RPMs vs. RTMs

It's important to understand the differences.

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Remote Patient Monitoring (RPM) was a hot CPT code the last few years for many medical practices. The COVID-19 pandemic resulted in many patients shying away from their healthcare providers' offices for routine matters, which could have otherwise been accomplished via telemedicine or RPM. Practices across a wide spectrum of medical specialties responded by adapting many RPM modules. Medical manufacturers responded and met this demand by providing patient-friendly tools to support these RPM demands.

Because RPM can be provided by only one healthcare provider during any single month, this resulted in many practices being shut out of RPM. For 2022, CPT adapted and provided a "cousin" of RPM by introducing Remote Therapeutic Monitoring (RTM).

RTMs

While having other restrictions not seen in RPM, RTM does not have the restriction of being limited to coverage to one practitioner per month or one device per patient and is also open to practitioners who cannot bill E/M services. While RPM is only covered when provided by one practitioner and for a single device, RTM can be billed by myriad providers, including physical therapists and others who cannot bill E/M services.

Both RTM and RPM are only covered for devices which meet the definition of a medical device, but neither require formal FDA or PDAC approval.

RTM for 2022, however, has some other restrictions, many of which will not adversely affect specialties such as podiatry, orthopedics, rheumatology, and pulmonology. For 2022, RTM can only be provided for musculoskeletal or respiratory-related diagnoses. Thus, RTM has a wide spectrum of possible applications, especially for specialties such as orthopedics, podiatry, and rheumatology.

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Applications such as response to analgesics, antibiotics, physical therapy, orthotic devices (foot/AFO)—whether custom, prefabricated OTS, or custom fit—at-home exercise, etc. are all amenable to RTM coding.

What really separates RTM from RPM, however, is that while RPM requires the device to actively update data to a portal or monitoring service, this is NOT a requirement of RTM. Patients can be provided a self-monitoring schedule and report this to their healthcare provider.

In reviewing RTM devices, it is apparent that most of the modules performing the monitoring are not inherent parts of the DME device. That is, one can easily distinguish which component is the separately available DME device and which separate and distinctive component is functioning and collecting data; each part can be purchased separately and each functions independently of the other.

An example of an RTM device is a CAM Boot which has an add-on RTM module. In this case, the module is added on by the physical therapist or physician. Thus, it is afforded separate consideration from the actual DME device itself.

Clinically, for a podiatrist or orthopedist, this may translate to a patient fitted with a musculoskeletal injury provided with analgesic medication and some orthotic immobilizing device. This device is fitted with a monitoring device separately to track patient use. Their prescription "smart" bottle is able to track the patient's use of and their response to the medication (pain and inflammatory reduction). The CAM boot and/or patient may be able to track and monitor the ability to perform activities of daily living.

Patients may also be provided with a diary which requires them to track their subjective responses to

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FIGURE 1

RPM vs. RTM

	RPM	RTM
Restrictions monitoring to E/M Providers Only	Yes	No
Incident to rules allow general supervision	Yes	No
Incident to rules require direct supervision	No	Yes
Device meets definition of a medical device	Yes	Yes
Device must have formal FDA Approval	No	No
Device must actively upload to monitoring entity	Yes	No
Patient may report subjective data to monitoring entity	No	Yes
Monthly coverage limited to a single provider	Yes	No
Monthly coverage limited to only one device	Yes	No
Requires Patient Consent	Yes	Yes
Restrictions to MSK or Respiratory Diagnosis	No	Yes
Initial Set Up of Device	99453	98975
Monthly Monitoring of Min of 16/30 Days	99454	98977
Data Collection and Communication of min. 20minutes	99457	98980
Data Collection and Communication each add. 20minutes	99458	98981

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their clinical interventions and report them to their provider.

In the case of a patient with a soft tissue issue or osteomyelitis, the patient's response to antibiotics (a Part D covered medication), embedded beads, NPWT, and/or PCD can also be tracked by monitoring fever, pain, edema, lab results, wound volume, drainage, etc.

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However, as with most coding and life issues, there is a huge caveat: while RPM can be performed by a clinical staff member under general supervision (even offsite from the physician), RTM requires that the performance of the RTM code set either be performed by the billing practitioner or by a clinical staff member under the direct supervision (in the same location) of the billing healthcare provider.

CMS has received much comment on this last issue as it did when RPM code sets were initially released. A short period of time after the RPM code set was released, CMS relented and permitted incident to services under "general supervision" rather than "direct supervision". That continues to be a rather large obstacle to reporting RTM unless the billing provider (or someone in their office while working under their direct supervision) performs the services required by RTM.

CPT Codes

98975: RTM MSK status, therapy adherence, therapy response; initial set-up and patient education on use of equipment. This is essentially cross-walked to the RPM CPT 99453.

98977: RTM MSK status, therapy adherence and response; device(s) supply with scheduled (e.g. daily recording(s) and/or programmed alert(s) transmission to monitor MSK system, each 30 days. This is essentially cross-walked to RPM CPT 99454.

As for the CPT codes to report RTM by the billing provider—as with RPM, there are two CPT codes:

CPT 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). This is cross-walked from 99457.

CPT 98981: Identical to RPM; there is also an allowance for each additional 20 minutes of patient communication and data collection, Again, as with the other RTM CPT codes, this is cross-walked from its RPM cousin 99548.

The addition of RTM codes provides an additional source of non-face-to-face monitoring.

The addition of RTM codes provides an additional source of non-face-to-face monitoring. This is especially valuable during the pandemic, when patients are often hesitant to venture to healthcare facilities unless they are seeking urgent or emergency care.

The differences between RPM and RTM can be confusing and are summarized in Figure 1. **PM**

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