

# 2026 Insights: The New Standard for Remote Monitoring

RPM • RTM • CCM





## INTRODUCTION

# The Shift to Precision-Based Remote Care

The 2026 CMS Physician Fee Schedule marks a pivotal shift in remote care.

Until now, remote patient monitoring (RPM) programs required 16 days of data to unlock reimbursement. In 2026, new CPT code updates introduce precision-based billing, allowing providers to capture revenue for care delivered across shorter, more realistic engagement intervals.

## What This Changes

### LOWER OPERATIONAL RISK

Shorter time thresholds and flexible device usage reduce friction in compliance.

### EXPANDED ELIGIBILITY

Partial-month engagement is now reimbursable, opening more populations.

### REAL-WORLD ALIGNMENT

Reimbursement scales with how patients actually use remote care.

## What's New in 2026

- 1 THE 10-MINUTE ADDITION**  
New CPT 99470 (RPM) and 98979 (RTM) capture the first 10 minutes of clinical time — about \$26 average
- 2 FLEXIBLE DATA REQUIREMENTS (2–15 DAYS)**  
CPT 99445 (RPM) and 98984–98985 (RTM) reimburse partial-month engagement at roughly \$51–52.
- 3 INTEGRATED BEHAVIORAL HEALTH ADD-ONS**  
HCPCS G0568, G0569, G0570 layer mental-health support onto APCM workflows — up to ~\$161 reimbursement.

### IMPORTANT TRANSITION · FQHC & RHC SUNSET

- CMS officially deleted HCPCS G0512 effective December 31, 2025. Providers were expected to transition to the new Physician Fee Schedule (PFS) individual component codes starting January 1, 2026. Relying on a July date may lead to six months of denied claims.
- Failure to prepare risks denied claims and revenue disruption.

## CHAPTER 01

### REMOTE PATIENT MONITORING

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# Physiologic Monitoring

Capture revenue from physiologic monitoring across shorter, more realistic intervals — from device setup through ongoing clinical management.





## 2026 CODES

# RPM Code Set Overview

The 2026 RPM code set introduces a 10-minute management code and a 2–15 day device code, creating a more graduated billing structure that mirrors how patients actually engage with care.

Code	Category	Description	Typical Reimbursement*
<b>99453</b>	Setup	Device setup and patient education	~\$22
<b>99445</b>	Device	Device supply, 2–15 days(one-time)	~\$52
<b>99454</b>	Device	Device supply, 16–30 days	~\$52
<b>99470*</b>	Management	First 10 minutes	~\$26
<b>99457</b>	Management	First 20 minutes	~\$41
<b>99458</b>	Management	Each additional 20 minutes	~\$52

\*Rates are based on non-facility national averages and vary by region.

\*For CPT 99470 (the new 10-minute RPM management code), this is mutually exclusive with 99457 (20-minute code). They cannot be billed together in the same calendar month; if a patient reaches 20 minutes, you must bill 99457 instead of 99470.

## How RPM Codes Work Together

### ONBOARDING

**99453**

Setup + patient education

### DEVICE + DATA

**99445/99454**

Partial vs. consistent

### MANAGEMENT

**99470/99457**

**/99458**

Lighter-touch vs.  
higher-engagement months

### KEY RPM UPDATES

- 10-minute billing entry point
- Reimbursement for partial-month
- Better alignment with proactive care models

## CHAPTER 02

### CONNECTED-CARE MONITORING

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# Therapeutic Monitoring

Reimbursement for therapeutic and adherence-based monitoring across respiratory, MSK, and CBT use cases — without requiring continuous device data.





## 2026 CODES

# RTM Code Set Overview

RTM expands across respiratory, MSK, and CBT use cases — with the new 10-minute and 2–15 day thresholds creating a more granular structure for adherence-based care.

Code	Category	Description	Typical Reimbursement*
98975	Device	Device setup and patient education	~\$22
98984	Device	Respiratory, 2–15 days	~\$52
98985	Device	MSK, 2–15 days	~\$51
98986	Device	CBT, 2–15 days	~\$54
98976	Device	Respiratory, 16–30 days	~\$40
98977	Device	MSK, 16–30 days	~\$40
98978	Device	CBT, 16–30 days	varies
98979	Management	First 10 minutes	~\$26
98980	Management	First 20 minutes	~\$41
98981	Management	Each additional 20 minutes	~\$47

\*Rates vary by payer.

## How RTM Codes Work Together

### SETUP

98975

### DEVICE + DATA

2–15 days → 98984–98986

16–30 days → 98976–98978

### MANAGEMENT

98979 entry-level · 98980 + 98981

### KEY RTM UPDATES

- Lower time thresholds across all use cases
- Flexible data requirements support adherence
- Behavioral health (CBT) gets dedicated codes
- RTM software independently verified for CMS

## CHAPTER 03

### APCM + BEHAVIORAL HEALTH

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# Whole-Patient Care

Layer behavioral health onto Advanced Primary Care Management with new HCPCS add-on codes that support psychiatric collaborative care.





## 2026 CODES

# RPM vs. RTM at a Glance

RTM expands across respiratory, MSK, and CBT use cases — with the new 10-minute and 2–15 day thresholds creating a more granular structure for adherence-based care.

Dimension	RPM	RTM
<b>Data Type</b>	Physiologic	Therapeutic / adherence
<b>Device Requirement</b>	Required	Not always required
<b>10-min Code</b>	99470	98979
<b>2–15 Day Codes</b>	99445	98984–98986
<b>Use Cases</b>	Chronic disease monitoring	Therapy and medication adherence

# APCM Add-Ons for Behavioral Health

HCPCS G0568, G0569, G0570 are new add-on codes that support psychiatric collaborative care and enable monthly behavioral health management alongside a base APCM code. Reimbursement up to ~\$161.

### WHAT THEY DO

#### Whole-Patient Coverage

- Lower time thresholds across all use cases
- Enable monthly behavioral health management
- Reduce gaps between physical and mental care

### HOW THEY WORK

#### Layered Onto APCM

- Must be billed with a base APCM code
- Support team-based care delivery
- Documentation flows through existing care plan

## CHAPTER 04

### THE VeraSync™ ADVANTAGE

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# Built for 2026

The infrastructure required to succeed in a precision-based reimbursement environment — from cellular-connected hardware to audit-ready time tracking.





# What Success Looks Like

VeraSync™ provides the infrastructure required to succeed in a precision-based reimbursement environment. Organizations positioned to lead in 2026 will capture revenue earlier, expand to more populations, and align billing with real patient behavior.

## BUILT FOR 2026

**60+ cellular-connected devices**

No WiFi or app dependency reduces patient friction. Supports both RPM and RTM workflows out of the box.

## AUDIT-READY INFRASTRUCTURE

**Designed for 10-min thresholds**

Partner platforms automate time tracking and interaction logs. Helps reduce audit risk and documentation gaps.

## THIRD-PARTY VALIDATION

**CMS-aligned, independently**

RTM software independently verified. Meets CMS billing and documentation standards across both 2–15 and 16–30 day scenarios.

## ORGANIZATIONS POSITIONED TO LEAD WILL

1

### Capture revenue earlier

with the new 10-minute billing entry point

2

### Expand programs

to more patient populations

3

### Align billing

with how patients actually engage

4

### Integrate care

across behavioral and physical health

# Better Health Starts Here

VeraSync™ helps providers design and scale remote care programs that are clinically effective and financially optimized for 2026 — with software and hardware that reduce friction and support consistent, compliant workflows.

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