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RTM Codes: Provider Questions Answered

July 28, 2022


Moderator:

- Sabrena McCarley, MBA-SL, OTR/L, CLIPP, RAC-CT, QCP, FAOTA, Transitional Care Management

Panelists:

- Joseph Brence, PT, DPT, MBA, FAAOMPT, MedBridge
- Renee Kinder, MS, CCC-SLP, RAC-CT, Broad River Rehab
- Lisa Palmerino, DPT, Owlytics Healthcare

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- All attendees are on mute
- Handouts:** located at <http://www.naranet.org/resources/quicklinks> and will be included in the follow up email.
- Questions for Speakers:** submit them using the Q&A button on the attendee control panel
- Technical Questions:** submit them using the Chat button on the attendee control panel
- Recording:** will be available for NARA Members via the portal by August 1st and posted for all other registrants on August 2, 2022 at <http://www.naranet.org/resources/quicklinks>

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Disclaimer

The information shared in today’s presentation is shared in good faith and for general information purposes only. It is accurate as of the date and time of this presentation. Providers should seek further guidance and assistance from CMS and their Medicare Administrative Contractor (MAC), commercial payers, state and national associations, and continue to watch for new developments and information regarding the topics discussed today.

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AGENDA

- Introduction of Panelists
- Refresher on RTM Codes
- Questions From Providers:
 - Are providers getting reimbursed?
 - How can providers operationalize the use of RTM Codes?
 - Response from patients. Outcomes. Over satisfaction.
- Case Studies (3)
- What Does the Future Hold for RTM Codes and Other AI Coding
- Attendee Q&A

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PANELISTS

- Joseph Brence, PT, DPT, MBA, FAAOMPT, MedBridge
- Renee Kinder, MS, CCC-SLP, RAC-CT, Broad River Rehab
- Lisa Palmerino, DPT, Owlytics Healthcare

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What is Remote Therapeutic Monitoring RTM?

- Remote Therapeutic Monitoring (RTM) is a family of five codes created by the CPT Editorial Panel in October 2020 and valued by the RUC at its January 2021 meeting — Remote Therapeutic Monitoring/Treatment Management CPT codes 98975, 98976, 98977, 98980 and 98981.
- The RTM family includes three PE-only codes and two codes that include professional work — 98980 and 98981

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History and Background

- CMS notes that they questioned in the proposed rule whether the RTM codes as constructed could be used by therapists because the Medicare benefit does not include services provided incident to the services of a therapist.
- Furthermore, they stated they viewed the clinical labor described in the RTM codes as being services incident to the billing practitioner’s professional services. In the proposed rule they focused on therapists as providers of RTM services because we heard from stakeholders that the codes were developed in response to the needs of physical therapists.
- They go on to note that speech-language pathologists, clinical social workers, registered dietitians, nutrition professionals and CRNAs also have Medicare benefits that do not include incident to services.
- Therefore, they state, *“Despite our concerns about the construction of the codes, we believe the services described by the codes are important to beneficiaries.”*
- *Thus, we are finalizing a policy that permits therapists and other qualified healthcare professionals to bill the RTM codes as described.”*

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What are the CPT codes?

- CPT code 98980: 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 — base code.
- CPT code 98981: 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 add on code 20 minutes (list separately in addition to code for primary procedure).
- CPT code 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.
- CPT code 98976: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days.
- CPT code 98977: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days. (Specific to ARIA Physical Therapy device.)

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KEY Coding Rules

- Cumulative time spent for data review and patient/caregiver interaction is totaled for a calendar month (not each 30 days).
- The base code (98980) and add-on code (98981) are reported together on the claim based on total time following the end of the calendar month.
- We do not report these codes if activities total less than 20 minutes in a calendar month.
- Codes 98980, 98981 require at least **one interactive communication** with the patient or 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.
- Codes 98976 and 98977 represent the cost of supplies for specific types of monitoring systems.

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Remote Therapeutic Monitoring (RTM)

- **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. *(new code)*
- **98980**, Remote therapeutic monitoring treatment management services, 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. *(new code)*
- **98981**, each additional 20 minutes (listed separately in addition to code for primary procedure). *(new code)*

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Remote Therapeutic Monitoring (RTM)

- **Cumulative** time spent for data review and patient/caregiver interaction is totaled for a **calendar month** (not each 30 days).
 - The base code (**98980**) and add-on code (**98981**) are reported together on the claim based on total time following the end of the calendar month.
 - Do not report these codes if activities total less than 20 minutes in a calendar month.
 - Time related to any other services—such as a hearing evaluation or a speech-language session—must not be included in these codes

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RTM versus RPM

- These codes have been created to be analogous to **remote physiologic monitoring codes** 99453, 99454, 99457, and 99458.
- Although, the main distinction between these code families is the data parameters that are being reviewed.
- The current remote physiologic codes are used to monitor physiologic parameters (eg, weight, blood pressure, pulse oximetry, respiratory flow rate, etc).
- The remote therapeutic monitoring codes (98975-98981) are used to monitor system status and response to prescribed home/self-management programs (eg, musculoskeletal system status, respiratory system status, therapy adherence, therapy response) representing the review and monitoring of data related to physical and functional performance, signs, symptoms, and functions of a therapeutic response.

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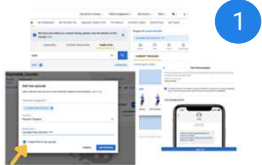
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Are Providers Getting Reimbursed?

- Joseph Brence, PT, DPT, MBA, FAAOMPT, MedBridge

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MedBridge’s Approach to Remote Therapeutic Monitoring



CPT Code 98975
Enroll a patient in RTM and digitally assign home programs.

Enable RTM tracking by simply checking a box when you enroll and educate patients, then create and assign home programs via text or email.

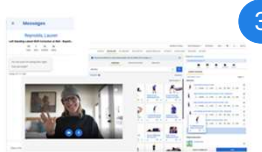
This can be billed once and only after 16 days of monitoring.



CPT Codes 98976 and 98977
Monitor patient progress.

Monitor patients remotely through adherence tracking dashboards with pain and difficulty self-reporting.

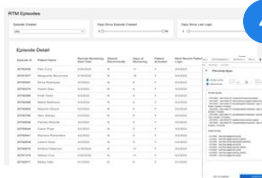
Report this code if monitoring occurs over a period of at least 16 days for respiratory (98976) or musculoskeletal (98977).



CPT Codes 98980 and 98981
Remotely communicate and update patient programs

Update programs in real time based on patient feedback, and communicate between visits with in-app messaging or telehealth.


Report these codes for every 20 minutes you spend reviewing remote monitoring data, updating programs, or communicating with a patient. Report (98980) for the first 20 minutes and (98981) for each subsequent 20-minute interval.



Report, document, and bill for RTM

Document and bill for RTM with insights from the activity logging and patient-level reporting dashboards.

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Operationalizing RTM Codes


- Lisa Palmerino, DPT, Owlytics Healthcare

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Operationalization

- How to expand rollout of a RTM solution within an organization

Senior Leadership	
Clinical Team	Billing Team
Compliance Team	IT Team



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Operationalization- Continued

- Clinical Team
 - Partner with a vendor that can adapt the technology to you current workflow
 - Admitting/ discharging patients
 - Monitoring patients
 - Engaging with patients; modifying the POC as appropriate
 - Clear reports/ documentation
 - All encompassing data collection tools
- Billing Team
 - Easily capture necessary billing information
 - CPT codes: service initiation, compliance, time reviewing or communicating about data
 - NPI, provider name, provider role, billing cycle, etc.
 - Complete documentation for auditing purposes
 - Put together a best practice of when to submit billing reports



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Operationalization- Continued

- Compliance Team
 - In initial invest planning, ensure that your RTM solution is “future-proof”
 - Keep in the loop from Day 1
 - Make sure your vendor meets all standards
 - HIPAA compliance, FDA requirements, data transmissions requirements
 - Stay up-to-date on CMS changes
- IT Team
 - Communicate any specific organization requirements to your vendor
 - ie. MFA, whitelist, staff credentials, networks
 - Make sure your vendor meets all security requirements
 - Integrations: advocate to your EMR/EHR companies to make RTM solutions compatible with the respective EMR/EHR system



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Operationalization- Continued

- Senior Leadership
 - Get involved early on in the process of adopting a RTM solution
 - Demonstrate the clinical and financial impacts



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Patient Response to RTM

- Lisa Palmerino, DPT, Owlytics Healthcare

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Patient Outcomes

- CMS’ adoption of the new RTM codes is a clear indication that they believe remote monitoring is effective in driving positive clinical outcomes and reducing costs
- Ensure the RTM solution you choose embraces the above values and is in-line with best practices to continue making an impact
 - Is it “future-proof”?



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Patient Outcomes- continued

Compliance & engagement: a prerequisites to optimizing impact

→ If patients are not compliant or engaged, no functionalities of the technology itself matter

- How to improve compliance and patient engagement?
 - Utilize and track compliance metrics
 - Need provider buy-in
 - Assess patient’s overall feelings towards the solution & their satisfaction
 - Ease of use for both patients and staff
- Owlytics Examples:
 - Aesthetic & comfortable wearable, a tool to enhance self-efficacy
 - Extrinsic motivators such as step count, calorie count, heart rate monitoring, or self-reported symptoms (pain, fatigue, stress, etc)
 - Easy to use, patient-first technology that is not overwhelming



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Patient Outcomes

- Clinical Impact
 - Continuous monitoring of activity and health metrics establishes normative baselines and trends
 - Promote data driven treatment decision making to improve patient outcomes
 - Clinicians use their clinical judgment based on the data to determine if adjusting a POC is indicated
 - Gain unprecedented insights and bridge gaps in between PT visits → more clarity of patient status
 - Enhance the patient’s engagement and experience



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CASE STUDIES

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MedBridge Case Study w/ CORA Physical Therapy

Step 1: Organizational Stand-up & Workflow

- Daily
- Designing a strong clinical workflow (incorporating RTM as core offered service) was foundational for CORA implementing RTM

Step 2: Clinician Adoption into Workflow

- Designating strong champions are critical to support accountability
- CORA has scaled to 65% of providers now performing RTM

Step 3: Patient Adoption & Engagement

- Setting expectations with patients on use of technology to augment care is important (and counts towards 98975)
- Patient one-pager was helpful in sharing value to patients.

Step 4: Documentation & Billing of RTM

- Deviation from DOS documentation and billing was probably biggest hesitancy
- Identification and blocking of timepoints to review data/document/bill is key

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MedBridge Case Study w/ CORA Physical Therapy

Results:

985 providers have enrolled 5,586 patients into RTM (powered by MedBridge) since April 1, 2022

57% of enrolled patients are “activating” and engaging in RTM

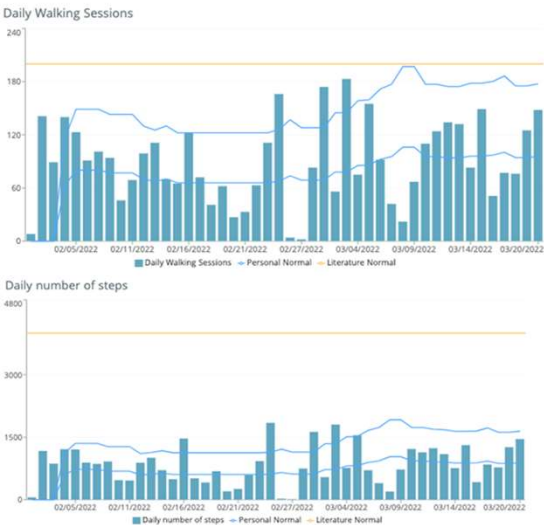
Having positive impact on therapeutic alliance

CORA is being reimbursed full anticipated amount for billed codes

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Case Study - 82 y.o. M s/p orthopedic procedure

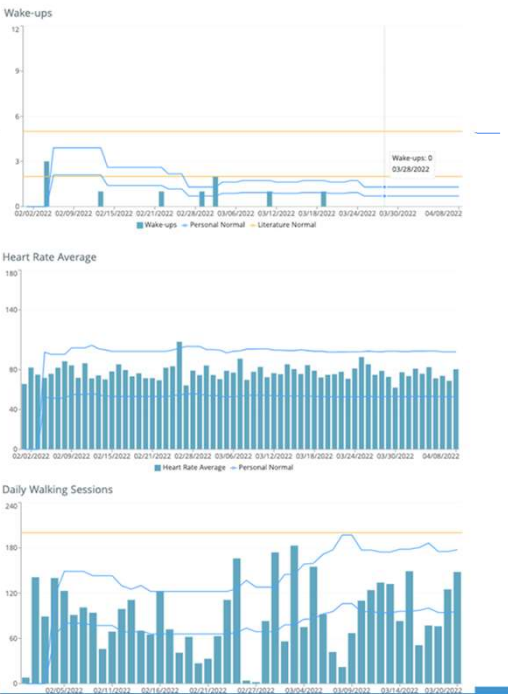
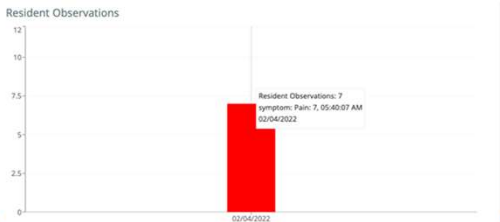
- Patient receiving OP PT services located onsite at his ALF community
- Physical therapist monitored his progress through the RTM portal and noticed it was very slow relative to activity, but pain management was progressing well 7/10 - 3/10 in the first week
- Given the trends, the rehabilitation plan was modified appropriately
- This resulted in a significant increase in activity and reported ADL performance → the patient regained his baseline functional status faster



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Case Study- Continued

- On the post op visit, the physician was provided the PT's progress note and RTM reports. The MD was satisfied by the findings:
 - Decrease in night wake-ups
 - Steady heart rate average
 - Physical activity progression
 - Pain medication dosage was decreased



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Case Study- Continued

- The following CPT codes were billed for 3 month period from February - May:
 - Month 1: 98975, 98977, 98980, 98981
 - Month 2: 98977, 98980, 98981
 - Month 3: 98977, 98980


CPT Codes Description	Description	RTM Code
Initial set-up and patient education on use of equipment	Billed 1x per episode of care	98975 [\$19]
Device(s) supply with daily recording(s) or programmed alert(s) transmission	Billed each 30 days, minimum 16 days of monitoring	98976 [\$56] (Respiratory System) 98977 [\$56] (Musculoskeletal System)
Remote physiologic monitoring treatment management services, first 20 minutes	Performed by physician/other qualified health care professional	98980 [\$50]
Remote physiologic monitoring treatment management services, additional 20 minutes	Performed by physician/other qualified health care professional	98981 [\$41]



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THE FUTURE FOR RTM CODES AND OTHER AI CODING




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The Future: DMPAG

- To begin, as noted by the AMA, digital medicine presents an opportunity to improve access and to offer cost-effective medical care to a large swath of patients with varied needs.
- In order to maximize this potential, over the past several years, the CPT® Editorial Panel has made significant progress in establishing CPT codes for digital medicine services.
- Increasing coverage requires a concerted effort by knowledgeable professionals, as well as input, such as pertinent use cases and clinical data that demonstrate the efficiencies and clinical benefits of digital medicine.
- <https://www.ama-assn.org/practice-management/digital/digital-medicine-payment-advisory-group>

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DMPAG Focus Areas

- Create and disseminate data supporting the use of digital medicine technologies and services in clinical practice.
- Review existing code sets (with an emphasis on CPT and HCPCS) and determine the level to which they appropriately capture in current digital medicine services and technologies.
- Assess and provide clinical guidance on factors that impact the fair and accurate valuation for services delivered via digital medicine.
- Provide education and clinical expertise to decision makers to ensure widespread coverage of digital medicine (e.g., telemedicine and remote patient monitoring), including greater transparency of services covered by payers and advocacy for enforcement of parity coverage laws.
- Review program integrity issues including, but not limited to, appropriate code use, and other perceived risks unique to digital medicine. Develop guidance and clarity on issues to diverse stakeholder groups.

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DMPAG Efforts Thus Far..

- **Remote monitoring:** To address broader remote monitoring use cases, the DMPAG worked with the CPT Editorial Panel in creating remote physiologic monitoring codes. This initial set of codes became effective in 2019, and in 2020 an additional code was created to report additional physician/QHP time related to remote monitoring.
- **Online digital visits (e-visits):** These services are the kind of brief check-in services furnished using communication technology that are employed to evaluate whether an office visit or other service is warranted. This is often done through a patient portal or smartphone. Each code specifies the amount of time spent during the online evaluation of a patient.
- **Interprofessional internet consultations:** The CPT code set has several codes to allow the reporting of electronic, non-verbal communication between consulting and treating/requesting physicians. While codes currently exist to report verbal and written reports, no codes previously existed to report the sending of results without additional verbal communication.
- **Telephone evaluation and management services:** CPT codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. Medicare still currently considers these codes to be non-covered. However, private payers may pay for these services. Each corresponding code describes the amount of time of medical discussion.

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The Future: Artificial Intelligence and CPT Codes

- At its September 2021 meeting, the CPT® Editorial Panel accepted the addition of a new Appendix S to provide guidance for classifying various artificial intelligence/augmented intelligence (AI) applications. This guidance should be consulted for code change applications (CCAs) which describe work associated with the use of AI-enabled medical services and/or procedures.
- This taxonomy provides guidance for classifying various artificial intelligence/augmented intelligence (AI) applications (e.g., expert systems, machine learning, algorithm-based services) for medical services and procedures into one of three categories: assistive, augmentative or autonomous. **The use of this appendix for guidance on coding is effective Jan. 1, 2022.** <https://www.ama-assn.org/system/files/cpt-appendix-s.pdf>

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CPT Appendix S: AI taxonomy for medical services & procedures

- Assistive classification
 - The work performed by the machine for the physician or other QHP is assistive when the machine detects clinically relevant data without analysis or generated conclusions. Requires physician or other QHP interpretation and report.
- Augmentative classification
 - The work performed by the machine for the physician or other QHP is augmentative when the machine analyzes and/or quantifies data in a clinically meaningful way. Requires physician or other QHP interpretation and report.
- Autonomous
 - The work performed by the machine for the physician or other QHP is autonomous when the machine automatically interprets data and independently generates clinically relevant conclusions without concurrent physician or other QHP involvement

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QUESTIONS & ANSWERS

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Q&A Unaddressed During Webinar

These answers are from Lisa at Owlytics:

- Yes, multiple therapists can review data or interact with a patient regarding the data (education, adjustments to the POC, etc) in a given month. Of course, it will need to be documented. Another important consideration is that PTs, OTR/Ls and SLPs initiate the RTM service (set up- code 98975). Beyond that PTAs and COTAs can also provide services (reviewing data and interacting with a patient/ caregiver about it). Just note that for billing if a PTA or COTA provides treatment the de minimis standard applies. This makes automated billing reports such as the one Owlytics offers as mentioned in the webinar critical for easy tracking and sufficient detail for documentation submission regarding what clinician (and their NPI, credentials, etc) provides the service.
- For RTM purposes a qualified health professional includes a licensed PT, OTR/L, PTA, COTA, or SLP.
- RTM is intended to be a “complimentary service” used in tangent with the services therapists are already providing and it is common for patient interactions regarding data to be via telephone call. If time within a face to face interaction (typically during a scheduled session) involves conversation related to data reviewed it should not be billed twice (for education provided as justification for billable unit/ CPT code during a treatment session in addition to a RTM interaction/education).
- Simply put, no you cannot bill 98975 more than once for any individual patient per POC. We (Owlytics) train therapists to allocate just a few minutes to provide initial education for our RTM solution because from the patient perspective it is as simple as wearing and charging the watch given to them by their provider for the duration of the POC. Patients do not require any of their own technology to navigate or an app to login to.

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