

Remote Therapeutic Monitoring Services

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With continuous technological advances in health care, remote monitoring of patients has proven to be increasingly effective and efficient. Therefore, for the Current Procedural Terminology (CPT®) 2022 code set, two new subsections (Remote Therapeutic Monitoring Services and Remote Therapeutic Monitoring Treatment Management Services), five new codes (98975-98977, 98980, 98981), and corresponding new guidelines and parenthetical notes were established to report remote therapeutic monitoring (RTM), initial set-up, patient education and device supply, and remote therapeutic treatment management services (RTM-TMS). These new services expand access to remote patient monitoring by supplementing the existing remote physiological monitoring (RPM) services that are currently included in the Non-Face-to-Face Services subsection in the Evaluation and Management (E/M) section of the code set.

The establishment of new codes 98975-98977, 98980, and 98981 recognizes that there are some medical conditions (eg, musculoskeletal and respiratory conditions) for which nonphysiological, therapeutic data, such as pain, functional status, and adherence to exercise therapy, are the key data points needed to evaluate patient status and oversee treatment. These codes were created to be analogous, but not identical, to RPM codes 99453, 99454, 99457, and 99458. One of the main distinctions between these two code families is the data parameters being monitored and reviewed. The RPM codes are used to report the monitoring of physiologic parameters (eg, weight, blood pressure, pulse oximetry, respiratory flow rate, etc). The RTM codes (98975-98977) and the RTM-TMS codes (98980, 98981) are used to report the reviewing and monitoring of data related to signs, symptoms, and functions of a therapeutic response (eg, musculoskeletal system status, respiratory system status, therapy adherence, therapy response) that are not otherwise addressed by remote physiologic monitoring. This article provides an overview of the intent and use of these new codes.

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98975 Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

(Do not report 98975 more than once per episode of care)

(Do not report 98975 for monitoring of less than 16 days)

98976 device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days

98977 device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days

(Do not report 98975, 98976, 98977 in conjunction with codes for more specific physiologic parameters [93296, 94760, 99453, 99454])

(Do not report 98976, 98977 for monitoring of less than 16 days)

(For therapeutic monitoring treatment management services, use 98980)

(For remote physiologic monitoring, see 99453, 99454)

(For physiologic monitoring treatment management services, use 99457)

(For self-measured blood pressure monitoring, see 99473, 99474)

For practice expense costs related to equipment set-up and patient education regarding equipment use provided by clinical staff or other qualified health care provider, code 98975 should be reported once for each episode of care in which these services are rendered. For reporting RTM parameters, an episode of care is defined as beginning when the RTM service is initiated and ending when the targeted treatment goals are achieved. Codes 98976 and 98977 are reported for a 30-day device supply with scheduled recordings or programmed alert transmission to monitor the respiratory system (98976) or



musculoskeletal system (98977). The family of codes were established with the expectation that additional device supply codes may be added to the family in the future to describe devices supplied to the patient for monitoring therapeutic response of other body systems.

To report codes 98975-98977, the device used must be a medical device as defined by the US Food and Drug Administration (FDA). RTM addresses the monitoring of signs, symptoms, therapy adherence, and response, ie, parameters not included in the RPM family. As with other codes that have a 30-day requirement, these codes should not be reported if monitoring is less than 16 days. Because treatment management services are time-based, CPT coding guidelines state that treatment management service time cannot otherwise be counted for reporting other services. In addition, CPT coding guidelines state that RTM treatment management services cannot be reported in conjunction with RPM treatment management services. This guidance confirms that when reporting treatment management services for monitoring, one would either report RPM or RTM but not both concurrently, and that the time reported for either of these services cannot otherwise reflect time spent performing other reported services. Consistent with CPT coding guidance regarding specificity of code selection, do not report codes 98975-98977 for any remote monitoring service when a more specific code is available (eg, code 95250 for continuous glucose monitoring or codes 99453 and 99454 for remote monitoring of physiologic parameter[s]). See Table 1 for more information on the appropriate reporting of RTM services.

Reporting RTM Services	CPT Codes		
	98975	98976	98977
Requires the use of a medical device as defined by the Food and Drug Administration (FDA)	X	X	X
May only be reported for 16 days or more of monitoring	X	X	X
May not be reported for any remote monitoring service for which a specific code is available (eg, continuous glucose monitoring)	X	X	X
May be reported only once for each 30-day period	N/A	X	X

Reported once for each episode of care (ie, begins when monitoring is initiated and ends with attainment of targeted treatment goals)	X	N/A	N/A
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Remote Therapeutic Monitoring Treatment Management Services

98980 Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes

(Report 98980 once each 30 days, regardless of the number of therapeutic parameters monitored)

(Do not report 98980 for services of less than 20 minutes)

(Do not report 98980 in conjunction with 93264, 99091, 99457, 99458)

(Do not report 98980 in the same calendar month as 99473, 99474)

98981 each additional 20 minutes (List separately in addition to code for primary procedure)

(Use 98981 in conjunction with 98980)

(Do not report 98981 for services of less than an additional increment of 20 minutes)

The Remote Therapeutic Monitoring Treatment Management Services subsection includes two new codes (98980, 98981) that are meant to be reported per month for the time spent on RTM treatment management services by the physician or other QHP for the first 20 minutes (98980) and each additional 20 minutes thereafter (98981). As previously mentioned, RTM services are distinguished from the RPM services by the parameters they measure; however, another distinction is that the services can be performed by a physician or other QHP, but not by clinical staff. Clinical staff is not included in the code descriptors because a physician or other QHP must perform the 20 minutes of work included in the professional component of codes 98980 and 98981. As with RPM treatment management services (99457, 99458), clinical staff time required to collect data is accounted for in the technical component of RTM



treatment management services (98980, 98981).

To report codes 98980 and 98981, any device used must be a medical device as defined by the FDA. In addition to monitoring device-generated therapeutics and data, codes 98980 and 98981 are applicable to patient-provided inputs. These inputs may be either objective or subjective and address signs, symptoms, adherence to therapy, and therapy response (eg, data generated from patient-reported outcomes surveys, questionnaires, assessments, patient interaction with the device, etc).

Codes 98980 and 98981 require at least one interactive communication with the patient or caregiver. The interactive communication contributes to the total time, representing only a part of the entire cumulative reported time of the treatment management service. Report code 98980 for the first completed 20 minutes of physician or other QHP time in a calendar month and report code 98981 for each additional completed 20 minutes.

Coding Tip

When codes 98980 and 98981 are reported during the same service period as chronic care management, transitional care management, principal care management services, or behavioral health integration services, it is important that the time spent performing these services remains separate.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (98975)

A 65-year-old male presents to the physician's or other QHP's office with exacerbation of a chronic condition. Following the visit, the physician initiates a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of his condition.

Description of Procedure (98975)



Clinical staff walks the patient through the set-up of the therapeutic monitoring technology. Educate the patient regarding how to use the technology and related daily tasks. For respiratory therapy monitoring, introduce the patient to the device and the mobile app. For musculoskeletal therapy monitoring, educate the patient on setting up the device, reviewing the 3D motion capture technology, and reviewing the specific exercises as prescribed by the physician or other QHP. Give the patient the opportunity to ask questions.

Clinical Example (98976)

An 8-year-old female presents to the physician's or other QHP's office with a cough and wheezing. She is diagnosed with a respiratory condition exacerbated by environmental factors. Following the visit, the physician or other QHP initiates a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her respiratory condition.

Description of Procedure (98976)

N/A. Practice-expense only service—no physician effort involved.

Clinical Example (98977)

A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

Description of Procedure (98977)

N/A. Practice-expense only service—no physician effort involved.



Clinical Example (98980)

An 8-year-old presents to the physician's or other QHP's office with exacerbation of asthma. The physician or other QHP initiates a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of the patient's condition.

Description of Procedure (98980)

The physician or other QHP analyzes and interprets the data. Based on the interpreted data, the physician or other QHP uses medical and clinical decision making to assess the patient's condition, communicate with the patient, and oversee, coordinate, and/or modify the patient's care through shared decision making to achieve established outcomes and goals of care.

Clinical Example (98981)

An 8-year-old presents to the physician's or other QHP's office with exacerbation of asthma. The physician or other QHP initiates a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of the patient's condition. [**Note:** This is an add-on service. Only consider the additional work related to the additional physician or other QHP staff time beyond the 20 minutes reported with code 98980.]

Description of Procedure (98981)

The physician or other QHP analyzes and interprets the data. Based on the interpreted data, the physician or other QHP uses medical and clinical decision making to assess the patient's condition, communicate with the patient, and oversee, coordinate, and/or modify the patient's care through shared decision making to achieve established outcomes and goals of care. Additional time is needed due to the specific needs of the patient's medical condition(s).