Winning in Remote Care in 2026: What Providers Must Know

On-Demand Webinar Presentation

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Today's
(Substitute)
Presenter

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Founder & CEO
Prevounce

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Disclaimer

This presentation is for informational purposes only and does not constitute legal, billing, or other professional advice.

Billing and coding requirements – especially in the telehealth space – can change and be reinterpreted often. You should always consult a medical billing professional prior to submitting claims for services to ensure that all requirements are met.

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Presentation agenda

- 2026 remote care management programs
- Key updates for 2026
  - New RPM codes
  - Policy focus
- Building a successful program in 2026
  - Program options and support models
  - Success factors
  - Common compliance pitfalls
  - Examples of high-performing programs
- Key takeaways
- Q&A

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2026 Remote Care Management Programs

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Medicare remote care management programs

Remote patient monitoring (RPM)

A reimbursable service in which healthcare providers monitor patients outside the traditional care setting using digital medical devices, such as weight scales, blood pressure monitors, and blood glucose meters.

Chronic care management (CCM)

A billable service that may be furnished to patients with two or more chronic conditions. Healthcare professionals are reimbursed for the time and resources used to manage patient health between face-to-face appointments.

Advanced primary care management (APCM)

A reimbursable service rendered by providers that serve as a patient's primary point of care. APCM is billed based on patient risk level and incorporate value based care elements within the fee-for-service model.

RPM, CCM, and/or APCM are often used to treat:

- Anemia
- Arthritis
- Asthma
- Cancer
- COPD
- Diabetes
- HIV/AIDS
- Hyperlipidemia
- Hypertension
- Obesity
- Osteoporosis
- More...

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Benefits of remote care management

Incentivize remote care between office visits

- Public and private payors are now reimbursing for remotely monitoring patient vitals and managing care

Improve patient outcomes

- Continuous monitoring and personalized care management leads to improved prevention and timely interventions

Reduce health system costs

- Care shifts from high-cost settings to lower-cost, home-based settings – and to lower-cost clinical staff

Drive patient engagement

- Enhances communication and collaboration between patients, providers, and caregivers

> *"At 18 months of follow up, a cohort of patients prescribed remote physiological monitoring for blood pressure was* ***more likely to have controlled high blood pressure*** *compared to a propensity-score matched control cohort."*

Stephen D. Persell, et. al, *Journal of Human Hypertension*

> *"Implementation of remote patient monitoring in patients with acutely decompensated heart failure led to* ***numerically lower 30-day and 90-day rates of heart failure hospitalization****."*

Daniel S. Ehringer, et. al, *American Journal of Health-System Pharmacy*

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Combining remote care programs

Allowed

RPM + CCM

- Bill RPM codes for device reading oversight and interpretation and bill CCM codes for care management time spent on patient
    - *Note:* patients must have 2+ chronic conditions to enroll in CCM

RPM + APCM

- Bill RPM codes for device reading oversight and interpretation and bill APCM codes for ongoing care management activities

RPM-, CCM-, or APCM-only

- All programs can also be run independently for eligible patients

Not Allowed

APCM + CCM

- Patients cannot be dual-enrolled in CCM and APCM *with the same provider*.
    - A patient *can* simultaneously receive APCM and CCM services *if the services are administered by different providers*
        - Example: a single patient could receive APCM services from a PCP while receiving CCM services from a (separate) specialist

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Key Updates For 2026

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New RPM CPT Codes

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RPM code expansion

CPT 99445

Remote monitoring of physiologic parameter(s), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, **2-15 days** in a 30-day period

- Can bill *one of* 99445 or 99454 (16+ recording days) each 30-day period
- 2026 reimbursement rate: **$47**
- Enables more flexible, tailored approach to RPM for patients with conditions where daily vitals might not be clinically necessary

CPT 99470 NEW

Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 interactive communication with the patient/caregiver during the calendar month; **when 10 to 20 minutes**

- Can bill *one of* 99470 or 99457 (initial 20+ minutes) each calendar month
- 2026 reimbursement rate: **$26**
- If over 20 minutes, the current billing scheme of 99457 and then 99458 up to a total of 60 minutes each month will apply

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Overall RPM billing for 2026

Attribute	2025 Codes	2026 Codes	2026 Reimbursement *Estimated national average*
Setup and training	**99453** - setup and patient education on use of equipment	**99453** - setup and patient education on use of equipment	**99453** - $22
Device supply and measurements	**99454** - 16+ measurement days per 30-day period	**99445** - 2-15 measurement days per 30-day period **99454** - 16+ measurement days per 30-day period	**99445** - $47 **99454** - $47
Care management time	**99457** - initial 20+ minutes of care management time **99458** - each additional 20+ minutes of care management time	**99470** - initial 10-20 minutes of care management time **99457** - initial 20+ minutes of care management time **99458** - each additional 20+ minutes of care management time	**99470** - $26 **99457** - $52 **99458** - $41

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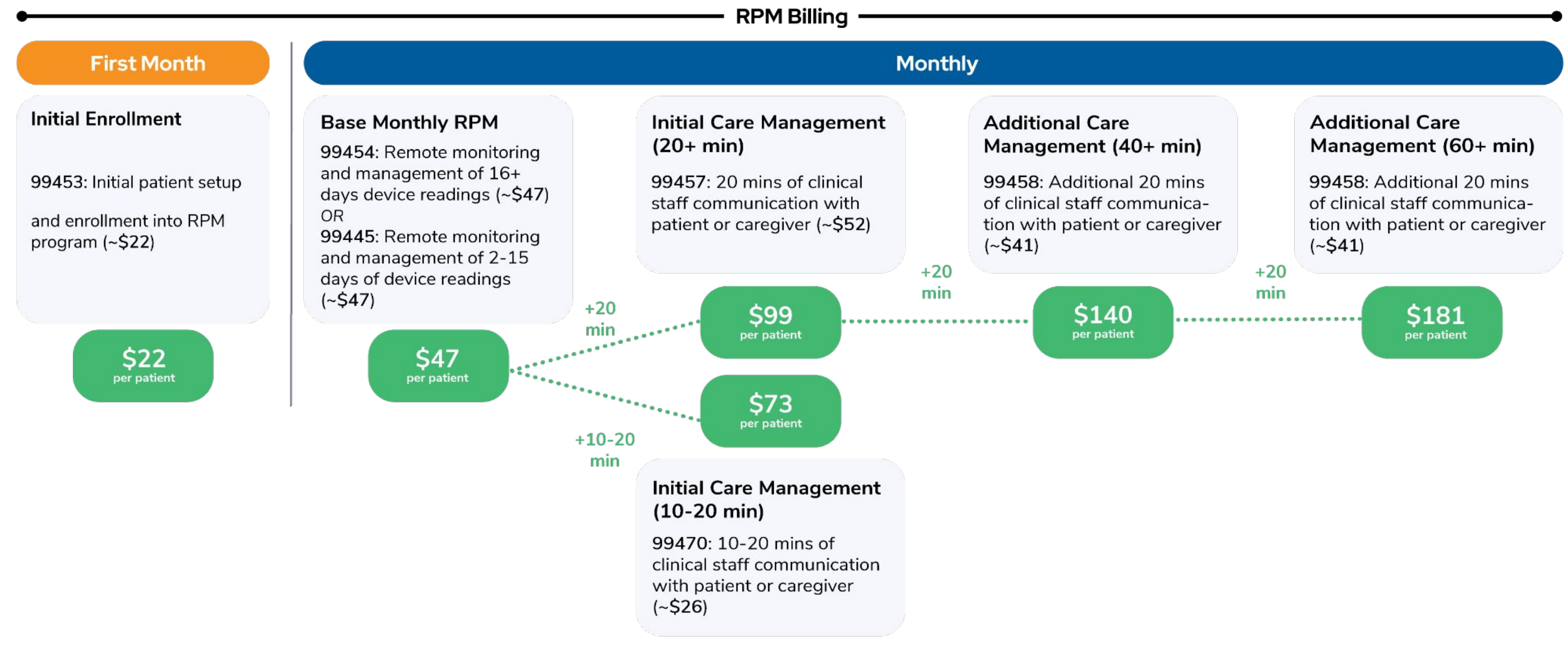
2026 RPM monthly billing



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Put into practice: A Prevounce client's 522-patient RPM program is focused on longitudinal hypertension and diabetes monitoring. In a recent month, **16%** of patients (83 total) had 2 to 15 measurements and **6%** of patients (31 total) received between 10 and 20 minutes of care management time.

2025

Patients		Rate		Revenue
439 patients (16+ readings)	x	**$43** 99454	=	**$18,877** monthly revenue
83 patients (2-15 readings)	x	**$0** —	=	**$0** —
491 patients (20+ mins)	x	**$48** 99457	=	**$23,568** monthly revenue
31 patients (10-20 mins)	x	**$0** —	=	**$0** —
			Monthly revenue:	**$42,445**
			Annual revenue:	**$509,340**

2026

Patients		Rate		Revenue
439 patients (16+ readings)	x	**$47** 99454	=	**$20,633** monthly revenue
83 patients (2-15 readings)	x	**$47** 99445	=	**$3,901** monthly revenue
491 patients (20+ mins)	x	**$52** 99457	=	**$25,532** monthly revenue
31 patients (10-20 mins)	x	**$26** 99470	=	**$806** monthly revenue
			Monthly revenue:	**$50,872**
			Annual revenue:	**$610,464**

A monthly **revenue increase of 20%**, not including the planned expansion to patients needing fewer measurements.

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2026 Policy Focus

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Policymakers commit to remote care programs

ACCESS

CMS recently announced **Advancing Chronic Care with Effective, Scalable Solutions (ACCESS)**, a 10-year, voluntary payment model that offers fixed, outcome-aligned payments (OAPs) for managing chronic conditions through technology-enabled care. Includes tracks for patients with cardio-kidney-metabolic, musculoskeletal, and behavioral health conditions. Patient enrollment can begin in July 2026.

Congress

Multiple, bipartisan congressional bills on remote care are under consideration. Proposals include:

- ✓ Eliminating 20% copay on CCM services
- ✓ Waiving RPM copays for 2 years while conducting an impact study
- ✓ Expanding access and reimbursement rate equity for RPM in rural and underserved areas

Physician Fee Schedule (PFS)

2024 PFS Final Rule
Expands RPM reimbursement to FQHCs/RHCs

→

2025 PFS Final Rule
Creates new APCM program available to all beneficiaries

→

2026 PFS Final Rule
Adds two new RPM codes to expand coverage

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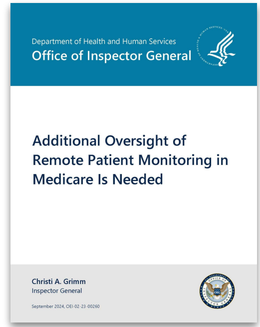
RPM compliance remains a focus

- Audits have been on the rise on the heels of the HHS OIG report (September 2024) calling for additional RPM oversight.
- In August 2025, the OIG reported that most practices billed RPM correctly and outlined five measures to detect improper billing moving forward.
- Issues ranging from simple coding mistakes to outright fraud have been identified, particularly with vendors who take patients as referrals and bill under their own NPI.
- Multiple RPM vendors have paid settlement fees with the DOJ for bad-faith programs.

What This Means for Good-Faith RPM Programs

- More important than ever that RPM programs are compliant with payer requirements.
- Good software, devices, and partner support can help you run an impactful, profitable RPM program that also meets payer requirements.
- Selecting a trustworthy RPM technology and service partner, especially when outsourcing, can help limit potential exposure during an audit.



Department of Health and Human Services
Office of Inspector General

Additional Oversight of Remote Patient Monitoring in Medicare Is Needed

Christi A. Grimm
Inspector General

September 2024, OEI-02-23-00260

HHS OIG

PRESS RELEASE

Remote Patient Monitoring Company Settles False Claims Act Lawsuit for $1.29 Million

US Attorney's Office

DIGITAL HEALTH

HHS watchdog raised concerns over remote patient monitoring companies. Audits are now on the rise

By Emma Beavins · Mar 28, 2025 5:00pm

Fierce Healthcare

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Building a Successful Program in 2026

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Making the best use of new RPM codes

Monitor Patients When It Matters Clinically

- New code for 2-15 monitoring days allows clinicians to align RPM with actual clinical needs rather than being forced into a rigid 16-day minimum or forgoing remote monitoring.
- Example: Patient measures BP daily during medication titration, then twice a week once controlled with a shift towards chronic care management (diet, exercise, SDoH, etc)

Facilitates Brief but Impactful Clinical Interactions

- Empowers clinical team to tailor duration of monthly check-ins to patient's needs, ensuring length of interaction is appropriate given complexity of care required.
- Provides flexibility to have a brief, 10-minute touchpoint one month, more extensive 20+ minute consultation the next, as needed.

Expands RPM to New Clinical Scenarios

- GLP-1 and medical weight loss monitoring
- Asthma, CF, bronchiectasis, and other conditions where spirometry can effectively monitor
- Post-acute or inpatient transitions

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Choosing the right care management program

	APCM	CCM
Medicare patient eligibility	0+ chronic conditions	2+ chronic conditions
Supervising provider eligibility	Physician or other qualified healthcare professional who is responsible for primary care	Any physician or other qualified healthcare professional
Time requirement for reimbursement?	No	Yes
Maximum reimbursement (per patient per month)	0-1 chronic condition: **$16** 2+ chronic conditions: **$54** QMB w/ 2+ chronic conditions: **$117**	20 mins: **$63** +20 mins: **$50** +20 mins: **$50** Total: **$163**

If you have patients expected to regularly hit 20+ mins of care management time, you likely want them in CCM. APCM could be used for patients with fewer than 2 chronic conditions, or those who have 2+ chronic conditions and are qualified Medicare beneficiaries (QMB).

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Choosing the right solution

Software

Comprehensive Software

A single platform that enables centralized RPM, CCM, *and* APCM – as well as keeps pace with the latest codes.

AI-Powered Tools

Emerging AI powered tools sets can help reduce administrative burden on care staff.

Compliant Workflows

A focus on and expertise in Medicare and private payer compliance for tracking documentation and billing.

Devices

Compatible Patient Devices

Reliable and clinically validated devices that work well for your patient population and their needs.

Shipping & Logistics Services

Device shipping/fulfillment, inventory management, supply on hand, returns, and refurbishment.

Device Technical Support

Direct or passthrough device technical support for patients enrolled in your RPM program.

Services

Outsourcing Services

Option to use outsourced or hybrid staffed care management services.

Operations & Workflow Support

Responsive, knowledgeable experts available to help you scale your program and troubleshoot issues that arise.

Billing and Compliance Support

Support to develop and manage workflows to ensure compliance with changing federal and payor requirements.

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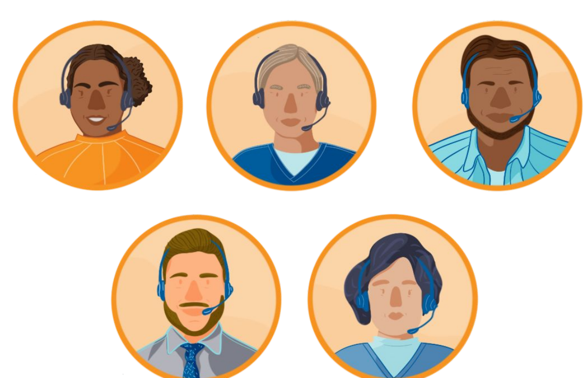
Choosing the right staffing model

Medicare allows RPM, CCM, and APCM to be outsourced under general supervision.

1. **Insourcing:** oversee all care management patients internally
    - Lowest provider fees, largest required workload
2. **Outsourcing:** hire a third party to oversee all care management patients on your behalf
    - Higher provider fees, lowest required workload
3. **Hybrid:** share responsibilities between internal and third-party resources
    - Trade-off between reimbursement and workload. Requires increased coordination with your vendor but can achieve the best of both worlds.



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Factors for Success

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Keys to getting started

Thoughtful planning and training pre-launch is key to long-term program success.

Choose your target conditions and devices thoughtfully: Choose target conditions and device(s) that align with your patient population. Hypertension and blood pressure is often a good place to start.

Sell providers and clinical staff on the value: In many cases, providers and clinical staff are *already doing* work that could be reimbursable under (especially) CCM and APCM. These programs don't have to mean added administrative burden. Patients experience improved outcomes and your practice receives fair reimbursement for your work. It's a win-win for patients and providers.

Devote time to organizational awareness and training: All patient-facing staff should at least be aware of and receive basic training on your remote care program. This is *also* critical when outsourcing – patients may direct questions to you and staff being out of the loop can sink enrollment and engagement.

Start small: Successful programs often begin with a pilot before scaling. Starting with a cohort of particularly engaged/compliant patients can help you test your process.

Refine, then scale: Use stakeholder feedback and learnings to refine your processes before rolling the program out to your broader population.

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Setting up care managers for success

Effective and efficient care managers are critical to healthy RPM, CCM, and/or APCM programs. Ways to ensure your care managers are set up for success:

1. **Educate** care managers on conditions and social determinants of health they may encounter.
2. Establish and train on **easy-to-follow** care plan templates, disease state protocols, and call scripts. Ensure care managers understand escalation criteria and processes.
3. Provide **technology tools** for easy documentation and logging of time spent on care management activities.
4. Closely **monitor staff workload** and ensure each care manager has a patient panel they can realistically manage.
5. Consider offering **incentives** tied to productivity and/or effectivity so care managers share in program success.

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Securing patient buy-in and setting expectations

It's essential that patients are bought in and know what to expect. Recommended steps during enrollment:

1. Explain **what** RPM, CCM, and/or APCM is. Consider creating patient education material (e.g., handouts, web content, videos).
2. Explain **time commitment** associated with participation and nature of that time commitment (e.g., taking device readings, speaking with care managers on the phone).
3. Explain **copays** (if applicable) associated with participation. If the patient objects, explain cost relative to expensive hospital visits, procedures, etc., they might be able to avoid.
4. Explain **who** is going to be involved. This is a coordinated care team, not just their doctor.
5. Explain **value** of the program. These services will help keep them healthy, avoid adverse events, and navigate their care more easily (e.g., medications, specialist visits).

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Common Compliance Pitfalls

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Compliance can make or break success

Some often-overlooked or misconstrued requirements for compliant billing include:

Documented patient consent: Patients must consent to enrollment in RPM, CCM, and/or APCM. While CMS allows for verbal consent, you must *document* that consent was obtained.

RPM device setup and education: While not required, the OIG has said failure to bill an initial CPT 99453 (while billing for other RPM codes) can indicate to auditors that setup and education was not provided.

Interactive communication for RPM and CCM: Clinical staff time codes (CPT 99470, 99457, 99458, 99490 and 99439) require at least 1 *documented* “interactive communication” with the patient. This must be a real-time, two-way audio or audio-visual interaction. *Text messaging or leaving voicemails do not count.*

Real vital readings, not programmed alerts: To be billable under RPM device codes, patients must submit at least 2 *days* worth of readings during the 30-day reporting period. Also, **readings must include legitimate physiological data.** Some RPM vendors have programmed “alerts” (containing no physiological data) that transmit daily from devices that are incorrectly counted towards the requirement.

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Examples of High-Performing Programs

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"Insourced" RPM + CCM program

The Cardiovascular Institute

- Located in Tarzana, California
- Led by Uri M. Ben-Zur, MD, FACC
- Prevounce client since 2020
- About **400 RPM** devices deployed to patients and **400+ CCM** patients
- Over 3,000 AWVs completed

Before Prevounce

- Failed to receive reimbursement for care management services
- Limited ability to scale preventive care (dedicated time to help patients with diet, exercise, and monitoring vital measurements)

A New Solution & Partner

- Prevounce worked with Dr. Benzur and his team to understand existing workflows and how Prevounce would support the practice
- Software workflows and clear billing insights enabled the complaint tracking, coding, and billing for remote care management services

Results with Prevounce

- Now capturing significant revenue for previously unreimbursed activities
- Increased rates of controlled hypertension
- Life-saving early detection and intervention for cardiac events
- Noticeable improvement to patient engagement and buy-in

"As early adopters, we've seen firsthand how seamlessly Prevounce integrates into our workflows, allowing us to stay at the forefront of remote patient monitoring and chronic care management. With the ongoing expansion of services and frequent regulatory changes, Prevounce has been instrumental in helping us adapt and continue providing the highest standard of care for our patients."

– Uri M. Ben-Zur, MD, FACC

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"Outsourced" RPM + CCM program

Family First Physicians

- Located in Mesa, Arizona
- Family medicine practice with 9 healthcare providers
- Serves 6,000 patients across all age groups
- Significant portion are Medicare and Medicare Advantage patients

Before Prevounce

- Managed chronic care management (CCM) program internally for 4 years
- Staffing issues caused inconsistent care delivery and patient engagement fluctuated
- Need for a sustainable and scalable solution

A New Solution & Partner

- Transitioned CCM program from in-house to outsourced model with Prevounce's expert care managers handling patient outreach
- Introduced remote patient monitoring (RPM) as a new initiative for the practice

Results with Prevounce

- $10,000 monthly profit through 200 patients enrolled in CCM and RPM
- Significant improvements in quality metrics, especially particularly with insurance program (HEDIS measures - controlled blood pressure)
- Higher patient satisfaction and reduced hospitalizations
- Dual enrollment in RPM and CCM led to a strong revenue boost

> *"The flexibility that Prevounce offers has been a key factor in our success. They've tailored their solutions to fit the unique needs of our practice, allowing us to maintain control where needed and outsource where it makes sense. It's a partnership that adapts to our practice, not a one-size-fits-all approach."*
>
> **– Matt Germaine, Office Manager, Family First Physicians**

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Key Takeaways

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Key takeaways

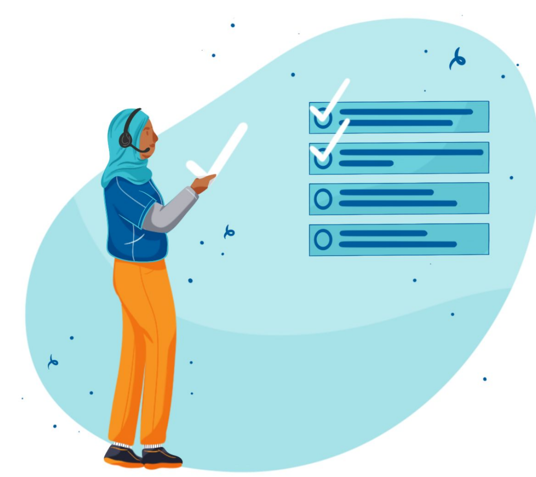
1. With new RPM codes offering greater clinical flexibility and financial opportunity, as well as continued regulatory tailwinds, now is the perfect time to start or scale a remote care management program.

2. Consider combining RPM with CCM or APCM to deliver more comprehensive remote care management to your patients.

3. Organizational buy-in and adequate training are essential before you launch or expand your program.

4. Maintaining compliance is key with audits on the rise.

5. Both “insourcing” and “outsourcing” models can drive clinical and financial success.



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Q&A

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Thank you

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