Document the RTM platform name, description and number of days that data was transmitted. The AMA clarifies that the data may be related to "signs, symptoms, compliance, and functions of a therapeutic response."

> **Note:** The APTA states that data indicating a lack of engagement may also qualify as a day of data transmission, but must be followed up on in a timely manner.

98977: Document the RTM platform name, description and number of days that data was transmitted. The AMA clarifies that the data may be related to "signs, symptoms, compliance, and functions of a therapeutic response."

98979: Document the data gathered from the device, the date and time of the patient interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring

> **Note:** CMS clarified that 98979, 98980 and 98981 "require a live, interactive communication with the patient/caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service."

98980: Document the data gathered from the device, the date and time of the patient interaction, and any decisions made that impact the treatment and plan of care as a result of the monitoring

98981: Document the data gathered from the device, the date and time of the additional patient interaction(s), and any decisions made that impact the treatment and plan of care as a result of the monitoring

Supervision of Clinical Staff

PTAs or COTAs may contribute to codes 98975, 98979, 98980 and 98981 under general supervision, however these codes may be subject to the payment differential and could require the CQ or CO modifier.

For more information on how to apply the CQ/CO modifier, please refer to this guide from the APTA.

Reimbursement Table for MPFS*

Code	Description	2025 Reimbursement	(Finalized) 2026 Reimbursement
98975	Setup	$19.73	$21.71
98985 (new)	Device supply 2-15 days	n/a	$39.75
98977	Device supply 16-30 days	$43.02	$39.75
98979 (new)	RTM service 10-19 min.	n/a	$26.05
98980	RTM service 20-39 min.	$50.14	$53.77
98981	RTM service +20 min.	$39.14	$41.08
	Total reimbursement	**$152.03**	**$156.31**

*MPFS lookup tool

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