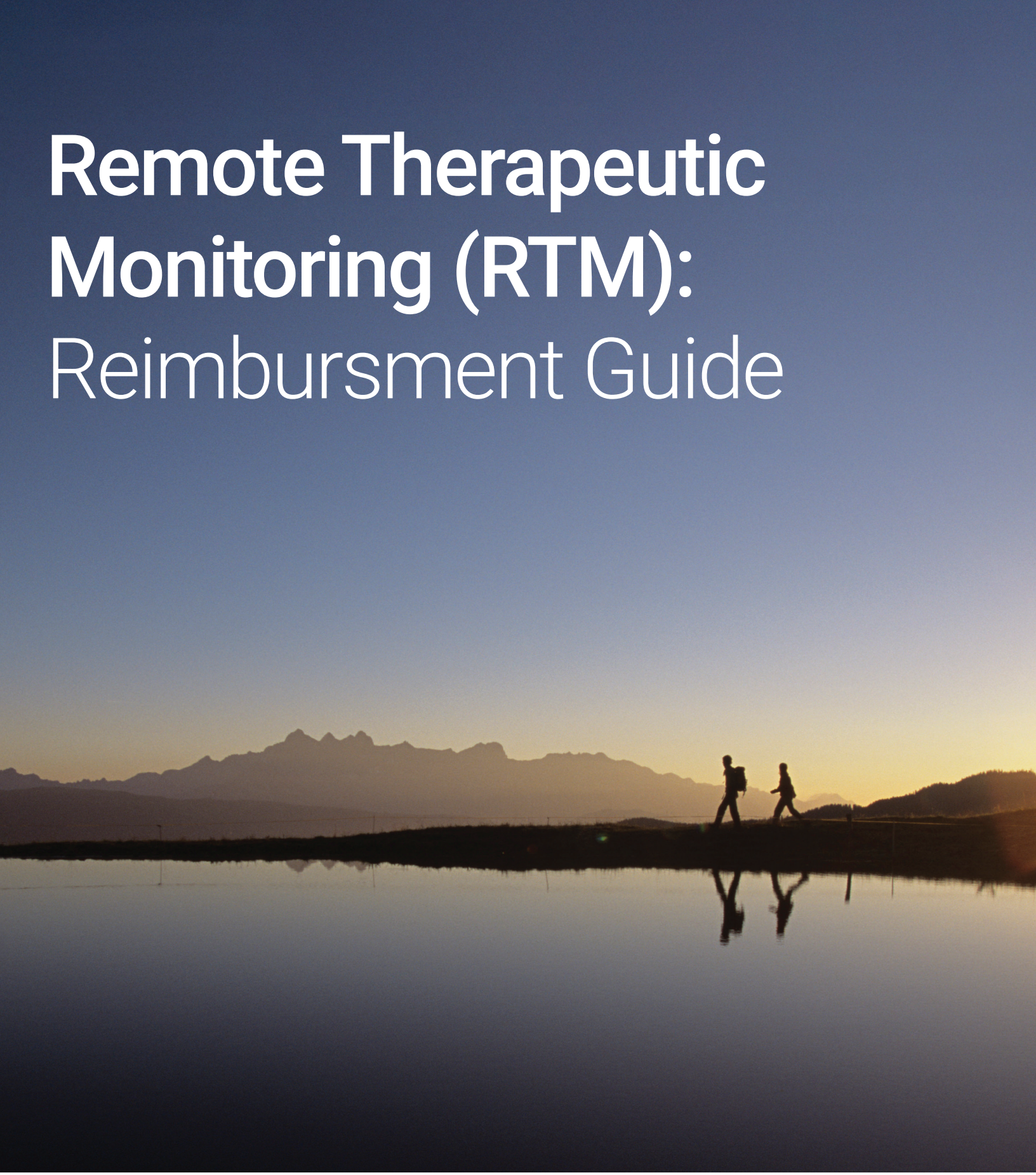
Remote Therapeutic Monitoring (RTM): Reimbursment Guide



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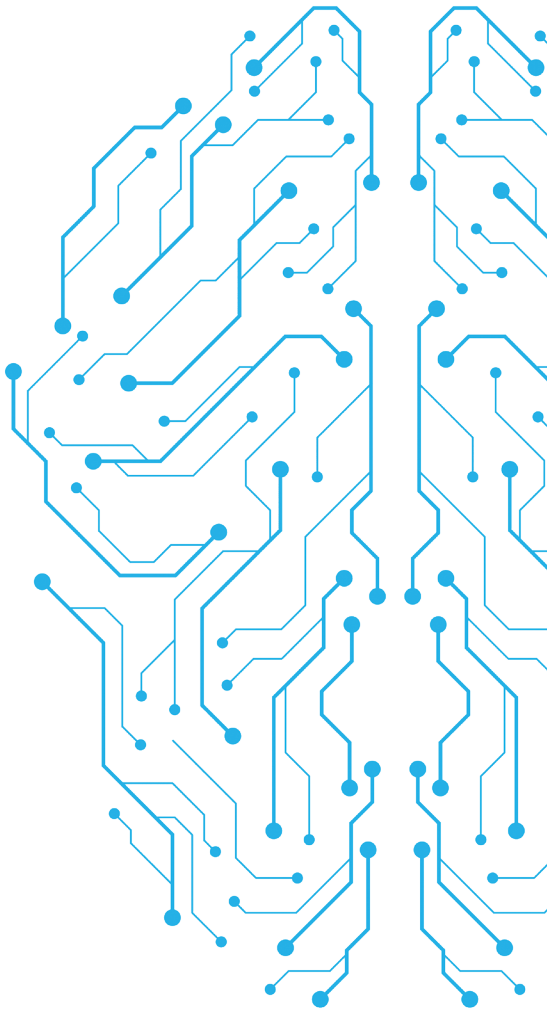
Remote Therapeutic Monitoring (RTM): Reimbursement Guide

Remote Therapeutic Monitoring (RTM) CPT codes were created in 2022 to facilitate the billing of services related to remote monitoring of patient health data. These codes were designed to improve patient care by enabling healthcare professionals to monitor patients' health remotely, allowing for timely interventions and improved outcomes. The codes cover various aspects of RTM, including initial setup, patient education, and treatment management services.



Overview

- Commercial payers are slowly starting to roll out coverage policies for Remote Therapeutic Monitoring RTM) with varying requirements to meet medical necessity criteria.
- The current coverage landscape includes more silent policies or statements of non-coverage.
- Examples of medical necessity criteria listed by commercial payers include:
  - Prescribed and administered by a board-eligible or board-certified medical provider or sub-specialist
  - Physiological data are electronically collected and automatically uploaded for analysis and interpretation
  - Intended for the purpose of displaying or analyzing the physiological parameter(s) measured by device
  - Used for remote communication, counseling and monitoring of acute or chronic health conditions

Reimbursement and Coverage

Remote Therapeutic Monitoring Codes

CPT® Code	CPT Code Description	CY2025 Medicare National Average – Non-Facility	CY2025 Total RVUs*
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	$19.73	0.61
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days	$43.02	1.33
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	$50.14	1.55
98981	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; each additional 20 minutes (List separately in addition to code for primary procedure)	$39.14	1.21

Medicare

- Currently, there is no Local Coverage Determination (LCD) or National Coverage Determination (NCD) in place for the RTM codes.
  - CGS Administrators (MAC J-15) has a coding and billing article for the RTM code-set: https://www.cms.gov/medicare-coverage-database

The CGS coding and billing article does not list documentation requirements for RTM specifically.

* There is no work RVU value associated with 98975 or 98977, only practice and malpractice expense RVUs. For 98980, the work RVU is 0.62 and for 98981, the work RVU is 0.61

Documentation for RTM coding

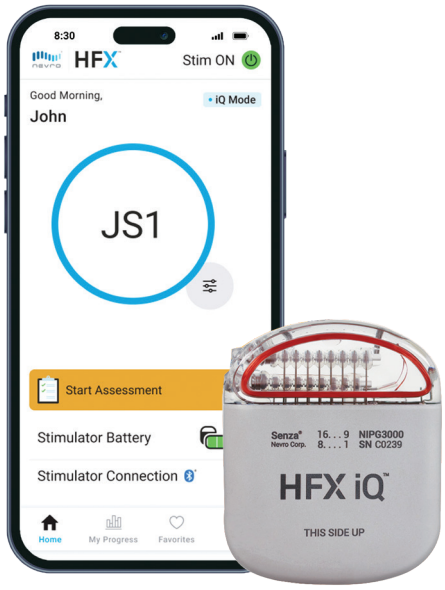
Remote Therapeutic Monitoring Codes 98980 & 98981

- Time spent should be reported per calendar month
- Time spent does not include clinical staff time required
- One interactive communication with the patient or caregiver within the month is required (can take place via phone, video chat, etc.)
- Time is measured cumulatively and must total a minimum of 20 minutes before reporting 98980 for the month
- 98981 is reported of reach additional 20 minutes completed (after the initial) in the calendar month

Documentation of RTM

Documentation requirements for RTM have not been defined by CMS but it is worth noting the following may be examples of criteria for coverage, documentation, etc. by Medicare and/or commercial payers:

- Order for service from physician or other qualified health care professional (example: physical therapist)
- Include RTM in plan of care
- Type of device used – name and description (HFX iQ™)
- Specific education and training provided to the patient and/or caregiver
- Data gathered from the device
  - Evidence of at least 16 days of data per 30 days of monitoring
- Specifics of patient and/or caregiver interaction



Items of Note

- CPT Codes 98977 can be billed only once per 30 days.
- Medicare beneficiaries receiving remote therapeutic monitoring typically have a 20% co-pay for the service, as it falls under Part B coverage.
- Physicians should always discuss these potential out-of-pocket costs with patients before prescribing RTM to ensure affordability and adherence.

Disclaimer

This guide is provided for informational purposes only and is not intended as legal, medical, or financial advice. It is the responsibility of healthcare providers and billing staff to ensure compliance with all applicable federal, state, and local laws, as well as payer-specific policies and requirements.

While efforts have been made to ensure the accuracy and completeness of the information provided, coding and reimbursement guidelines are subject to change. Providers should verify coverage and billing requirements with individual payers before submitting claims. Nothing in this guide is intended to imply or state that Nevro's products or services themselves meet the standard for billing any remote therapeutic monitoring CPT code. Nevro does not guarantee payment for any services or products, and reimbursement outcomes may vary based on specific circumstances.

For further clarification or detailed guidance, consult with a qualified coding and reimbursement specialist or legal advisor

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If you have any questions, please contact Nevro Market Access at MarketAccess@Nevro.com