Remote Therapeutic Monitoring (RTM) Guide for 2024

Introduction

In 2022, the Centers for Medicare and Medicaid Services (CMS) began reimbursing providers for remote therapeutic monitoring (RTM) after recognizing the mounting evidence that such monitoring improves patient outcomes, enhances care coordination, improves patient and provider satisfaction rates, and reduces the total cost of care. This includes 5 new CPT codes, simple reporting and documentation requirements, and clinical staff to furnish RTM under direct supervision. In 2023, RTM became furnishable under general supervision! As of January 1, 2024 FQHC's and RHC's can now bill for RTM as well. This guide will discuss the details of the RTM CPT codes and the steps that need to be taken for reimbursement.

Insurance Coverage for Remote Therapeutic Monitoring

Currently, RTM is covered under all Medicare and Medicare Advantage (MA) plans. This service may be covered under private insurance plans not associated with Medicare or Medicaid. Check with the Medsense Health sales team about Medicaid programs and coverage in your specific state as RTM and clinical monitoring may be covered.

Five new CPT codes for RTM Billing

Remote therapeutic monitoring will be billed under five CPT codes. These codes can be split into two categories: RTM *services codes* and RTM *management codes*.

RTM Service Codes: 98975, 98976, 98977

RTM service codes reimburse for the expense associated with furnishing RTM services, including the cost associated with the device, the initial education and training of the patient, and the transmission of the data to the practice. These codes include:

CPT Code 98975

Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy (medication) adherence, therapy (medication) response); initial set-up and patient education on use of equipment.

CPT Code 98976

Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy (medication) adherence, therapy (medication) response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor *respiratory system*, each 30 days.

CPT Code 98977

Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy (medication) adherence, therapy (medication) response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor *musculoskeletal system*, each 30 days.

CPT Code 98975 is used to report the setup and patient education on RTM and use of the device(s). As such, this code is generally billed once per patient on the initiation of RTM services.

CPT Codes 98976 and 98977 are the monthly codes that reimburse for the supply of the device and monitoring of patient data. This code requires that patient readings be performed at least 16 days each month.

RTM Management Codes: 98980 & 98981

RTM management codes are monthly time-based codes covering interactive communication with the patient (or caregiver) to manage treatment or the care plan or interpreting and acting on transmitted data. They include:

medsense
health

CPT Code 98980

Remote therapeutic monitoring treatment, 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.
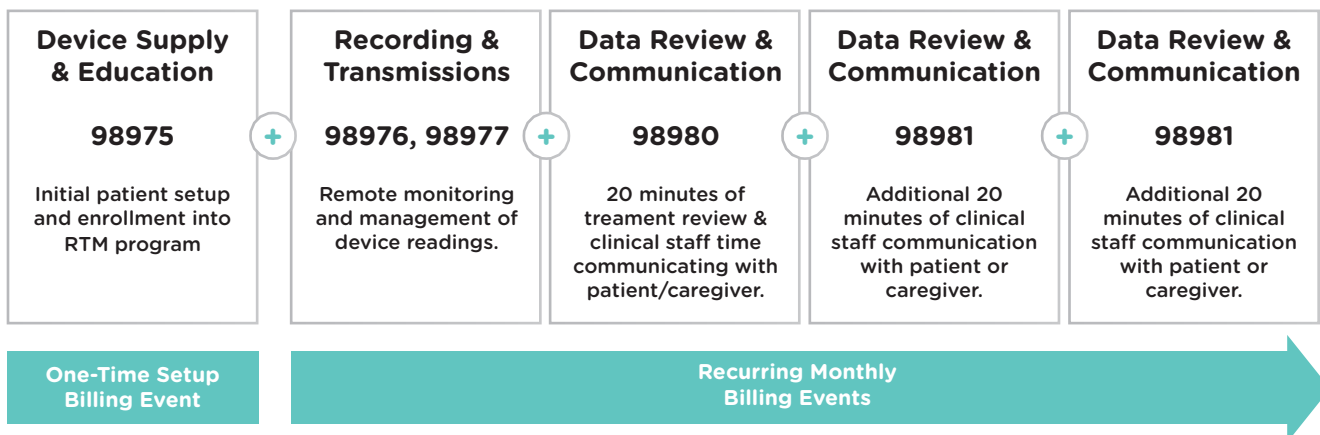
CPT Code 98981

Remote therapeutic monitoring treatment, 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; each additional 20 minutes.

As such, for the first 20 minutes of logged management time each month a practice can bill 98980. Once 98980 has been billed, a practice can add up to two instances of 98981 at 40 minutes and 60 minutes, respectively.

Codes 98980 and 98981 can be furnished by clinical staff under the general supervision of the billing provider.

Billing RTM in Action

Using all five of the RTM codes looks like this...

Device Supply & Education	Recording & Transmissions	Data Review & Communication	Data Review & Communication	Data Review & Communication
98975	**98976, 98977**	**98980**	**98981**	**98981**
Initial patient setup and enrollment into RTM program	Remote monitoring and management of device readings.	20 minutes of treament review & clinical staff time communicating with patient/caregiver.	Additional 20 minutes of clinical staff communication with patient or caregiver.	Additional 20 minutes of clinical staff communication with patient or caregiver.

One-Time Setup Billing Event

Recurring Monthly Billing Events

You bill 98975 when you first initiate RTM services on a patient. The subsequent months you bill 98976 or 98977 and possibly 98980 and 98981 based upon the amount of time you spent managing the patient within the program. The first 20 minutes of such management is billed under 98980. You can then bill 98981 for each additional 20 minutes of monitoring. There is no maximum on billable management time.

How are RTM codes classified?

The RTM codes are classified as general medicine codes and not Evaluation and Management (E/M) codes.

What type of providers can bill and initiate RTM services?

Physicians and eligible qualified healthcare professionals are permitted to bill RTM as general medicine services. A physician or other qualified healthcare professional is defined in the CPT Codebook 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." Accordingly, RTM codes are available for physical therapists (PT), occupational therapists (OT), speech-language pathologists, physician assistants, nurse practitioners, and clinical social workers.

Is incident to billing under general supervision allowed for RTM?

Yes. This is the major change between the rules in 2022 and 2023. A physician, physician assistant, or nurse practitioner can order and bill for RTM services while having remote-based non-physician practitioners perform the work including data review and patient engagement. This includes Pharmacists, Licensed Practical Nurses, Registered Nurses, Licensed Social Workers, and Behavioral Health Specialists.

Steps to initiate and bill for RTM services

Part 1 - Enrolling Patient & Obtaining Consent (CPT Code 98975)

CPT code 98975 is a one-time billing code that is used when a patient initially enrolls into a remote monitoring program at the recommendation of a physician or qualified healthcare professional (QHP). Providers must obtain and document consent in patients' medical records. Medicare allows for informed verbal consent, but other payers may require written consent once they start reimbursement. This code represents the initial setup and patient education on Medsense Health (what the sensors, app, and Hub are) and how Medsense Health will help the patient going forward. The Medsense Health team will provide partners and users with additional information regarding the platform, help with setup, and address any issues that may arise.

Part 2 - Monthly Supply of Adherence Data (CPT Codes 98976 & 98977)

CPT codes 98976 & 98977 are billable every 30 days for obtaining the medication adherence data and covers the supply and provisioning of the device that the patient is using (Medsense Health monthly subscription cost). In 2021, CMS provided clarification that this code requires the patient to submit at least 16 days of device readings during the 30-day period. Medsense Health monitors medication consumption 24/7 and will have data transmissions multiple times per day.

Part 3 - Monthly Data Review & Patient/Caregiver Interaction (CPT Code 98980)

CPT Code 98980 is used for time spent to manage treatment or the care plan or interpreting and acting on transmitted data. This monthly billing code requires 20 minutes and at least one communication with the patient/caregiver during the calendar month.

Part 4 - Monthly Data Review & Patient/Caregiver Interaction (CPT Code 98981)

CPT Code 98981 is for additional time spent with the patient. Providers can continue to bill this code in 20 minute increments after using 98980.

What type of patients can receive RTM services?

Any patient is eligible; however, only patients with a respiratory or musculoskeletal condition are eligible for the monthly device codes 98976 or 98977. A provider should only order/prescribe an RTM service if the RTM data captured is directly relevant to managing a patient's condition with justification documented in the medical record.

How do I receive and review the medication adherence data?

You will be able to access your patient and data dashboard by signing into your provider network account at www.medsense.health. Our staff will demo and train your team on how to use the platform.

How much reimbursement will I receive per patient when using Medsense for RTM?

When using Medsense for a turnkey RTM program, the total reimbursement amount is split between your pharmacy and the Medsense MSO based on the responsibilities performed by each party for each CPT code. Contact the Medsense team for exact dollar amounts.

Can a pharmacist provide services that qualify for RTM reimbursement?

A pharmacist can provide services that can be billed under RTM if a collaborative practice agreement (CPA) is signed between the billing provider and the pharmacy. Under a CPA, the pharmacist can provide all billable services including patient setup, data review, and patient/caregiver engagement.

Benefits of a Medsense Health RTM Program include...

- Improve patient outcomes and disease management
- Improve patient and provider experience
- Decrease total healthcare costs
- Enhanced adherence reporting & metrics
- Medsense Health patient training, setup, & support
- Medsense Health provider dashboard for easy data review
- Creation of a new and sustainable revenue source

The Medsense Health Platform is a medical device

An RTM device used as part of the reimbursable service must meet the definition of section 201(h) of the Federal Food, Drug, and Cosmetic Act and must be able to automatically record and transmit data or have patient uploaded data. Medsense Health is a medical device under device code 890.5050 and automatically records and transmits data.

Example RTM Use Case Provided by CMS

An asthmatic patient is prescribed a rescue inhaler equipped with an FDA-defined medical device that monitors when the patient uses the inhaler, how many times during the day the patient uses the inhaler, how many puffs/does the patient uses each time, and the pollen count and environmental factors that exist in the patient's location at that time. This is non-physiologic data. The data is then used by the treating practitioner to assess the patient's therapeutic response and adherence to the asthma treatment plan. This can enable the practitioner to better determine how well the patient is responding to the particular medication, what social or environmental factors affect the patient's respiratory system status, and what changes could be made to improve the patient's health.