

The RTM Implementation Playbook

What smart practices are doing differently in 2026

Today's speakers



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What is RTM, and why does it matter?

Remote Therapeutic Monitoring is the bridge between in-clinic care and at-home recovery.

The Challenge

Recovery does not stop when a patient leaves the clinic.

Most of it happens at home, between visits, where care has been **hardest to see**.

The Solution

Remote Therapeutic Monitoring changes that.

- Keeps patients engaged with their home exercise program
- Gives teams a clear view of adherence and progress between appointments
- Enables care adjustments while they still matter
- Creates a sustainable model through reimbursement from CPT codes



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RTM outcomes from real practices

Engagement

3.3x

more home exercise sessions completed

Improvement

30%+

improvement in pain & function vs. non-RTM

Completion

2.1

more in-clinic visits completed

**data from practices using Limber Health RTM*

Success Rate

94% likelihood to succeed with their HEP

for patients supported and receiving communication between visits.



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The state of RTM in 2026

RTM CPT codes for 2026

RTM CPT Code	Description, Incl. Changes from 2026 CMS Final Rule	2025 Medicare National Average Payment	2026 Medicare National Average Payment*
98975	Initial set-up and patient education on use of RTM device; one time at initial enrollment (2+ days of monitoring in a 30-day period)	\$19.73	\$21.71
98985 NEW	RTM device to monitor MSK system status, 2–15 days of data in a 30-day period	N/A	\$51.44
98977	RTM device to monitor MSK system status, 16–30 days of data in a 30-day period	\$43.02	\$51.44
98979 NEW	10–19 minutes of RTM treatment management services in a month	N/A	\$26.39
98980	20–39 minutes of RTM treatment management services in a month	\$50.14	\$54.11
98981	Each additional 20 minutes of RTM treatment management services in a month	\$39.14	\$41.42

*National Average. Exact reimbursement amounts vary by geographic region.

RTM Compliance Landscape: Documentation Requirements

CPT Code 98975



Device Identification

Document the specific type of device being used to monitor the musculoskeletal system.



Set Up Education & Training

Document the education and/or training provided by the therapist/assistant to the patient or caregiver regarding the set-up and use of the medical device or SaMD.



Data & Exercise Protocol

Document training on data input (what, how, and frequency) and the required frequency for performing exercises.

RTM Compliance Landscape: Documentation Requirements

CPT Codes 98977 & 98985



Device Ownership & Provision

Document whether the medical device or SaMD was provided to the patient or if the patient used their own device.



Transmission Frequency

Document the number of data access points or data transmissions occurring within the 30-day monitoring period.



Gathered Data Content

Document the specific clinical data that was gathered by the medical device or SaMD for analysis.

RTM Compliance Landscape: Documentation Requirements

CPT Codes 98979, 98980 & 98981



Data Analysis & Interpretation

Document the date and amount of time that the therapist or assistant analyzed and interpreted the transmitted data.



Interactive Communication

Document the date, amount of time, and discussion content of each communication with the patient and/or caregiver.



Program & POC Modifications

Document changes to the RTM program and/or POC resulting from data analysis or interactive communications.

Implementing RTM: 3 Decisions

Decision 1: Pick your RTM model

Model #1



Each therapist in a practice is responsible for the **RTM management services** of their own patients.

Model #2



A practice or organization hires a **dedicated therapist** who is responsible for RTM services for **all patients** in the program.

Model #3



A practice **contracts with an RTM company**, utilizing their employees to provide support under the **direction of the in-clinic therapist**.

Attribute	Model 1: Treating In-Clinic Therapist Performs RTM and Supports Patient Virtually	Model 2: Dedicated In-House Remote Monitoring Team	Model 3: Turnkey RTM Partner
Improve Patient Outcomes	X	X	X
Dedicated Staff for Remote Monitoring – Ensure staff are fulfilling skill-optimized roles and performing at the top of their license		X	X
Optimized RTM Operations – Scalable training, administration, quality control, and delivery of a new virtual role in healthcare			X
Impact to Existing Clinical Operations	High Treating therapist required to take on more responsibilities	Medium Clinic leadership required to take on more management responsibilities of new role	Low Minimized impact on existing operations to deploy RTM
Overhead and Payroll	Medium Higher burden and time requirements for the therapist	High Increased payroll and higher burden on management	Low Costs for RTM delivery are typically performance-based

Decision 2: Choose the right tech

01

Find a partner who gets it

You're not buying software, you're buying a process

02

Make enrollment easy

If enrollment isn't simple, adoption stalls

03

Ensure visibility

Clinicians should have a real-time view of their patients

04

Integrate workflows

RTM should fit naturally into clinical operations

05

Measure performance

Make sure you're able to track clinical and financial outcomes

Does the technology truly understand RTM?

Technology
is only part
of the solution

- Look for a partner that understands **the entire RTM workflow**—from enrollment and monitoring through documentation, coding, billing, and reimbursement.
- The best platforms provide **implementation guidance, training, and ongoing support**—not just software.
- Ask for real RTM adoption metrics, reimbursement results, and customer success stories, **not just product demonstrations**.

Make enrollment easy for patients & ~~providers~~

Adoption starts with simplicity

- Patient enrollment should take minutes, not additional appointments or lengthy setup processes.
- The platform should eliminate duplicate data entry by leveraging information already captured in your EMR.
- Patients should be able to engage with minimal technology barriers regardless of age or technical ability.

Visibility drives better outcomes

You can't
improve what
you can't see

- Clinicians should have **real-time visibility** into exercise adherence, engagement, and patient progress between visits.
- Monitoring tools should identify patients who need intervention **before they fall off their plan of care.**
- Dashboards should **track both patient activity and clinician follow-up requirements** within the RTM cycle.

Integrate documentation & billing workflows

RTM should
fit naturally
into clinic
operations

- The platform should support RTM documentation directly **within existing clinical workflows**.
- RTM activities should be **documented through non-visit encounters** that do not impact authorizations, visit counts, referrals, copays, or coinsurance.
- Coding support should **help ensure accurate billing**, medical necessity documentation, timing requirements, and appropriate modifier application.

Measure both clinical & financial performance

Success
requires
accountability

- **Track** enrollment rates, patient engagement, adherence, and plan-of-care completion.
- **Measure** reimbursement performance by provider, location, and RTM program.
- **Use operational metrics** to identify workflow bottlenecks and opportunities to increase adoption and outcomes.

Decision 3: Run it right

01

Know your why

Patient outcomes first, billing second

02

Care navigation strategy

Define your strategy before you launch

03

Build a project team

Ensure you have executive sponsorship

04

Simplify workflow

Friction kills clinical adoption

05

Train every team

Involve more than just clinicians

06

Educate patients

Show the benefits of RTM

07

Measure results

Track both outcomes and revenue



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Know your why

Outcomes first Revenue follows

The practices that sustain Remote Therapeutic Monitoring start with **patient results**, not billing codes.

When RTM is built as a **part of clinical care** and around keeping patients progressing, the **revenue becomes durable** instead of a one-time bump.

Lead with the clinical case and the financial case takes care of itself.



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Simplify the clinical workflow

Friction kills adoption

Every extra click, login, or duplicate note is a reason for a clinician to skip RTM on a busy day.

When monitoring lives **inside** the existing workflow rather than beside it, documentation stays audit-ready and clinicians actually use it.

Adoption is a design problem, not a willpower or technology problem.



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Q&A

Submit your questions.

Let's connect

Reach out and learn more about
today's hosts.

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