

FREE GUIDE

The Chiropractor's RTM Quick-Reference Guide

2026 CMS Changes · Which Codes Apply · What It Pays

If your practice is texting patients between visits — appointment reminders, symptom check-ins, post-adjustment follow-ups, pain reports — **some of those conversations are already billable** under 2026 CMS rules. Most chiropractic practices have no idea.

THE 2026 OPPORTUNITY

You're Already Doing the Work. Let's Get You Paid For It.

For years, RTM (Remote Therapeutic Monitoring) billing existed on paper but was impractical for most chiropractic offices. The documentation burden was high, the minimum engagement requirements were steep, and nobody had bandwidth to track it. **CMS changed the rules for CY2026 — and the bar is now low enough that the check-in texts your staff is already sending qualify.**

2026 Change	What It Means for Chiro Practices
New short-window codes (98984)	Bill for 2–15 days of transmitted data — not just 16+ days. Post-adjustment check-ins over 2 weeks now qualify. Same reimbursement rate as the longer window.
Short-duration management (98979)	New code covers 10–19 minutes of monthly clinical management — roughly half the value of the 20-min code. Staff no longer need a full 20 min to bill something.
Lower time thresholds (98980)	Primary management code now starts at 11–20 minutes, with additional 10-min increments billable beyond that. Lower entry point, more billable opportunities.
Mix & match RTM + RPM	RTM codes can now be billed alongside RPM and other care-management programs when documentation is kept separate — more revenue from the same patient.

Figures reflect general 2026 Medicare Physician Fee Schedule parameters. Confirm current-year eligibility and rates with your billing and coding staff before relying on them.

Connect platform is actively working to add functionality for using data from FDA approved wearables and mobile device connectivity to support RPM codes that rely on medical / physiological data such as monitoring biological data (blood pressure, weight, heart rate, etc.) which will open up even more monetizing options for monitoring patients between visits.

RTM CPT CODE REFERENCE

The Codes That Apply to Chiropractic & Non-EHR Practices

RTM (Remote *Therapeutic* Monitoring) — not RPM — is the right code family for chiropractic. It covers therapeutic, non-physiologic data: pain scores, functional status reports, symptom check-ins, adherence tracking. **No new devices, no wearables, no blood pressure cuffs.** Patients communicate through a Simple App Download on the phone they already have.

CPT Code	Description	Type	Nat'l Avg*
98975	RTM Setup & Patient Education Initial setup and training for each new patient. Billed once per patient.	One-time	~\$20
98976 (NEW 2026)	RTM Device Supply — 2–15 Transmission Days NEW short-window code. Patient transmits data on at least 2 days in a 30-day period. Same rate as the 16+ day code.	Monthly / patient	~\$50
98977	RTM Device Supply — 16+ Transmission Days Patient transmits on 16 or more days in a 30-day period.	Monthly / patient	~\$52
98979 (NEW 2026)	RTM Management — 10–19 Minutes NEW short-duration management code. Clinical staff spends 10–19 min monthly reviewing data and managing care.	Monthly / patient	~\$26
98980	RTM Treatment Management — First 20 Minutes Monthly clinical management, first 20-min block. Now starts at 11 min under 2026 rules.	Monthly / patient	~\$51
98981	RTM Treatment Management — Each Add'l 10 Min Stacks on top of 98980 for each additional 10-minute block of monthly management time.	Monthly / patient	~\$39

* National average Medicare estimates based on 2026 PFS parameters. Actual reimbursement varies by payer, geography, and code combination. Confirm with your billing staff before submitting claims.

MONTHLY REVENUE ESTIMATE

What Does This Look Like at Your Practice?

The table below uses a conservative scenario: each enrolled patient triggers the supply code (98976/98977) plus one management code (98979 or 98980) per month. Setup code (98975) is billed once per new patient.

Active Enrolled Patients	Setup Codes (one-time)	Supply Codes (monthly)	Management (monthly)	Est. Monthly Revenue
25 patients	5 new × ~\$20 = \$100	25 × ~\$50 = \$1,250	25 × ~\$51 = \$1,275	~\$2,625/mo
50 patients	5 new × ~\$20 = \$100	50 × ~\$50 = \$2,500	50 × ~\$51 = \$2,550	~\$5,150/mo
100 patients	10 new × ~\$20 = \$200	100 × ~\$50 = \$5,000	100 × ~\$51 = \$5,100	~\$10,300/mo

Estimates assume Medicare reimbursement at national average rates. Commercial payer rates and geographic adjustments vary. Active SOS Connect supports and documents billable activity — your practice's licensed clinicians and billing staff determine CPT eligibility and submit claims.

DO YOU QUALIFY?

What a Practice Needs to Start Billing RTM

✓	Active patients you communicate with between visits If your staff is texting patients — even for appointment reminders or basic check-ins — that's your foundation to structure this process. We just take advantage of messages for patient monitoring, care or tracking activity.
✓	A licensed provider to oversee the program The billing provider (DC, MD, NP, PA) must be involved in treatment management reviews.
✓	Documentation of patient interactions Every message, check-in, and staff response needs to be timestamped and attributed. Connect does this automatically.
✓	Transmission data from patients Patients need to send responses or check-ins on the required number of days per month. The app guides them through it.
✓	An EHR or EMR already in place Connect runs standalone — no integration required to start. But we can 'CONNECT' all patient activity to your HER for reference and billing.
✗	New devices or wearables? Patients use the phone they already carry. Messages sent via standard text message. Or the patients can use our propriety app to send specialized messages along with locations of where they are when message is sent. A Simple App Download, standardized setup. Nothing to ship or manage.
✗	A billing department overhead? Connect's billing screen shows CPT qualification status per patient, per month — your existing biller works from one screen.

HOW IT WORKS

Active SOS Connect: The RTM Layer for Your Practice

1. Patients enroll Simple App Download on their existing phone. Guided setup takes minutes. No new hardware.	2. Check-ins happen naturally Symptom reports, pain scores, follow-ups — the conversations you're already having, now documented.	3. Staff reviews & bills Routine messages queue for review, urgent ones escalate. Every touchpoint logs automatically toward CPT thresholds.
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See What's Already Billable in Your Practice

Book a free 15-minute call. No commitment, no changes to how your practice runs today — just a clear picture of what you're already earning and not billing for.

→ **Schedule Your Free RTM/RPM Discussion** ←

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Active SOS Connect is a communication and documentation platform. It does not bill on behalf of any practice. Your licensed clinicians and billing/coding staff determine CPT code eligibility and submit claims. Reimbursement rates cited are national average Medicare estimates for CY2026 and are subject to geographic adjustment, payer-specific contracts, and annual CMS fee schedule updates. Verify current figures with your billing team before relying on them.