

# MEDICARE FEE-FOR-SERVICE

## Remote Therapeutic Monitoring (RTM)

Remote Therapeutic Monitoring (RTM) is a key component of digital health services, recognized by the Centers for Medicare and Medicaid Services (CMS) for its role in expanding access to essential healthcare services across diverse settings. RTM involves the collection and analysis of non-physiological data related to therapy adherence, therapy response, and other indicators using digital devices. This data is transmitted to healthcare providers, enabling the continuous monitoring and management of therapeutic interventions for chronic and acute conditions. RTM facilitates timely adjustments to treatment plans without the necessity of in-person visits, supporting enhanced patient care and outcomes. Enrolled and eligible providers can bill Medicare for professional services for RTM services, as outlined in the 2024 Physician Fee Schedule.

### Consent

Practitioners must obtain patient consent for Remote Therapeutic Monitoring (RTM) services to ensure that patients are fully informed about and agree to the monitoring and management of their health data. This consent can be obtained either in advance or at the time the RTM services are furnished. The consent process involves explaining the purpose, benefits, and potential risks associated with RTM services to the patient, ensuring they understand how their data will be used to improve their healthcare outcomes. It is crucial for practitioners to document this consent in the patient's medical record to comply with regulatory requirements and maintain transparency.

Source: [Federal Registrar](#)

### Supervision Requirements

The 2024 final rule introduced RTM-specific general supervision policies. This allows private practice physical therapists (PTs) and occupational therapists (OTs) to oversee RTM services furnished by physical therapist assistants (PTAs) and occupational therapist assistants (OTAs). This policy supports flexibility in service delivery, expanding access and efficiency. However, direct supervision is mandated for unenrolled PTAs and OTAs to maintain appropriate oversight.

Sources: [webpt.com](#), [Federal Registrar Vol. 88, No. 220 \(PDF\)](#)

### Established Patient

Remote Therapeutic Monitoring (RTM) does not require an established patient relationship. RTM services can be initiated with new patients without the need for a prior in-person or telehealth visit.

Source: [Federal Registrar Vol. 88, No. 220 \(PDF\)](#)

### Co-Pay

RTM services fall under Medicare Part B, requiring a 20% co-payment from beneficiaries, which aligns with Medicare's cost-sharing policies. Patients with supplemental insurance may receive additional coverage to reduce their out-of-pocket expenses

Sources: [Foley & Lardner LLP](#), [Augment Therapy](#)

### Eligible Clinicians

RTM services can be provided by a wide range of healthcare professionals, including physicians, physician assistants (PAs), nurse practitioners (NPs), physical therapists (PTs), occupational therapists (OTs), speech-language pathologists (SLPs), and clinical social workers (CSWs). This broad eligibility allows for a multidisciplinary approach to therapeutic monitoring, ensuring comprehensive patient care.

Sources: [Tenovi](#), [CMS \(PDF\)](#)

### Modifiers

The Centers for Medicare and Medicaid Services (CMS) have classified all Remote Therapeutic Monitoring (RTM) CPT codes as "sometimes therapy," which permits physicians and certain Nonphysician Practitioners (NPPs), such as nurse practitioners, physician assistants, and clinical nurse specialists, to provide these services outside a therapy plan of care when appropriate. However, when RTM services are delivered by therapists, they are considered "always therapy," requiring the use of the appropriate therapy modifier to reflect the type of therapy: GP for physical therapy, GO for occupational therapy, or GN for speech-language pathology.

Source: [CMS \(PDF\)](#)

Additionally, CMS introduced CQ and CO modifiers to differentiate services provided by physical therapy assistants (PTAs) and occupational therapy assistants (OTAs) from those provided by licensed therapists. The CQ modifier is used for services furnished in part by PTAs, and the CO modifier is for services involving OTAs, ensuring accurate billing and indicating the level of assistant involvement in the therapy services.

Source: [CMS Medicare Therapy Services](#)

**Table 1. Remote Therapeutic Monitoring (RTM)**

(Abbreviations: Mod. = Modifiers, N.P.A. = National Payment Amount, Fac. = Facility)

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Set-up	98975	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>Remote therapeutic monitoring, initial set-up and patient education on use of equipment</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Device Specifications:</b> Devices must be used for therapeutic monitoring and meet FDA definitions.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487-99490), transitional care management (TCM) (CPT® codes 99495-99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492-99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	NA	\$19.97

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Respiratory Device	98976	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Device Specifications:</b> Devices must be capable of monitoring respiratory parameters.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	NA	\$42.27

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Musculo- skeletal Device	98977	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>Device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Device Specifications:</b> Devices must monitor musculoskeletal parameters.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	NA	\$47.27

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Cognitive Therapy Device	98978	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>30-day device supply with scheduled recording and/or programmed alert transmission to monitor CBT</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Device Specifications:</b> Devices must support cognitive behavioral therapy monitoring.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	NA	\$0

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Treatment Management Services – First 20 Minutes	98980	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>Treatment management services requiring at least one interactive communication with the patient or caregiver during the month; first 20 minutes.</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Communication:</b> Must include at least one interactive communication with the patient or caregiver.</li> <li>• <b>Frequency:</b> Requires a minimum of 20 minutes of interactive time within a calendar month.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	\$30.29	\$50.60

Focus Area	CPT/ HCPCS Codes	Mod.	Coverage Requirements	N.P.A.: Fac. Price	N.P.A.: Non- Fac. Price
RTM Treatment Management Services – Each Additional 20 Minutes	98981	CQ-PTA CO-OTA GP-PT GO-OT GN-SLP	<p>Additional RTM treatment management services; each additional 20 minutes.</p> <ul style="list-style-type: none"> <li>• <b>Data Collection:</b> Requires at least 16 days of data within a 30-day period.</li> <li>• <b>Communication:</b> Must continue interactive communication with the patient.</li> <li>• <b>Frequency:</b> Must be billed in conjunction with CPT 98980 for each additional 20 minutes of service provided.</li> <li>• RTM services can be billed concurrently with other care management services, including chronic care management (CCM) (CPT® codes 99487–99490), transitional care management (TCM) (CPT® codes 99495–99496), and behavioral health integration (BHI) (CPT® codes 99484, 99492–99494). However, RTM services cannot be billed concurrently with other RPM services.</li> </ul>	\$29.96	\$39.95

Table Source: [Federal Registrar Vol. 88, No. 220 \(PDF\)](#)



**Table 2. Medicare Physician Fee Schedule**

(Abbreviations: N.P.A. = National Payment Amount, Fac. = Facility)

Code	Southern California Fac Price	Southern California non-Facility Price	Northern California Facility Price	Northern California non-Facility Price	Short Description
<a href="#">98975</a>	NA	\$23.27	NA	\$27.69	Rem. ther. mntr. 1st setup & edu.
<a href="#">98976</a>	NA	\$55.74	NA	\$66.75	Rem. ther. mntr. dev. sply. resp.
<a href="#">98977</a>	NA	\$55.74	NA	\$66.75	Rem. ther. mntr. dv. sply. mscskl.
<a href="#">98980</a>	\$31.89	\$55.91	\$34.86	\$63.67	Rem. ther. mntr. 1st 20 min.
<a href="#">98981</a>	\$31.55	\$43.36	\$34.49	\$48.66	Rem. ther. mntr. ea. addl. 20 min.