



THE PHYSICAL THERAPIST'S GUIDE TO REMOTE THERAPEUTIC MONITORING

How to Add \$15,000-\$40,000 Per Month to Your PT
Practice by Getting Paid for Work You're Already Doing

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A Letter From Dr. Andrew Gorecki

Dear Fellow Practice Owner,

Two years ago, I was about to sell my practice. Our profit margins had dropped below 10%. I was losing therapists to hospital systems that could pay \$10,000 more per year. I couldn't afford to give raises. I was working 50+ hours a week and bringing home less than I did five years earlier. I was exhausted, stressed, and out of options. Then I discovered Remote Therapeutic Monitoring (RTM). At first, I was skeptical. It sounded too good to be true: "Get paid for work you're already doing." But I did my research. I talked to other practice owners. I called Medicare to verify. I ran the numbers.

And I decided to try it.

Twelve months later:

- We added \$40,000 per month in revenue
- Our profit margins went from 8% to 20%
- I gave my staff raises
- I stopped thinking about selling and started thinking about expanding

Here's the crazy part: We were already doing the work.

We were creating home exercise programs for every patient. We were monitoring compliance. We were following up with patients between visits. We were answering questions and providing support.

We just weren't getting paid for it.

RTM changed that.

I'm sharing this guide because I want the same transformation for your practice.

I know what it's like to:

- Worry about making payroll
- Lose sleep over declining reimbursements
- Watch your best therapists leave for better-paying jobs
- Work harder than ever and bring home less

You don't have to live like that.

This guide will show you exactly how RTM works, how to implement it, and how to avoid the mistakes that cause most programs to fail.

I'm not holding anything back. This is everything I wish someone had told me when I started.

Let's get started.

Dr. Andrew Gorecki, PT, DPT
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PART 1: THE PROBLEM (Why You Need This)

Chapter 1: Why PT Profit Margins Are Dying

If your practice profit margins have dropped from 20% to single digits in the last few years, you're not alone.

Here's what's happening across the industry:

Insurance reimbursements are down 15-20%

The average reimbursement per PT visit has declined steadily over the past 5 years. What used to reimburse at \$100 per visit now reimburses at \$80-85.

Staff wages are up 20-30%

Five years ago, you could hire a good PT for \$65,000-\$70,000. Today, you're looking at \$80,000-\$90,000 minimum in most markets. Some markets are pushing six figures.

You're getting squeezed from both sides

Less revenue per visit + higher cost per employee = disappearing profit margins.

Let me show you the math:

2018 Math (per therapist per month):

- Revenue: \$20,000/month (200 visits × \$100)
- Therapist salary: \$5,400/month (\$65K annually)
- Benefits/taxes (30%): \$1,600/month
- Total labor cost: \$7,000/month
- **Gross profit: \$13,000/month per therapist**

2024 Math (per therapist per month):

- Revenue: \$17,000/month (200 visits × \$85)
- Therapist salary: \$7,500/month (\$90K annually)
- Benefits/taxes (30%): \$2,250/month
- Total labor cost: \$9,750/month
- **Gross profit: \$7,250/month per therapist**

You just lost \$5,750 per month per therapist in gross profit.

If you have 5 therapists, that's \$28,750 per month – \$345,000 per year – that just evaporated.

And that's BEFORE:

- Rent increased
- Liability insurance increased
- Software costs increased
- Supplies got more expensive

This is why your margins are dying.

And it's not your fault. You're not bad at business. The fundamental economics of PT practice have changed.

The question is: What are you going to do about it?

Chapter 2: The Wage War You Can't Win

There's an 18,000 physical therapist shortage nationwide.

What this means for you:

You're competing for a shrinking pool of qualified therapists against:

- Hospital systems with deep pockets
- Travel PT companies offering \$2,000+ per week
- Remote telehealth positions with flexibility
- Other private practices desperate for staff

The wage war is real, and you're losing.

Here's what happens when you can't pay competitive wages:

Scenario 1: You try to pay below market rate

You offer \$75,000 when the market rate is \$90,000.

You get one of three types of therapists:

1. New grads with no experience (need tons of supervision, leave after 1-2 years for better pay)
2. Therapists who can't get hired elsewhere (there's usually a reason)
3. Therapists actively looking for their next job (checked out, just passing through)

Scenario 2: You lose your best therapists

Your star therapist – the one patients request by name, the one who mentors new grads, the one who's been with you for 8 years – gets offered \$12,000 more by a hospital system.

She gives notice. You're devastated. You can't match the offer.

Now you're short-staffed, scrambling to hire, and your remaining staff is burned out covering the extra load.

Scenario 3: The death spiral

Can't pay competitive wages → Lose good therapists → Patient experience suffers → Reputation declines → Patient volume drops → Revenue decreases → Even LESS money to pay therapists → Repeat

I've watched this happen to three practices in my area over the last two years. All three eventually sold to private equity at terrible valuations because they were desperate.

The brutal truth:

You can't win the wage war by cutting costs. You're already running lean.

You can't win by seeing more patients. Your staff is already maxed out.

You can only win by generating more revenue per staff member without increasing their workload.

That's what this guide is about.

Chapter 3: Why Traditional Solutions Don't Work

When practice owners face declining margins and wage pressures, they typically explore these solutions:

Solution #1: Go Cash-Based

The promise: Drop insurance, charge premium prices, work with fewer patients, make more money.

The reality:

- You'll lose 60-80% of your patient volume
- You need to charge \$400+ per visit to match current revenue
- Patient acquisition costs skyrocket (you're now a marketer, not a PT)
- It takes 12-24 months to stabilize (if you survive)
- Most practices fail during the transition

Who it works for: Specialized niches (pelvic health, sports performance) in wealthy areas with established personal brands.

Who it doesn't work for: General orthopedic practices in middle-class areas (most practices).

Solution #2: Buy Expensive Equipment

The promise: "This \$30,000 laser will pay for itself in 6 months and generate \$90,000/year in new revenue!"

The reality:

- Hidden costs: \$3-5K/year maintenance, staff training time, marketing to generate demand
- Actual utilization: 2-3 patients/day (not the projected 5)
- Real revenue: \$3-4K/month (not \$7.5K)
- Actual ROI: 18 months (not 4)

The opportunity cost: What else could you do with \$30,000 that has lower risk and faster ROI?

Solution #3: Add New Services (Dry Needling, etc.)

The challenges:

- Certification costs and training time
- Not all therapists want to do it
- Still requires patient volume to generate meaningful revenue
- Adds to staff workload

Solution #4: Just Work Harder

The problem: You're already working 50+ hours a week. Your staff is already seeing 8-10 patients per day. There's no more capacity.

Working harder isn't sustainable. It leads to burnout, mistakes, and eventually you'll quit or sell.

So what's the answer?

You need a revenue stream that:

- Doesn't require dropping insurance
- Doesn't require expensive equipment
- Doesn't require new certifications or skills
- Doesn't require seeing more patients
- Doesn't add significant workload to staff
- Has zero or minimal upfront cost
- Generates meaningful revenue quickly

That's Remote Therapeutic Monitoring.

PART 2: THE SOLUTION (What RTM Is)

Chapter 4: What Is Remote Therapeutic Monitoring?

Remote Therapeutic Monitoring (RTM) is a set of billing codes that allow you to get reimbursed by insurance for monitoring patients' therapeutic activities outside of clinic visits.

In plain English:

You can now get paid for monitoring patients' home exercise programs.

Here's what you're probably already doing:

- Creating home exercise programs for every patient
- Teaching patients how to do the exercises
- Following up: "Are you doing your exercises at home?"
- Answering patient questions between visits
- Monitoring compliance and adjusting as needed
- Providing encouragement and accountability

How much are you getting paid for this work?

\$0.

What changed in 2023:

Medicare and major insurance companies started reimbursing for Remote Therapeutic Monitoring.

What they pay:

Approximately \$150-180 per patient per month for:

- Providing patients with a system to track their exercises (app/software)
- Monitoring whether they're actually doing their exercises (16+ days of data per month)
- Communicating with them about their home program (20+ minutes per month)
- Reviewing their progress and providing support

This is work you're already doing. You're just not getting paid for it.

RTM changes that.

Chapter 5: The Revenue Stream You're Already Doing (But Not Getting Paid For)

Let me show you how much time your practice spends on home exercise programs:

Per patient, per episode of care:

- Creating the program: 10-15 minutes
- Teaching the patient: 5-10 minutes
- Following up during visits: 5 minutes per visit
- Answering questions between visits: 5-10 minutes
- Dealing with non-compliance: Variable

Total: 30-45 minutes per patient per episode of care

Now multiply that by your patient volume:

If you see 100 patients per week:

- 100 patients × 30 minutes = 3,000 minutes
- That's 50 hours per week your staff spends on home exercise programs

How much are you getting paid for those 50 hours?

\$0.

What if insurance would pay you for that time?

With RTM, they will.

The math:

100 active patients enrolled in RTM:

- Insurance reimburses: ~\$16,000/month
- Your revenue (after vendor fees): \$8,000-14,000/month depending on model
- **Annual additional revenue: \$96,000-168,000**

For work you're already doing.

Chapter 6: How RTM Is Different From Everything Else

Let me compare RTM to other revenue strategies:

RTM vs. Going Cash-Based	
Drop all insurance contracts	Keep all insurance contracts
Lose 60-80% of patients	Keep all patients
Need to charge \$400/visit	Charge normal rates + RTM
12-24 month transition	3-4 week implementation
Become full-time marketer	Minimal marketing needed
High risk	Zero upfront risk

RTM vs. Buying Equipment	
\$30,000+ upfront cost	\$0 upfront cost
\$3-5K/year maintenance	No maintenance fees
Need to generate patient demand	Use existing patient base
12-18 month ROI	2-3 month ROI
Utilization risk	No utilization risk

RTM vs. Adding New Services

Certification required	No certification needed
Training time	Minimal training
Not all staff want to do it	All staff can participate
Adds to workload	Minimal workload addition

RTM vs. Seeing More Patients

Staff sees more patients	Staff sees same patients
Increases burnout	Doesn't increase burnout
Quality may suffer	Quality improves (better compliance)
Limited by capacity	Scales with existing volume

The unique advantages of RTM:

1. You're already doing the work – Just not getting paid for it
2. Zero upfront investment – Performance-based pricing
3. Benefits patients – Better compliance, better outcomes
4. Fast implementation – 3-4 weeks, not months
5. Low risk – If it doesn't work, you stop
6. Scalable – Works for practices of all sizes

PART 3: THE MECHANICS (How RTM Works)

Chapter 7: Understanding the Billing Codes (Simplified)

RTM uses five CPT codes. Here's what each one means in plain English:

CPT 98975: Initial Setup and Patient Education

What it is: The first time you set up a patient in the RTM system and teach them how to use it.

When you bill it: Once per episode of care (when patient first enrolls)

What you do:

- Get patient consent
- Set up their account in the app
- Show them how to use it
- Explain what RTM is

Time required: 5-10 minutes

Reimbursement: ~\$19-25

CPT 98976: Device Supply (Respiratory System)

What it is: Providing the patient with a device/system to monitor respiratory therapeutic activities.

Note: Most PT practices use 98977 (musculoskeletal) instead of this code.

Reimbursement: ~\$55-65

CPT 98980: First 20 Minutes of Monitoring

What it is: Time spent reviewing patient data, communicating with the patient, and documenting.

When you bill it: Once per month (if you spend 20+ minutes)

What counts toward the 20 minutes:

- Reviewing patient engagement data
- Phone or video call with patient
- Messaging with patient through the app
- Documenting the monitoring session
- Communicating with treating therapist about patient

Important: You must spend the full 20 minutes. There's no "substantial portion" rule.

Reimbursement: ~\$50-65

CPT 98981: Each Additional 20 Minutes

What it is: Additional monitoring time beyond the first 20 minutes.

When you bill it: If you spend 40+ minutes in a month, you can bill 98980 + 98981. If you spend 60+ minutes, you can bill 98980 + 2 units of 98981.

Typical: Most practices bill 98980 only (20-30 minutes per patient per month)

Reimbursement: ~\$43-50 per unit

Total Revenue Per Patient Per Month

Typical billing for an established patient:

- 98977 (device supply): ~\$60
- 98980 (monitoring): ~\$58

Total: ~\$118/month

First month (new patient):

- 98975 (setup): ~\$22
- 98977 (device): ~\$60
- 98980 (monitoring): ~\$58

Total: ~\$140

Average across all patients: ~\$150-180/month

Chapter 8: What Insurance Companies Pay (And Which Ones)

Insurance Companies That Reliably Cover RTM

Medicare:

- Covers all RTM codes
- No prior authorization required
- No copay for patients
- May count toward deductible
- Payment rate: 98-99% of claims
- **Most reliable payer**

United Healthcare:

- Covers RTM (most plans)
- Payment rate: ~98%
- Reimbursement similar to Medicare

Blue Cross Blue Shield:

- Covers RTM (most plans)
- Payment rate: ~97%
- May vary by state

Blue Cross Blue Shield:

- Covers RTM (most plans)
- Payment rate: ~97%
- May vary by state

Aetna:

- Covers RTM (most plans)
- Payment rate: ~96%

Cigna:

- Covers RTM (most plans)
- Payment rate: ~95%

Insurance Companies That May Not Cover RTM

Medicaid:

- Varies by state
- Some states cover, some don't
- Check your specific state

Some HMO Plans:

- May require prior authorization
- May not cover RTM
- Verify before enrolling patients

Small Regional Insurers:

- Coverage varies
- Always verify before enrolling

How to Verify Coverage

Before enrolling a patient in RTM:

1. Check if their insurance is on the "covers RTM" list
2. Call the insurance company (or use online verification)
3. Ask: "Does this plan cover CPT codes 98975, 98977, and 98980?"
4. Document the answer (reference number, rep name, date)

Our policy: We only offer RTM to patients whose insurance we've verified covers it. This eliminates 90% of potential cost complaints.

Chapter 9: Which Patients Qualify (And Which Don't)

Patients Who Qualify for RTM

- ✓ **Patients with home exercise programs** This is the #1 requirement. If they don't have a home program, they don't qualify.
- ✓ **Patients with insurance that covers RTM** Verify before enrolling.
- ✓ **Patients who consent to the program** Must provide informed consent.
- ✓ **Patients with smartphones or tablets** They need a device to access the app. (Alternative: tablet in clinic, or phone-based monitoring)
- ✓ **Patients who can engage with the program** Must be cognitively able to use the system and participate.

Patients Who Don't Qualify

- ✗ **Patients who refuse technology** If they're adamantly opposed to using an app, don't force it.
- ✗ **Patients whose insurance doesn't cover RTM** Don't enroll them – you won't get paid.
- ✗ **Patients who decline the program** It's optional. Respect their decision.
- ✗ **Patients with no home program component** If their treatment doesn't include home exercises, RTM doesn't apply.
- ✗ **Patients who can't provide informed consent** Cognitive impairment, language barriers without translator, etc.

Common Questions

Q: Can I enroll post-surgical patients?

A: Yes, if they have a home exercise program.

Q: Can I enroll chronic pain patients?

A: Yes, if they have a home exercise program.

Q: Can I enroll patients in their first week of PT?

A: Yes, as long as you provide setup and education.

Q: Can I enroll patients who are about to discharge?

A: Yes, but they need to be enrolled for at least 16 days to bill for that month.

Q: What if a patient doesn't have a smartphone?

A: Options: 1) Provide a tablet they can use in clinic, 2) Phone-based monitoring (our remote providers call them), 3) They use a family member's device.

Q: What percentage of my patients should I enroll?

A: Typically 60-80% of patients are appropriate for RTM. Not every patient needs to be enrolled.

Chapter 10: Documentation Requirements Made Simple

One of the biggest fears practice owners have: "What if I don't document correctly and get audited?"

Good news: Documentation requirements are straightforward. Here's what you need:

For Code 98975 (Initial Setup)

What to document:

- Date and time of setup
- Patient consent obtained
- Education provided on how to use the system
- Patient demonstrated understanding

Example note: "Patient enrolled in Remote Therapeutic Monitoring program. Consent obtained. Educated patient on use of MyMovementRx app for home exercise tracking. Patient demonstrated ability to log in and view exercise program. Patient understands that monthly check-ins will occur. Time: 8 minutes."

For Code 98977 (Device Supply)

What to document:

- Date device/system was provided
- Type of device (app on smartphone, tablet, etc.)
- Patient has access and can use it

Example note: "Patient provided access to MyMovementRx app for musculoskeletal therapeutic monitoring. Exercise program loaded. Patient successfully logged in and accessed program on smartphone."

For Code 98980 (Monitoring Time)

What to document:

- Date of monitoring activities
- Time spent (must be 20+ minutes)
- What you reviewed (patient engagement data)
- Communication with patient (phone call, video call, messaging)
- Any concerns or issues identified
- Plan/recommendations

Example note: : "Remote therapeutic monitoring performed:

- Reviewed patient engagement data: 18 days of activity this month
- Phone call with patient: 7 minutes. Patient reports exercises going well, some soreness with shoulder flexion exercise.
- Recommended reducing reps on shoulder flexion, continue other exercises as prescribed.
- Sent message to treating therapist re: shoulder soreness.
- Documentation time: 3 minutes. Total time: 22 minutes."

Time Tracking

What counts toward the 20 minutes:

- ✓ Reviewing patient data before the call
- ✓ The actual call/communication with patient
- ✓ Messaging with patient
- ✓ Documentation after the call
- ✓ Communication with treating therapist

What counts toward the 20 minutes:

- ✗ Time spent billing or submitting claims
- ✗ General administrative tasks
- ✗ Time treating the patient during clinic visits

How to track time: Use software that automatically logs time stamps for:

- When you reviewed patient data
- When you called/messaged patient
- When you documented

Our software does this automatically – no manual time tracking needed.

Data Collection Requirement (16+ Days)

For code 98977, you must have proof that:

- Patient used the system at least 16 days during the month
- Data was collected (exercise completion, pain levels, etc.)

What this looks like:

- Patient logs into app and marks exercises complete
- System tracks which days patient engaged
- Report shows: "Patient engaged 22 days in March"

If patient doesn't engage 16+ days:

- You can't bill 98977 for that month
- You can still bill 98980 if you did the monitoring time

Consent Documentation

You need documented proof that:

- Patient was informed about RTM
- Patient understands what it is
- Patient consents to participate
- Patient understands potential costs (if any)

How we do this:

- Digital consent form in the app
- Patient reads explanation
- Patient checks box: "I consent to participate in RTM"
- System stores consent with timestamp

What Happens in an Audit

If you're audited, insurance will ask for:

1. Consent forms
2. Proof of device supply (patient has access to system)
3. Proof of 16+ days of data collection
4. Time logs showing 20+ minutes of monitoring
5. Documentation notes

If you have all of this, you'll pass the audit.

We've been audited. We passed. Insurance asked us to train their auditors.

PART 4: THE IMPLEMENTATION (How to Actually Do This)

Chapter 11: The 3-4 Week Implementation Timeline

Total time investment from you: 4-5 hours over 4 weeks

Week 1: Account Setup and Initial Training

Day 1-2: Account Creation

- You provide: Practice info, logo, provider list
- We create: Your branded account
- **Your time: 30 minutes**

Day 3-7: Self-Paced Training

- Providers watch implementation video course (2 hours)
- Covers: How to use software, how to enroll patients, what to document
- **Provider time: 2 hours each (on their own schedule)**

Week 2: Leadership and Clinical Training

Meeting 1: Leadership Team (60-90 minutes)

- Attendees: Owner, clinic director, lead therapists
- Topics:
 - Documentation requirements and templates
 - How to minimize provider time
 - Creating systems and workflows
 - Which patients are appropriate
 - How to introduce RTM to patients
- **Your time: 90 minutes**

Meeting 2: Provider Q&A (30-60 minutes)

- Attendees: All treating providers
- Topics:
 - Answering questions from video course
 - Walking through software together
 - Practicing patient enrollment
 - Reviewing scripts
- **Provider time: 60 minutes**

Week 3: Billing Team Training

Meeting 3: Billing Team (60 minutes)

- Attendees: Billing manager, billing staff
- Topics:

- Understanding RTM codes
- How to submit claims
- Tracking reimbursements
- Handling denials
- **Billing team time: 60 minutes**

Week 4: Soft Launch

Days 1-3: First Patient Enrollments

- Each provider enrolls 2-3 patients
- We monitor closely and provide support
- Goal: Prove it's easy and patients like it

Days 4-7: Check-In and Troubleshooting

- Quick team meeting (30 minutes)
- What's working? What's not?
- Address any confusion
- Adjust processes as needed

End of Week 4:

- System is live
- 20-40 patients enrolled
- Providers comfortable with process
- First monitoring calls happening

Month 2: Growth Phase

Patient enrollment: 60-100 total patients

Revenue: \$3,000-6,000 (from Month 1 patients)

Staff sentiment: Getting more comfortable

Key milestone: First reimbursement checks arrive

Month 3: Building Momentum

Patient enrollment: 100-150 total patients

Revenue: \$10,000-16,000 (from Month 2 patients)

Staff sentiment: Becoming routine

Key milestone: Staff see patient compliance improving

Month 4-6: Stabilization

Patient enrollment: 150-250+ patients (stable)

Revenue: \$20,000-40,000+ (depending on practice size)

Staff sentiment: Fully integrated into workflow

Key milestone: Revenue is predictable and significant

Chapter 12: Getting Staff Buy-In (The #1 Success Factor)

The #1 reason RTM programs fail: Staff resistance.

Not because patients don't like it. Not because insurance doesn't pay. But because staff won't use it.

Why Staff Resist

They're thinking:

- "This is more work for me"
- "I don't have time for this"
- "This is just about money, not patient care"
- "I don't understand it, so I don't trust it"
- "What if I do it wrong and get in trouble?"

These are legitimate concerns. If you don't address them, your program will fail.

How to Get Staff Buy-In

Step 1: Lead with patient benefit, not revenue

Wrong: "We're implementing RTM. It's going to add \$30,000/month in revenue!"

Right: "We have a problem: patients don't do their home exercises. Compliance is maybe 40-50%. What if we could double that? What would that mean for outcomes?"

Step 2: Address workload concerns directly

Show them what will and won't change:

What stays the same:

- Creating home exercise programs (already doing this)
- Teaching patients exercises (already doing this)
- Documenting (already doing this)

What changes:

- Use our app instead of paper handouts (actually easier)
- Add one sentence to documentation (template provided)

What they DON'T have to do:

- Make monitoring calls (we do that with remote providers)
- Track time (software does it automatically)
- Bill the codes (billing team handles it)

Step 3: Ask for their input

Show them what will and won't change:

- What worries you about this?
- What questions do you have?
- What would make this easier for you?

Then address every concern.

Step 4: Start with volunteers

Don't make it mandatory immediately. Ask: "Who wants to try this with a few patients first?"
Let early adopters prove it works. Others will follow.

Step 5: Celebrate early wins

When patients give positive feedback, share it with the team.
When the first reimbursement check arrives, celebrate it.
When patient compliance improves, acknowledge it.

What Staff Actually Say After Implementation

From our staff (6 months after implementation):

"I was skeptical at first, but it's actually made my job easier. Patients are doing their exercises now."

"The app is way better than printing exercise sheets. Takes less time."

"I love getting messages from the remote providers about patient concerns. It's like having extra eyes on my patients."

"I should have been using this years ago."

The Mistakes That Kill Staff Buy-In

- ✗ Announcing it as a done deal (no input)
- ✗ Leading with the revenue (feels like a money grab)
- ✗ Dumping it on staff without support
- ✗ Making it mandatory immediately
- ✗ Not addressing concerns
- ✗ No follow-up or support after launch
- ✗ Do the opposite of these and you'll succeed.

Chapter 13: DIY vs. Full-Service: Which Is Right for You?

You have two options for implementing RTM:

Option 1: DIY (Do It Yourself)

What you get:

- Software/app for patients
- Training and support
- Documentation templates
- Billing guidance

What you do:

- Your staff does the monitoring (20-30 min per patient per month)
- Your staff makes the monthly calls
- Your staff tracks time and documents

Pricing:

- Software cost: \$15-20 per patient per month
- You keep: \$140-145 per patient per month

DIY makes sense if:

- ✓ You have a dedicated staff member with 10-15 hours/week available
- ✓ That person is clinical (PTA, COTA, or PT)
- ✓ You want to maximize revenue
- ✓ You have fewer than 50 patients enrolled

DIY doesn't make sense if:

- ✗ Your staff is already maxed out
- ✗ You don't have clinical staff available
- ✗ You have 100+ patients (too much workload)
- ✗ You want truly passive revenue

Option 2: Full-Service

What you get:

- Software/app for patients
- Remote PTAs/COTAs do all monitoring for you
- Training and support
- Documentation templates
- Billing guidance

What you do:

- Make monthly monitoring calls
- Track time automatically
- Document everything
- Communicate with your therapists about patient concerns

Pricing:

- Our fee: 50% of insurance reimbursement
- You keep: \$80 per patient per month

DIY makes sense if:

- ✓ Your staff is already busy
- ✓ You want passive revenue
- ✓ You have 50+ patients enrolled
- ✓ You want higher success rates

Reality check: 85% of our clients use full-service because their staff doesn't have bandwidth.

The Math

100 patients enrolled:

DIY:

- You keep: \$14,000/month
- Staff time required: 40 hours/month
- Hourly equivalent: \$350/hour

DIY:

- You keep: \$14,000/month
- Staff time required: 40 hours/month
- Hourly equivalent: \$350/hour

Full-Service:

- You keep: \$8,000/month
- Staff time required: ~2 hours/month
- Hourly equivalent: \$4,000/hour

Which is better?

Depends on whether you have 40 hours/month of staff time available.
Most practices don't.

Hybrid Approach

Some practices start with full-service, then transition to DIY once they:

- Have a dedicated RTM coordinator
- Understand the process fully
- Want to maximize revenue

Our recommendation:

Start with full-service. Prove it works. Then decide if you want to bring monitoring in-house.

Chapter 14: How to Choose an RTM Vendor (Red Flags & Green Flags)

Not all RTM vendors are created equal.

Red Flags to Watch For

- ▶ **80/20 revenue split (you keep 20%)**
This is extraction, not partnership. You should keep at least 50%.
- ▶ **Setup fees of \$500-2,000**
You're paying upfront before you know if it works.
- ▶ **Monthly minimums**
"You must have at least 50 patients or pay \$2,000/month minimum."
- ▶ **12-month contracts with termination fees**
They're trapping you because they don't trust you'll stay.
- ▶ **Non-clinical staff doing monitoring**
Customer service reps reading scripts ≠ quality patient care.
- ▶ **High-pressure sales tactics**
"This offer expires today!" = They're desperate for your business.
- ▶ **"Set it and forget it" promises**
If they promise zero work from you, they're lying.
- ▶ **No implementation support**
"Here's your login, good luck!" = You're on your own.

Green Flags to Look For

- ▶ **Fair revenue split (50/50 or better)**
Partnership, not extraction.
- ▶ **No setup fees or monthly minimums**
You only pay when you generate revenue.
- ▶ **Month-to-month (cancel anytime)**
They trust you'll stay because they provide value.
- ▶ **Licensed PTAs/COTAs doing monitoring**
Clinical staff who understand rehab.
- ▶ **Comprehensive implementation support**
Step-by-step guidance, training, ongoing support.
- ▶ **They're clinicians themselves**
PTs who own practices and have done this.
- ▶ **They've been audited and passed**
Proof their system is compliant.
- ▶ **Transparent about everything**
Pricing, process, challenges, realistic expectations.

Questions to Ask Before Signing Up

About Pricing:

1. What's your revenue split?
2. Are there setup fees?
3. Are there monthly minimums?
4. What's the contract length?
5. Can I cancel anytime?
6. Are there any hidden fees?

About Monitoring:

7. Who does the monitoring? (Clinical vs. non-clinical staff)
8. How are they trained?
9. Can I listen to sample calls?
10. How do they handle patient concerns?

About Implementation:

11. What does implementation support look like?
12. How long does it take?
13. What's required from my staff?
14. Do you provide training?

About Compliance:

15. Have any of your clients been audited?
16. What happened?
17. How do you ensure compliance?
18. What documentation do you provide?

About Results:

19. What's a realistic revenue projection for my practice size?
20. What's your client retention rate?
21. Can I talk to current clients?
22. What's the #1 reason clients leave?

If they can't or won't answer these questions clearly, that's a red flag.

Our Answers to These Questions

Pricing:

- 50/50 revenue split
- Zero setup fees
- Zero monthly minimums
- Month-to-month, cancel anytime
- No hidden fees

Monitoring:

- Licensed PTAs/COTAs
- 8 hours of motivational interviewing training
- You can listen to call recordings
- We flag concerns to treating therapists immediately

Implementation:

- 3-4 week structured process
- Video training + live meetings
- 4-5 hours total time from you
- Ongoing support after launch

Compliance:

- We've been audited by Blue Cross
- We passed and trained their auditors
- Automatic documentation and time tracking
- You get audit-ready reports

Results:

- See Chapter 19 for projections by practice size
- 90%+ client retention
- Happy to connect you with current clients
- #1 reason clients leave: They sell their practice

We're transparent because we have nothing to hide.

PART 5: THE OBJECTIONS (Addressing Your Concerns)

Chapter 15: “What If Patients Complain About Costs?”

This is one of the biggest fears practice owners have.

Here’s the reality from our data:

Out of 2,500+ patients enrolled over 2 years:

- Less than 20 complaints about cost (< 1%)
- Of those, about half were billing errors that got resolved
- About 10 patients total discontinued due to cost
- That’s 0.4% of patients

Why so few complaints?

Reason #1: No Copay for RTM

RTM is not a face-to-face visit, so there’s no copay.

Patients are used to paying \$20-40 copays for PT visits. RTM doesn’t have that.

Reason #2: Most Patients Have Already Met Their Deductible

By the time a patient is in PT for a few weeks, they’ve usually met their deductible through:

- PT visit charges
- Doctor visits
- Imaging (X-rays, MRIs)
- Other healthcare costs

So RTM charges are covered 100% by insurance.

Reason #3: We Only Offer It to Patients Whose Insurance Covers It

We verify insurance coverage before enrolling anyone.

We don’t offer RTM to:

- Cash-pay patients
- Patients with insurance that doesn’t cover RTM
- Patients with plans we haven’t verified

This eliminates 90% of potential cost complaints.

Reason #4: We Provide Clear Cost Information Upfront

We give every patient a one-page document that explains:

- What RTM is
- That their insurance covers it
- That there’s no copay
- That it might count toward deductible if not met
- That it’s optional

Transparency prevents surprise bills.

When There IS a Cost

If a patient hasn't met their deductible, RTM charges (~\$160/month) count toward that deductible.

Example:

Patient has \$2,000 deductible, has paid \$1,500 so far.

- Month 1 of RTM: \$160 toward deductible (patient pays \$160)
- Month 2 of RTM: \$160 toward deductible (patient pays \$160)
- Month 3 of RTM: \$180 remaining to meet deductible (patient pays \$180)
- Month 4+: Deductible met, patient pays \$0

Most patients don't mind this because:

- They were going to meet their deductible anyway through PT visits
- RTM is helping them get better
- It's only a few months of charges

How to Handle Patient Cost Questions

Patient: "How much will this cost me?"

You: "Your insurance covers Remote Therapeutic Monitoring. There's no copay. If you haven't met your deductible for the year, it will count toward your deductible – typically about \$160 per month. If you've already met your deductible, it's completely free to you. We've verified that your insurance covers this service."

Patient: "I don't want anything that costs extra."

You: "I completely understand. The good news is that for most patients, there's no extra cost because they've already met their deductible through their PT visits. But if you'd prefer not to enroll, that's absolutely fine. There's no pressure."

Patient: "Why wasn't I told about this cost before?"

You: "We're telling you now before you enroll. We want to make sure you understand everything upfront. That's why we're giving you this information sheet. This is completely optional."

Our Cost Transparency Policy

1. We only offer RTM to patients whose insurance covers it
2. We provide written cost information before enrollment
3. We make it optional – patients can decline
4. We check deductible status when possible
5. We handle insurance denials on behalf of patients
6. We allow patients to discontinue at any time

Result: Less than 1% of patients complain about cost.

Chapter 16: “What If Insurance Doesn’t Pay?”

This is the fear that stops most practice owners from moving forward.

Here’s our guarantee: You only pay us when you get paid by insurance.

Our Performance–Based Pricing Model

Traditional RTM companies:

- Setup fee: \$500–2,000 (you pay upfront)
- Monthly fee: \$50–100 per provider (you pay regardless)
- Revenue share: 80% to them, 20% to you

You’re paying money BEFORE you know if insurance will reimburse.

Our model:

- Setup fee: \$0
- Monthly fee: \$0
- Revenue share: 50% to us, 50% to you – **BUT we only get paid when YOU get paid**

Example:

You enroll 100 patients.

Insurance reimburses for 98 of them: \$15,680

Insurance denies 2 of them: \$320

You pay us: 50% of \$15,680 = \$7,840

You keep: \$7,840

You don’t pay us for the 2 denied claims.

We share the risk with you.

Our Reimbursement Track Record

Over the past 24 months:

- Total claims submitted: ~45,000
- Claims paid on first submission: ~42,750 (95%)
- Claims initially denied: ~2,250 (5%)
- Of those denials, resolved and paid: ~1,800 (80%)
- Legitimately not covered: ~450 (20%)

Final payment rate: 98.5%

What Happens When Claims Get Denied

Common reasons for denials:

1. **Technical billing errors** (wrong code, wrong patient info)
2. **Patient eligibility issues** (insurance doesn’t cover RTM, patient changed insurance)
3. **Timing issues** (claim submitted too early/late)

Most denials are fixable.

Our process:

1. We identify the denial immediately
2. We determine the reason (call insurance company)
3. We fix it if possible (correct error, resubmit)
4. We work with you to provide missing documentation if needed
5. If truly not covered, we write it off – you don't pay us

Insurance Company Payment Rates

By payer (our data):

- Medicare: 99% payment rate (most reliable)
- United Healthcare: 98%
- Blue Cross Blue Shield: 97%
- Aetna: 96%
- Cigna: 95%
- Other commercial: 90-95% (varies)

Insurance pays for RTM reliably.

Why We Can Offer This Guarantee

Reason #1: We're confident in our process

We've been doing this for 2+ years. We know:

- Which insurance companies pay
- How to bill correctly
- How to document for compliance
- How to handle denials

Reason #2: We only work with practices that verify insurance

We train you to verify patient insurance before enrolling.

This eliminates most denials before they happen.

Reason #3: Our margins work at 50%

We make healthy profit at 50% revenue share.

We don't need upfront fees or monthly minimums.

We can afford to share the risk.

The bottom line: You have zero financial risk.

Chapter 17: "What If I Get Audited?"

The fear: "What if I get audited and they deny all my claims? What if I owe money back?"

The reality: Audits aren't scary if you're doing it right.

Our Audit Story

Two years ago, we got a letter from Blue Cross Blue Shield:

“Your practice has been selected for a Remote Therapeutic Monitoring billing audit.”

I was terrified.

We had to provide documentation for 25 randomly selected patients:

- Consent forms
- Setup and education documentation
- Device supply records
- Daily monitoring data (16+ days per month)
- Time logs (20+ minutes per month)
- Communication records
- Clinical notes

We provided everything they asked for.

The result:

Not only did we pass the audit with flying colors...

The insurance company asked us to train their auditors on how RTM actually works.

They said: *“Your documentation is excellent. You clearly understand the billing requirements. Can you teach our audit team what good RTM looks like?”*

We trained their auditors.

What We Learned From the Audit

Lesson #1: Audits aren't scary if you're doing it right

If you:

- Get proper consent
- Document everything
- Track time accurately
- Provide actual clinical value

You'll pass.

Lesson #2: Insurance companies are still learning about RTM

RTM is new. Even auditors don't fully understand it yet.

They're looking for obvious fraud, not nitpicking details.

Lesson #3: Most practices aren't documenting properly

The auditor told us most practices they audit have:

- Incomplete consent forms
- No proof of data collection
- Vague time logs
- No integration with clinical care

That's why they fail audits.

Lesson #4: Good documentation is your best defense

We passed because we had:

- Digital consent forms with timestamps
- Automatic data collection tracking
- Detailed time logs
- Communication records
- Clinical integration notes

Our software does all of this automatically.

How to Audit-Proof Your RTM Program

Step 1: Use proper software

Don't try to track this manually.

You need software that:

- Captures patient consent digitally
- Tracks daily patient engagement automatically
- Logs monitoring time with timestamps
- Stores all communication
- Generates audit reports

Step 2: Document everything

For every patient, every month:

- Consent form
- 16+ days of engagement data
- 20+ minutes of monitoring time with details
- Communication records
- Integration with clinical notes

Step 3: Train your staff

Everyone needs to understand:

- What can and can't be billed
- How to document properly
- Time requirements
- How to integrate with clinical care

Step 4: Do internal audits

Once a quarter, pull 5 random patients and audit your own documentation.

Ask: *"If insurance requested this, would we pass?"*

Step 5: Work with people who've been audited

We've been through this. We know what auditors look for.

Our system is built to be audit-proof.

The bottom line: Compliance isn't complicated. It's just about doing things right.

Chapter 18: “What If My Staff Resists?”

We covered this in Chapter 12, but it’s such a critical concern that it deserves emphasis here.
The #1 reason RTM programs fail: Staff resistance.

Why Staff Resist (And How to Address It)

Concern: *“This is more work for me”*

Reality: With full-service RTM, staff workload increases by 2-3 minutes per patient (enrollment time). That’s it.

How to address: Show them exactly what will and won’t change. Use the breakdown from Chapter 12.

Concern: *“I don’t have time for this”*

Reality: If you’re using our remote monitoring service, they don’t have to make the calls or track time.

How to address: *“You’re already creating home programs. We’re just using different software. And we handle the monitoring for you.”*

Concern: *“This is just about money, not patient care”*

Reality: RTM improves patient outcomes. Studies show 25% improvement in function and pain reduction.

How to address: Lead with patient benefit. Show them the research. Share patient testimonials.

Concern: *“What if I do it wrong?”*

Reality: We provide templates, training, and ongoing support.

How to address: *“We’re going to train you properly. You’ll have templates for everything. And if something goes wrong, it’s on me, not you.”*

The Staff Buy-In Process

1. **Lead with patient benefit** (not revenue)
2. **Address workload concerns** (show it’s minimal)
3. **Get their input** (ask for concerns and questions)
4. **Start with volunteers** (let early adopters prove it works)
5. **Celebrate wins** (share patient feedback and first reimbursement)
6. **Provide ongoing support** (weekly check-ins in Month 1)

What Staff Say After Implementation

Real quotes from our staff:

“I was skeptical at first, but it’s actually made my job easier. Patients are doing their exercises now.”

“The app is way better than printing exercise sheets.”

“I love getting updates from the remote providers about patient concerns.”

“Patients are giving me positive feedback about the program.”

“I should have been using this years ago.”

Staff resistance is real. But it’s solvable.

PART 6: THE RESULTS (What to Expect)

Chapter 19: Realistic Revenue Projections by Practice Size

Let me show you realistic revenue projections based on practice size.

These are based on averages from practices we work with. Your results may vary.

3-5 Therapist Practice

Patient volume: 80-120 visits/week

RTM enrollment: 60-100 patients

Monthly revenue: \$9,600-16,000

Annual revenue: \$115,200-192,000

With full-service (50/50 split):

- You keep: \$4,800-8,000/month
- Annual: \$57,600-96,000

Impact:

- If your current revenue is \$600K-800K, this adds 7-12%
- If your margins are 10%, this could increase them to 15-17%

6-10 Therapist Practice

Patient volume: 150-250 visits/week

RTM enrollment: 120-200 patients

Monthly revenue: \$19,200-32,000

Annual revenue: \$230,400-384,000

With full-service (50/50 split):

- You keep: \$9,600-16,000/month
- Annual: \$115,200-192,000

Impact:

- If your current revenue is \$1.2M-1.8M, this adds 6-11%
- If your margins are 10%, this could increase them to 15-18%

11-15 Therapist Practice

Patient volume: 250-350 visits/week

RTM enrollment: 200-280 patients

Monthly revenue: \$32,000-44,800

Annual revenue: \$384,000-537,600

With full-service (50/50 split):

- You keep: \$16,000-22,400/month
- Annual: \$192,000-268,800

Impact:

- If your current revenue is \$2M-2.5M, this adds 8-11%
- If your margins are 10%, this could increase them to 17-20%

16+ Therapist Practice

Patient volume: 350+ visits/week

RTM enrollment: 280+ patients

Monthly revenue: \$44,800+

Annual revenue: \$537,600+

With full-service (50/50 split):

- You keep: \$22,400+/month
- Annual: \$268,800+

Impact:

- If your current revenue is \$3M+, this adds 7-9%
- Significant margin improvement

Factors That Affect Your Results

Higher enrollment (more revenue):

- Staff fully bought in
- Dedicated RTM champion
- Clear enrollment processes
- Good patient communication

Lower enrollment (less revenue):

- Staff resistance
- No clear champion
- Inconsistent enrollment
- Poor patient communication

The average practice enrolls 60-70% of appropriate patients in RTM.

Chapter 20: Case Study: 5-Therapist Practice Adds \$18K/Month

Let me share a real case study (practice name changed for privacy).

The Practice: “Summit Physical Therapy”

Profile:

- 5 therapists (4 PTs, 1 PTA)
- Single location
- Mid-sized Midwest city
- General orthopedics
- 120-140 visits/week

The problems:

- Lost 2 PTs in 18 months to hospital systems
- Couldn't afford competitive raises
- Owner working 50+ hours/week
- Considering selling to private equity

The Decision to Try RTM

Owner (Mark) was skeptical:

- *"My staff is already maxed out"*
- *"I don't want to add another expense"*
- *"What if patients complain?"*
- *"What if it's too complicated?"*

What convinced him:

- Zero upfront cost (performance-based pricing)
- We're PTs who've done this ourselves
- The math made sense (even 50 patients = \$8K/month)

ABOUT THE AUTHOR



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Dr. Andrew Gorecki is a physical therapist and owner of a 13-therapist, 2-location practice. After nearly losing his practice to the reimbursement crisis in 2022, he implemented the strategies in this guide and increased profit margins from under 10% back to 20%. He now speaks at national conferences and helps other practice owners navigate the changing economics of physical therapy. He's also the co-founder of MyMovementRx, a Remote Therapeutic Monitoring platform built by PTs, for PTs.

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