

RPM

The RPM Advantage & 2026 Medicare Updates



UPDATED!

Get the 2026
CMS changes
HCPs need to
know!

The **RPM Advantage** & 2026 Medicare Updates

Remote Physiologic Monitoring (RPM) is a Medicare-covered care management service that enables the collection, transmission, and review of physiologic patient data outside of traditional clinical settings. RPM has evolved into a core component of chronic disease management, preventative care, and population health strategies.

CMS continues to expand RPM coverage as evidence demonstrates that proactive monitoring improves outcomes while reducing costly hospitalizations and emergency department utilization. Despite this, RPM adoption remains low relative to its clinical and financial potential.

Definition and Scope of RPM

Remote Physiologic Monitoring (RPM) is a Medicare-covered service that involves the collection, transmission, and clinical review of patient-generated physiologic data using FDA-defined medical devices.

RPM supports ongoing assessment and timely clinical intervention for patients with chronic or acute conditions outside of traditional care settings.

- **Blood pressure**
- **Blood glucose**
- **Weight**
- **Oxygen saturation**
- **Respiratory measurements**

CMS has clarified that RPM is a care management service, not a telehealth service, and is therefore not subject to geographic or originating site restrictions.

Clinical Rationale for RPM Adoption

The clinical value of RPM lies in its ability to:

- Detect physiologic deterioration earlier
- Support longitudinal management of chronic disease
- Improve medication adherence
- Reduce episodic, crisis-driven care

Published outcomes associated with RPM include reductions in hospital admissions, readmissions, and emergency department utilization, alongside improvements in patient engagement and satisfaction.

76%

REDUCTION in
READMISSIONS

80%

PATIENT
ENGAGEMENT and
COMPLIANCE

38%

DECREASE in
COST OF CARE

20%

INCREASE in
MEDICATION
ADHERENCE



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Medicare RPM CPT Code Framework

RPM services are primarily reimbursed through the following CPT codes:

CPT 99453

Remote physiologic monitoring; initial set-up and patient education on use of equipment.

- Billable once per episode of care.

CPT 99454

Device supply with daily recording(s) or programmed alert(s) transmission.

- Requires a minimum of 16 days of data collection within a 30-day period.

CPT 99457

Remote physiologic monitoring treatment management services.

- Requires 20 minutes or more of clinical staff, physician, or qualified healthcare professional time per calendar month.
- Requires interactive communication with the patient or caregiver.

CPT 99458

Each additional 20 minutes of RPM treatment management services.

CMS allows billing of up to three units per month.

These codes form the foundation of RPM reimbursement and allow for recurring monthly billing when all requirements are met.

New RPM CPT Codes for 2026:

99470 & 99445

CPT 99470

CMS introduced CPT 99470 to address a longstanding gap in RPM reimbursement. Historically, RPM billing required:

- A minimum of 16 days of device data, and/or
- A minimum of 20 minutes of management time

This code reflects CMS's acknowledgment that clinical value exists even when traditional RPM thresholds are not met every month.

CPT 99445

- Allows healthcare providers to bill for the supply of a remote patient monitoring (RPM) device when a patient transmits data for a minimum of 2 days and a maximum of 15 days within a 30-day period

These new codes are intended to:

- Support reimbursement for lower-intensity RPM services
- Reduce revenue loss for months with partial patient participation
- Encourage earlier RPM enrollment
- Support transitional or lower-risk patient populations



Financial Impact of RPM for Clinics and Providers

RPM represents one of the few Medicare services that improves outcomes while reducing total cost of care. Medicare data demonstrates:

- Average hospital admission costs exceed \$24,000
- RPM services cost a fraction of inpatient care
- Preventing a single hospitalization can fund RPM services for hundreds of patient-months

As a result, CMS continues to expand RPM coverage and reimbursement.

Ready to Boost Revenue?

By leveraging all eligible RPM billing codes and TeleCare's all-inclusive support, you can significantly grow your practice's monthly and annual income—without sacrificing time or quality of care.



**Annual
Recurring
Revenue of
\$288,672.00***

Revenue Potential using applicable CPT Codes*

- Monthly Reimbursement: $\$200 \times 200 \text{ patients} = \$40,000$
- TeleCare All-Inclusive Fee: $\$79.72 \times 200 \text{ patients} = \$15,944$
- **Net Monthly Revenue:** $\$40,000 - \$15,944 = \text{\$24,056}$
- Net Annual Revenue: **\\$288,672.00**

**National average based on an active patient count of 200*

Staffing, Supervision, and Compliance Considerations



CMS permits RPM services to be delivered under general supervision, allowing the use of auxiliary personnel, including contracted third-party staff, when appropriately structured. Compliance requirements include:

- No independent medical decision-making by auxiliary staff
- Provider-established parameters and care plans
- Timely escalation of abnormal readings
- Complete and accurate documentation

This model allows RPM programs to scale while maintaining audit readiness and regulatory compliance

Operational and Clinical Benefits of RPM

Provider Benefits

- Recurring monthly revenue
- Improved visibility into patient status
- Support for value-based care goals

Clinic Benefits

- Scalable care delivery
- Reduced in-office workload
- Improved operational efficiency

Patient Benefits

- Earlier clinical intervention
- Reduced emergency events
- Improved disease management and engagement



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Remote Patient Monitoring has evolved into a core Medicare-supported service that aligns clinical quality with financial sustainability. CMS's continued expansion of RPM, including the introduction of CPT 99470 in 2026, signals a long-term commitment to proactive, data-driven patient care.

The primary barrier to broader RPM adoption is not reimbursement, but provider awareness and implementation. When appropriately structured, RPM benefits patients, providers, and the Medicare system as a whole.

Have Questions? Ready to Get Started?
Contact Us Today!

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