

EMBODI RTM

2026 MSK Billing & Documentation Guide

For Chiropractic Practices

Version 1.0 | Updated for 2026 CMS Guidelines
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IMPORTANT NOTICE

Use this guide for commercial plans/Medicare Advantage that cover RTM for DCs, and for cash RTM programs. Medicare Fee-for-Service (FFS) does not pay RTM to chiropractors because the chiropractic benefit is limited to spinal manipulation.

This guide is intended to be educational. It is critical that you follow all payer medical necessity, coding, and documentation guidelines when providing RTM.

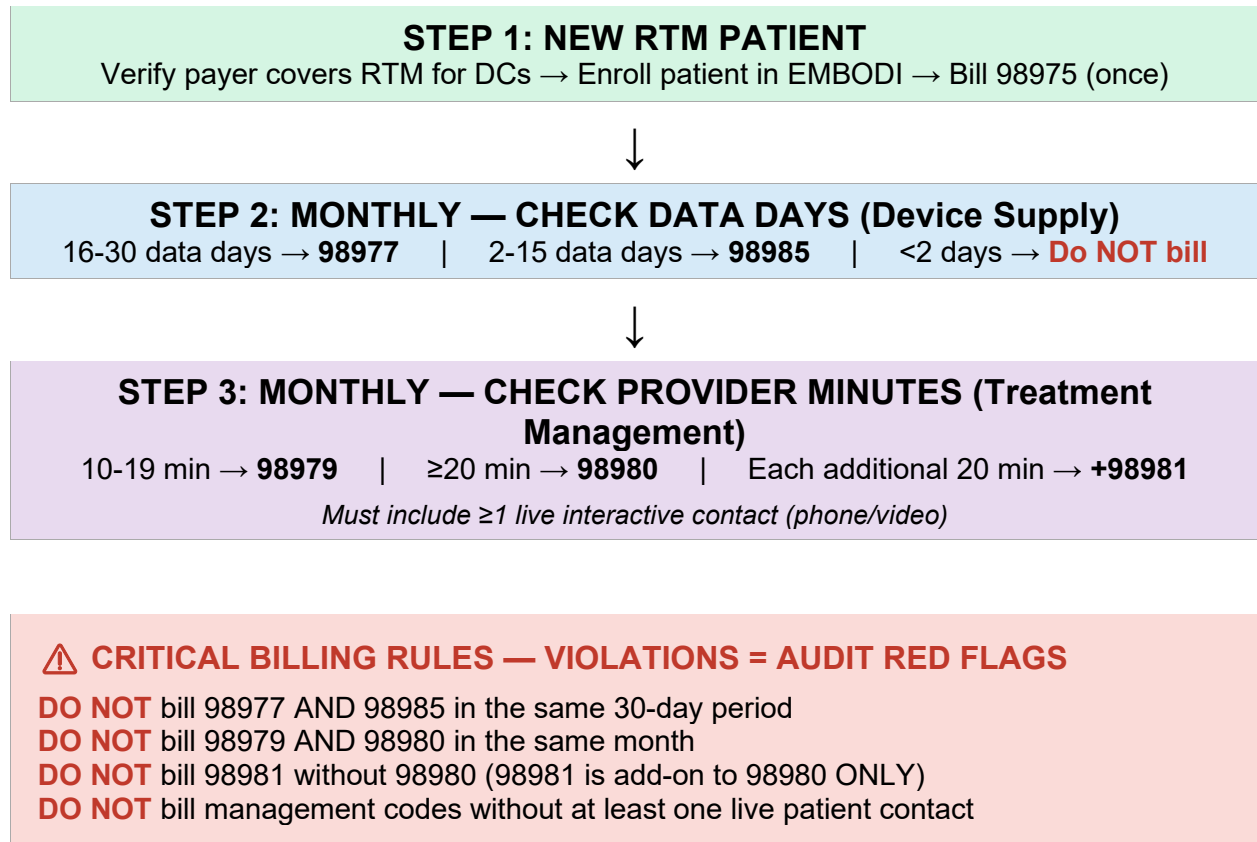
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1. Quick Start: RTM Decision Flowchart

Clip this page next to your screen for quick reference.



2. What EMBODI Does For You

With EMBODI, you are not building RTM from scratch—the platform does the heavy lifting:

- Tracks all patient app use, HEP compliance, pain and function scores, and gamified engagement
- Logs all provider review time and interactive communication minutes tied to each patient
- Maps each HEP directly to one or more MSK diagnoses, so every RTM episode is clearly linked to a medically necessary plan of care
- Provides per-patient summary page with total data days, all PROMs, and total provider minutes
- Notifies you of the appropriate billing code **when thresholds are met**

Example Macro: "Why RTM with EMBODI"

"RTM services furnished via EMBODI are medically necessary because they extend and monitor the patient's active musculoskeletal plan of care between visits. EMBODI captures objective adherence and pain data that I review to adjust the treatment plan and mitigate flare-ups."

3. Core RTM Codes Reference Table (MSK Only)

Code	What It Is	What EMBODI Supplies	When to Bill
98975	Initial RTM setup & patient education	Onboarding workflow, app tutorials, usage log	Once at start of RTM episode
98977	MSK device supply, 16-30 data days	Auto-count of days with valid data	≥16 days of app/sensor data in 30-day period
98985	MSK device supply, 2-15 data days	Same dashboard, fewer days	2-15 days of data in 30-day period
98979	RTM treatment management, 10-19 min	Aggregated monthly provider time + call duration	Lighter-touch month (requires live contact)
98980	RTM treatment management, first 20 min	Auto-sum of management minutes + contact tracking	Standard RTM month (requires live contact)
98981	RTM treatment mgmt, each add'l 20 min	Additional time blocks beyond 98980	Complex/high-touch patients (add-on to 98980 only)

4. Payer Coverage Quick Reference

Payer Type	RTM Status	Notes
Medicare Fee-for-Service	✗ NOT COVERED	Chiropractic benefit limited to spinal manipulation. Use cash RTM only.
Medicare Advantage	⚠ PLAN-SPECIFIC	Many plans cover RTM for DCs. Always verify benefits before enrollment.
BCBS (varies by state)	⚠ CHECK	Often covers MSK RTM. Check state-specific policies.
UnitedHealthcare	⚠ CHECK	Often requires prior authorization. Verify DC eligibility.
Aetna	⚠ CHECK	Generally favorable for MSK RTM. Confirm provider type coverage.
Cigna	⚠ CHECK	Coverage varies by plan. Verify RTM codes specifically.
Workers' Compensation	⚠ STATE-SPECIFIC	Rules vary by state. Check fee schedule and covered services.

Front Desk Benefits/Eligibility Script

"We use the EMBODI RTM app to monitor your exercises, pain, and function between visits. Some plans cover this under RTM codes (like 98975, 98977, 98979, 98980). For your plan, RTM is [covered / not covered]. If it's not covered, we offer it as a flat monthly program instead."

Front Desk SOP

- Check RTM benefit for CPT 98975, 98977, 98979, 98980, 98981, 98985
- If plan excludes chiropractors or RTM, mark "RTM = cash only" in patient record
- If covered, document any prior auth, visit caps, or time requirements in payer notes

5. What EMBODI Auto-Documents vs. What YOU Must Add

Understanding this distinction is critical for audit-proof documentation.

☑ EMBODI Provides Automatically	📝 Provider Must Document
Data days count (auto-calculated)	Medical necessity narrative linking RTM to diagnosis
Provider minutes logged	Clinical decision-making rationale
HEP-to-diagnosis mapping	Why specific plan modifications were made
PROM scores (pain, function)	Interpretation of PROM trends
Exercise completion rates	Response to adherence barriers
Interactive contact timestamps	Content of patient communication
Billing code threshold alerts	Justification for ongoing RTM need

Key Principle: EMBODI gives you the numbers; your job is to add clear, medically necessary narrative language explaining the clinical significance.

6. Enrollment & Medical Necessity

Use these elements once per RTM episode at enrollment.

Clinical Inclusion Macro

"Patient has [MSK diagnosis] with functional limitations in [e.g., lifting, sitting, overhead reach]. Home exercise and behavior change are critical to meet treatment goals. RTM via EMBODI is clinically indicated to monitor adherence, pain trends, and function between visits, enabling timely adjustment of therapeutic dosing and prevention of exacerbations."

Patient Consent/Expectations Script

"EMBODI sends you a personalized exercise plan matched to your diagnosis and tracks your pain and function. I'll review your data each month and we'll check in to keep you progressing. This remote monitoring may be billed as a separate covered service, or as a cash program if your plan doesn't pay for it."

7. Code-by-Code Documentation Guide

98975 — Initial Setup & Training

What You Do Clinically

15. Select diagnosis and activate EMBODI RTM episode
16. Confirm HEP is auto-mapped to that diagnosis in EMBODI; approve HEP
17. Walk patient through install, login, exercise views, pain/function logging, and messaging

98975 Note Macro

"CPT 98975: Initial setup and education for RTM via EMBODI for [diagnosis]. HEP is mapped in EMBODI to this diagnosis and includes [brief description]. The patient has been trained on app navigation, exercise logging, and daily symptom tracking, and confirmed understanding via return demonstration. RTM is clinically indicated to support continuous monitoring and timely adjustment of this medically necessary MSK plan of care."

Front Desk SOP: Bill 98975 once per RTM episode (per payer rules). **Do not repeat each month.**

CRITICAL BILLING ALERT FOR 98975

You cannot bill 98975 unless you have also met the criteria for at least one of the following codes in that same billing period:

- **98977** (16-30 data days) **OR** • **98985** (2-15 data days)
- **98979** (10-19 min management) **OR** • **98980** (≥20 min management)

98975 alone is not billable. The initial setup code must be accompanied by device supply and/or treatment management services to demonstrate that RTM was actually furnished.

98977 vs 98985 — Device Supply (Data Days)

EMBODI counts days with at least one valid MSK data point (exercise, pain, function, or in-app check-in).

Code Choice Rule

- If EMBODI shows **≥16 data days** in 30-day window → **98977**
- If EMBODI shows **2-15 data days** → **98985**
- If **<2 days** → **Do not bill device code; address adherence**

Device Supply Note Macro

"EMBODI RTM Device Summary: From [date] to [date], patient recorded valid MSK RTM data on [X] days ([types of data: exercises completed, pain, function scores]). Data capture

via EMBODI reflects ongoing use of an MSK digital therapeutic necessary to implement and monitor the patient's response to in-clinic care and prescribed home program. Code: [98977 for 16-30 days / 98985 for 2-15 days]."

Front Desk SOP: DO NOT bill 98977 and 98985 in the same 30-day period. Only one device-supply RTM code per patient, per period.

98979 / 98980 / 98981 — Treatment Management

EMBODI tracks your review time and interactive communication time, then summarizes monthly minutes.

Time Thresholds (per calendar month)

- 10-19 minutes → **98979** (includes ≥1 live audio/video contact)
- ≥20 minutes → **98980** (first 20 minutes, includes ≥1 live contact)
- Each additional 20 minutes → **98981** (add-on to 98980 only)

Interactive Communication Examples

- Brief scheduled phone call discussing adherence, pain spikes, or exercise modifications
- Video visit via telehealth tool reviewing EMBODI data together

Management Note Macro (pull from EMBODI dashboard)

"RTM Treatment Management via EMBODI — Month of [month/year]."

Data reviewed: EMBODI report shows [X]% HEP adherence, pain improved from [A]/10 to [B]/10, and function scores improving in [patient diagnoses].

Medical necessity: Ongoing RTM is clinically indicated to titrate exercise intensity and frequency in response to these objective changes, to support functional restoration and reduce recurrence risk.

Interactive communication: On [date], I spent [Y] minutes via [phone/video] reviewing EMBODI results with the patient, addressing barriers (e.g., [examples]), and updating the home program.

Plan changes: [e.g., progressed sets/reps, added core work, adjusted frequency in response to flare].

Total EMBODI-tracked RTM management time this month: [Z] minutes → Code(s): [98979 / 98980 ± 98981]."

Front Desk SOP: DO NOT bill both 98979 and 98980 in the same month. Bill 98981 **only** with 98980 (not with 98979).

8. Episode Start & End Rules

Understanding RTM episode boundaries prevents billing errors and supports audit defense.

When Does an RTM Episode START?

- When a patient with an MSK condition is enrolled in EMBODI with a medically necessary HEP
- Bill 98975 once at the start of each new episode
- Document the diagnosis, functional limitations, and why RTM is clinically indicated

When Does an RTM Episode END?

- When the patient's treatment goals for that condition are met
- When the condition resolves or reaches maximum improvement
- When the patient is no longer engaging with RTM (non-adherence)
- When the patient discontinues care

When Can You Bill a NEW 98975?

- When a new/different MSK condition requires RTM (e.g., patient was being monitored for LBP, now has new shoulder injury)
- When a previously resolved condition recurs after a significant gap (document the new episode clearly)
- Per payer-specific rules (some may allow annual re-enrollment)

⚠ Audit Red Flag: Billing 98975 repeatedly for the same condition without clear documentation of a new episode is a compliance risk.

9. Cash RTM Programs (When Insurance Doesn't Cover)

Use RTM clinical logic without submitting claims (e.g., Medicare FFS or excluded commercial plans).

Suggested Cash Program Structure

Service Level	Mirrors Code(s)	Suggested Price Range
Onboarding (one-time)	98975	\$50 - \$100
Standard Monthly RTM	98977 + 98979/98980	\$75 - \$150/month
Intensive Monthly RTM	+ 98981 (complex cases)	\$125 - \$200/month

Cash Consent Macro

"Your current plan does not cover RTM services from a chiropractor. Because RTM through EMBODI is still clinically indicated to support your recovery, you may elect to receive it as a self-pay service. The cost is \$[X] for setup and \$[Y] per 30-day monitoring period, which includes full use of the EMBODI app, my monthly review of your data, and at least one live check-in to adjust your program."

Best Practice: Even for cash patients, maintain the same clinical documentation standards. This protects you if the patient later requests records or if payer coverage changes.

10. Common Mistakes & Audit Red Flags

Avoid these errors that trigger audits and claim denials:

✘ Mistake	☑ Correct Approach
Billing 98977 AND 98985 in same 30-day period	Choose ONE based on data days: 98977 (≥16) OR 98985 (2-15)
Billing 98979 AND 98980 in same month	Choose ONE based on minutes: 98979 (10-19) OR 98980 (≥20)
Billing 98981 without 98980	98981 is add-on code ONLY billable with 98980
Missing live interactive contact for management codes	98979/98980/98981 require ≥1 live phone or video contact per month
No diagnosis-to-HEP linkage in documentation	Always document which diagnosis the RTM/HEP addresses
Billing without adequate data days	If <2 data days, address adherence instead of billing device code
Repeating 98975 every month	98975 is one-time per episode. Only repeat for new condition/episode.
Generic documentation without clinical rationale	Include specific: diagnosis, PROM trends, plan changes, and WHY

11. Real-World Scenarios

Scenario 1: Standard RTM Month

Patient: Mary, 52, chronic low back pain with radiculopathy (M54.16)

Month 1: 98975 (setup) + 98977 (22 data days) + 98980 (25 min management including 8-min call)

EMBODI Data: 78% HEP adherence, pain 7→5/10, function improving

Documentation Note: *"RTM clinically indicated to titrate exercise intensity in response to objective improvement. Progressed HEP to include core stabilization based on pain reduction."*

Scenario 2: Lighter-Touch Month

Patient: Tom, 38, recovering from shoulder impingement (M75.40)

Month 3: 98977 (18 data days) + 98979 (15 min management with 5-min check-in call)

EMBODI Data: 92% adherence, pain stable at 2/10, function near baseline

Documentation Note: *"Patient nearing discharge criteria. Continuing RTM to prevent recurrence and confirm maintenance of gains. Brief check-in confirmed no barriers."*

Scenario 3: Complex/High-Touch Patient

Patient: Susan, 67, multi-level DDD with chronic pain, multiple comorbidities (M51.36)

Month 2: 98977 (26 data days) + 98980 (first 20 min) + 98981 (additional 22 min)

EMBODI Data: 65% adherence with two flare-ups, pain variable 4-8/10

Documentation Note: *"Complex case requiring extensive management. Two extended calls (15 min, 12 min) to address flare-ups, modify HEP intensity, and coordinate with PCP. RTM critical to prevent deterioration."*

Scenario 4: Low Adherence — Do NOT Bill Device Code

Patient: Jim, 45, neck pain (M54.2)

Month 2: Only 1 data day recorded in EMBODI

Action: Do NOT bill 98977 or 98985. Address adherence barriers via phone call. May still bill 98979/98980 if time threshold met with live contact.

Documentation Note: *"Insufficient data days for device supply code. Contacted patient to identify barriers (work schedule, forgot to log). Provided re-education on app use."*

12. Frequently Asked Questions

Q: Can I bill RTM and an office visit on the same day?

A: Generally yes, as RTM is a separate service. However, the RTM time must be distinct from E/M time. Check payer-specific rules — some may have restrictions.

Q: What if the patient only uses the app for 10 days this month?

A: Bill 98985 (2-15 data days) instead of 98977. Document adherence barriers and your intervention to improve engagement.

Q: Do I need to call the patient even if everything looks fine in EMBODI?

A: Yes — 98979, 98980, and 98981 all require at least one live interactive contact per month. A brief 5-minute check-in call counts. Document it.

Q: Can my CA or staff do the setup and I bill 98975?

A: Setup can be delegated to trained staff under your supervision. You (the billing provider) must be involved in the RTM plan and available for questions. Document who performed the training.

Q: What counts as a "data day" in EMBODI?

A: Any day with at least one valid MSK data point: exercise completion, pain score entry, function score, or in-app check-in. EMBODI tracks this automatically.

Q: Can I bill RTM for Medicare patients?

A: Not for Medicare Fee-for-Service (the chiropractic benefit is limited to spinal manipulation). You CAN bill Medicare Advantage plans that cover RTM for DCs — verify each plan. For Medicare FFS patients, offer cash RTM.

Q: How do I handle a patient with multiple MSK conditions?

A: EMBODI allows mapping HEPs to multiple diagnoses. One set of RTM codes covers all conditions being monitored that month. Document all relevant diagnoses in your notes.

Q: What if a patient was on RTM, stopped for 3 months, and now wants to restart?

A: This likely constitutes a new episode. You can bill 98975 again if you're re-establishing the RTM program for the same or a different condition. Document why re-enrollment is medically necessary.

13. Monthly Billing Checklist

Print this page and check off before closing each month's billing.

BEFORE BILLING — CONFIRM ALL ITEMS:

- Patient has an active MSK diagnosis documented
- Clear functional goals are established
- HEP is mapped to that diagnosis inside EMBODI
- Payer status is marked: Covered RTM vs. Cash RTM
- 98975 used ONCE at RTM start (not repeated monthly)
- Device days from EMBODI → 98977 (16-30) OR 98985 (2-15), NEVER BOTH
- If <2 data days → Did NOT bill device code
- EMBODI shows total monthly management minutes logged
- At least ONE live interactive contact occurred this month
- Management code: 98979 (10-19 min) OR 98980 (≥20 min), NEVER BOTH
- 98981 billed ONLY as add-on to 98980 (if applicable)
- Documentation includes medical necessity language (see Section 14)
- Documentation ties RTM to diagnosis, goals, and specific plan changes

14. Medical Necessity Power Phrases

Include these phrases in your documentation — auditors and payers look for this language:

Establishing Medical Necessity

- *"RTM is clinically indicated to..."*
- *"Medically necessary to monitor and adjust treatment in response to..."*
- *"Required to support functional restoration and..."*
- *"Essential for timely adjustment of therapeutic dosing..."*

Describing Outcomes & Rationale

- *"Objective data demonstrates..."*
- *"In response to [specific finding], I adjusted..."*
- *"To prevent deterioration/exacerbation..."*
- *"Critical to prevent recurrence and maintain functional gains..."*

Documenting Changes

- *"Based on EMBODI data showing [specific metric], treatment was modified to..."*
- *"Patient's [pain/function/adherence] indicates need for..."*
- *"Titrated exercise intensity/frequency in response to..."*
- *"Addressed adherence barriers including..."*

Remember: EMBODI gives you the numbers.

Your job is to add the clinical narrative that ties data to medical necessity.

— End of Guide —

Questions? Contact EMBODI Support: support@embodihealth.com

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