mymobility® Care Management Platform
Remote Therapeutic Monitoring Coding Reference Guide

mymobility is a care management platform that helps deliver support and guidance to patients through a connected experience. mymobility delivers continuous data and patient-reported feedback to facilitate care, and track patient-reported outcomes and satisfaction regarding a patients' surgical preparation and recovery.

mymobility tracks patient progress and provides clinical and operational insights through both quantitative and qualitative data, enabling clinicians to engage with and monitor their patients to understand their progress throughout the episode of care. Additionally, it can provide information to identify patients who aren't engaged or as active as the clinician would like.

Multiple metrics are tracked across the following categories:

Mobility/Functional Data Collected

- Patient Steps
- Flights of Stairs Climbed
- Stand Hours
- Shoulder Range of Motion***

Heart Rate Data Collected**

- Average Resting Heart Rate
- Average Walking Heart Rate
- Heart Rate Variability
- VO2 Max*

Gait Quality Data

- Gait Speed
- Double Support Percentage
- Step Length*
- Speed Ascending/Descending Stairs*
- Asymmetry*

Engagement Data Collected

- Exercise Adherence
- Excercise Difficulty
- PROMs Adherence
- PROMs Score
- Education Adherence
- Patient-reported Pain Management Tracking**
- Patient-reported Narcotic/Non-narcotic Tracking**

Additional Data Collected

- Falls Detection*
- Sleep*

*   Data available separately upon request
**   via patient-reported data via timed check-in surveys through the app
***   Available only to iPhone 10 or higher users, using iOS 14 or newer, or Android users with ARCore.
**** This information is provided by the patient's device such as patient's iOS mobile app, Android app, etc. mymobility is only monitoring the information.

Physician Services		
CPT® Code	**Description**	**CY 2024 Medicare Non-facility Allowable[2]**
Remote Therapeutic Monitoring		
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment	$20
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	$47

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	$50
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

Medicare Coverage Requirements for Reporting Remote Therapeutic Monitoring (RTM):

- RTM services (e.g., musculoskeletal system status, therapy adherence, therapy response, cognitive behavioral therapy, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.[1]

- Physicians and eligible qualified health care professionals are permitted to bill RTM as general medicine services. A physician or other qualified health care professional is defined in the CPT Codebook as "an individual who is qualified by education, training, licensure/ regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service." Accordingly, RTM codes could be available for physical therapists (PT), occupational therapists (OT), speech-language pathologists, physician assistants, nurse practitioners, and clinical social workers.[3]

- Remote monitoring codes are designated as care management services and thus CMS' rules for general supervision apply to these services. [2]

- Billing for remote monitoring codes requires data collection for at least 16 days in a 30-day period and applies to the following RTM code: 98977. The 16-day data collection requirement does not apply to CPT codes 98980 and 98981 because these CPT codes are treatment management codes that account for time spent in a calendar month and do not require 16 days of data collection in a 30-day period. [2]

- To report 98975 and 98977 the device used must be a medical device as defined by the FDA.[1]

- Only one practitioner can bill for RPM or RTM (not both) during a 30-day period, and only when at least 16 days of data have been collected on at least one medical device. Even when multiple medical devices are provided to a patient, the remote monitoring services associated with all the medical devices can be billed by only one practitioner, only once per patient, per 30-day period, and only when at least 16 days of data have been collected; and that the services must be reasonable and necessary. [2]

- For an individual beneficiary who is currently receiving services during a global period, a practitioner may furnish RTM services (but not both RPM or RTM services) to the individual beneficiary, and the practitioner will receive separate payment, so long as the remote monitoring services are unrelated to the diagnosis for which the global procedure is performed, and as long as the purpose of the remote monitoring addresses an episode of care that is separate and distinct from the episode of care for the global procedure - meaning that the remote monitoring services address an underlying condition that is not linked to the global procedure or service.[2]

- RTM services being furnished during the global period only applies to billing practitioners who are receiving the global service payment. Practitioners, such as physical and occupational therapists, who are not receiving a global service payment because they did not furnish the global procedure, would be permitted to furnish RPM or RTM services during a global period. [2]

- CMS states that self-reported/entered data may be part of the non-physiologic data for purposes of RTM codes. RTM data can be self-reported by the patient, as well as digitally uploaded via the device. While RTM codes still require the device used to meet the FDA's definition of a medical device, self-reported RTM data via a smartphone app or online platform classified as Software as a Medical Device (SaMD) may qualify for reimbursement.[3]

- Practitioners must obtain consent either in advance or at the time RTM services are furnished and document that consent in the patient's record.[4]

- For new patients or patients not seen within the year by billing practitioner, RTM services must be initiated during an in-person visit.[4]

- RTM services may be provided to patients with either acute or chronic conditions.[4]

For further assistance with reimbursement questions, contact the Zimmer Biomet Reimbursement Hotline at 866-946-0444 or reimbursement@zimmerbiomet.com, or visit our reimbursement web site at zimmerbiomet.com/reimbursement.

References:

[1] CPT® 2024 Professional Edition. American Medical Association. p. 875

[2] Calendar Year 2024 Medicare Physician Fee Schedule, Final Rule. Federal Register, November 2, 2023.

[3] Calendar Year 2022 Medicare Physician Fee Schedule, Final Rule. Federal Register, November 19, 2021.

[4] Calendar Year 2021 Medicare Physician Fee Schedule, Final Rule. Federal Register, December 28, 2020.

Zimmer Biomet Coding Reference Guide Disclaimer

ZIMMER BIOMET
Moving You Forward.™