

2026

# Remote Care Reimbursement & Program Guide

CPT codes, rates, requirements, and specialty eligibility for every CMS virtual care program

RPM

RTM

CCM

BHI

APCM

PCM

TCM

**\$910M+**

CMS RPM/RTM  
Spend 2024

**~10%**

Rate Increase  
for 2026

**2 Days**

New Minimum  
Monitoring

**5+**

Stackable  
Programs

## Revenue now. Margin protection later.

Government incentivizes behavior through reimbursement. The EHR transition wrote the blueprint: incentivize early, reward adoption, penalize inaction. CMS is running the same playbook with remote care. Practices building infrastructure now gain a compounding advantage that late movers cannot replicate.

**RPM** Remote Physiologic Monitoring • Since 2019 • Physiological Data

Remote collection of physiologic data (BP, weight, SpO2, glucose) via medical devices outside clinical settings.

99453	<b>Patient Onboarding</b> Initial device setup & patient education		\$21.71	One-Time
99445	<b>RPM Technology (2-15 days)</b> Device supply & data transmission, 2-15 days of readings	NEW	\$52.11	Monthly
99454	<b>RPM Technology (16-30 days)</b> Device supply & data transmission, 16+ days of readings		\$52.11	Monthly
99470	<b>Clinical Monitoring 10min</b> Care mgmt services, interactive communication; initial 10 min	NEW	\$26.05	Monthly
99457	<b>Clinical Monitoring 20min</b> Care mgmt services, interactive communication; initial 20 min		\$51.77	Monthly
99458	<b>Add'l Monitoring +20min</b> Each additional 20 min (max 2x/month = 40 min additional)		\$41.42	Monthly

**STRATEGIC VALUE:** RPM generates \$120-210/patient/month. New 2-day minimum opens acute & episodic monitoring. GLP-1 weight management, post-discharge follow-ups, medication titration now reimbursable.

**RTM** Remote Therapeutic Monitoring • Since 2022 • Non-Physiologic Data

Therapeutic response, adherence, respiratory/MSK/cognitive behavioral status. Billable by PTs, OTs, SLPs.

98975	<b>Patient Onboarding</b> Initial device setup & patient education		\$21.71	One-Time
98984	<b>RTM Respiratory (2-15 days)</b> Respiratory system monitoring, 2-15 days of readings	NEW	\$52.11	Monthly
98976	<b>RTM Respiratory (16-30 days)</b> Respiratory system monitoring, 16+ days of readings		\$52.11	Monthly
98985	<b>RTM MSK (2-15 days)</b> Musculoskeletal monitoring, 2-15 days of readings	NEW	\$52.11	Monthly
98977	<b>RTM MSK (16-30 days)</b> Musculoskeletal monitoring, 16+ days of readings		\$52.11	Monthly
98979	<b>Clinical Monitoring 10min</b> Treatment management; first 10 minutes	NEW	\$26.39	Monthly
98980	<b>Clinical Monitoring 20min</b> Treatment management; first 20 minutes		\$54.11	Monthly
98981	<b>Add'l Monitoring +20min</b> Each additional 20 min (max 2x/month)		\$41.42	Monthly

**STRATEGIC VALUE:** RTM extends monitoring to orthopedics, rehab, PT/OT, behavioral health. Cannot bill RPM+RTM same patient/month. Each stacks independently with CCM, BHI, APCM.

**CCM** Chronic Care Management • Since 2015 • 2+ Chronic Conditions • 24/7 Access

Monthly reimbursement for care coordination: 2+ chronic conditions, care plan, med reconciliation, 24/7 access.

<b>99490</b>	<b>Clinical Staff 20min</b> First 20 min clinical staff time directed by physician/QHP	<b>\$66.13</b>	Monthly
<b>99439</b>	<b>Add'l Staff +20min</b> Each additional 20 min clinical staff time (max 2x)	<b>\$50.44</b>	Monthly
<b>99491</b>	<b>Physician/QHP 30min</b> First 30 min spent directly by physician/QHP	<b>\$89.18</b>	Monthly
<b>99437</b>	<b>Add'l Physician +30min</b> Each additional 30 min by physician/QHP (max 2x)	<b>\$63.13</b>	Monthly
<b>99487</b>	<b>Complex CCM 60min</b> 60 min clinical staff time for complex patients	<b>\$144.29</b>	Monthly
<b>99489</b>	<b>Add'l Complex +30min</b> Each additional 30 min for complex CCM	<b>\$78.16</b>	Monthly

**BHI** Behavioral Health Integration • General BHI + CoCM • New APCM Add-ons 2026

Behavioral health alongside chronic disease: depression screening, SUD mgmt, psychiatric coordination.

<b>99484</b>	<b>General BHI 20min</b> 20+ min/month of behavioral health coordination	<b>\$57.95</b>	Monthly
<b>99492</b>	<b>CoCM Initial Month</b> Psychiatric collaborative care, initial month (70+ min)	<b>\$162.82</b>	Monthly
<b>99493</b>	<b>CoCM Subsequent</b> Psychiatric collaborative care, subsequent months (60+ min)	<b>\$128.98</b>	Monthly
<b>99494</b>	<b>Add'l CoCM +30min</b> Each additional 30 min of CoCM time	<b>\$67.33</b>	Monthly
<b>GPCM1</b>	<b>CoCM Add-on for APCM</b> Mirrors 99492 within APCM - no time documentation required	<b>NEW</b> <b>\$162.82</b>	Monthly
<b>GPCM2</b>	<b>CoCM Subsequent APCM</b> Mirrors 99493 within APCM framework	<b>NEW</b> <b>\$128.98</b>	Monthly
<b>GPCM3</b>	<b>BHI Add-on for APCM</b> Mirrors 99484 - general BHI within APCM framework	<b>NEW</b> <b>\$57.95</b>	Monthly

**APCM** Advanced Primary Care Mgmt • Since 2025 • No Time Threshold • Stacks w/ RPM/BHI

CMS's newest model: longitudinal, team-based primary care. Monthly per-patient payment. Cannot bill w/ CCM.

<b>G0556</b>	<b>Level 1 - Any Patient</b> APCM services, 0-1 chronic conditions	<b>\$16.37</b>	Monthly
<b>G0557</b>	<b>Level 2 - 2+ Chronic</b> Patient with 2+ chronic conditions expected to last 12+ months	<b>\$53.78</b>	Monthly
<b>G0558</b>	<b>Level 3 - QMB Patient</b> Qualified Medicare Beneficiary with 2+ chronic conditions	<b>\$117.24</b>	Monthly

**PCM** Principal Care Management • Since 2020 • 1 Serious Condition

99424	<b>Physician 30min</b> First 30 min provided directly by physician/QHP	\$87.51	Monthly
99425	<b>Add'l Physician +30min</b> Each additional 30 min by physician/QHP	\$61.46	Monthly
99426	<b>Clinical Staff 30min</b> First 30 min clinical staff time directed by physician/QHP	\$67.80	Monthly
99427	<b>Add'l Staff +30min</b> Each additional 30 min clinical staff time	\$54.11	Monthly

**TCM** Transitional Care Management • Since 2013 • 30-Day Post-Discharge

99495	<b>Moderate Complexity</b> Moderate MDM, contact within 2 biz days, visit within 14 days	\$220.11	One-Time
99496	<b>High Complexity</b> High MDM, contact within 2 biz days, visit within 7 days	\$298.60	One-Time

**Other Codes of Interest** SMBP • DSMT • CBPCS

99473	<b>SMBP Onboarding</b> Patient education, training, device calibration for BP device	\$15.36	One-Time
99474	<b>SMBP Readings</b> BP readings 2x daily over 30 days (min 12 readings)	\$18.37	Monthly
G0108	<b>DSMT Individual</b> Diabetes self-management training, individual, per 30 min	\$55.78	Per 30min
G0109	<b>DSMT Group</b> Diabetes self-management training, group (2+), per 30 min	\$16.03	Per 30min
98016	<b>Virtual Check-in</b> Brief tech-based communication service, 5-10 min	\$17.37	Per Visit
G2010	<b>Patient Photos</b> Remote evaluation of patient-generated images	\$13.03	Per Visit

**Concurrent Billing Matrix**

Which programs can be billed for the same patient in the same month

	RPM	RTM	CCM	BHI	APCM
RPM	--	X	✓	✓	✓
RTM	X	--	✓	✓	✓
CCM	✓	✓	--	✓	X
BHI	✓	✓	✓	--	✓
APCM	✓	✓	X	✓	--

**MAX PER-PATIENT/MONTH:** RPM (\$120-150) + CCM (\$66-152) + BHI (\$58-163) = \$244-465/patient/month

## Specialty Eligibility Matrix

Remote care extends far beyond primary care

	RPM	RTM	CCM	BHI	APCM
<b>Primary Care / IM</b>	✓	✓	✓	✓	✓
Cardiology	✓	--	✓	✓	--
Pulmonology	✓	✓	✓	✓	--
Endocrinology	✓	--	✓	✓	--
Nephrology	✓	--	✓	✓	--
Orthopedics / Rehab	--	✓	--	--	--
Behavioral / Psych	--	✓	--	✓	--
OB/GYN	✓	--	✓	--	--
Oncology	✓	✓	✓	--	--
Pain Management	✓	✓	✓	--	--
Neurology	✓	✓	✓	✓	--
Gastroenterology	✓	--	✓	--	--

APCM limited to primary care. RPM/RTM orderable by any physician/QHP.

## Why Digi-Health Tech Solutions

Full turn-key remote care services — not just software, not just devices

### Full Turn-Key Services

We're not a device company. We manage everything: panel analysis, eligibility, enrollment, device deployment, daily clinical monitoring, escalation protocols, billing optimization, and payer reporting. Your practice focuses on patient care.

### MD-Approved Policies & Procedures

Every clinical protocol, escalation pathway, and care plan developed and approved by practicing physicians. Real policies for real clinical workflows — not downloaded templates.

### Compliance-First Architecture

HIPAA-compliant infrastructure. Complete audit trails. Consent documentation. Billing compliance checks. OIG-aligned monitoring. Compliance is foundational, not a retrofit.

### Device Agnostic Platform

We integrate with any FDA-cleared RPM/RTM device your practice prefers. No vendor lock-in, no proprietary hardware. Clinical needs drive device selection.

### Patient Engagement Strategy

Nurse-led onboarding, structured education protocols, and proactive outreach keep patients actively participating — not just receiving a device that sits in a drawer.

### AI-Powered Care Coordination

Trend detection, evidence-based protocol surfacing, quality metric tracking, and margin protection analytics. Your care team predicts — not reacts.



Ready to build your remote care program?

Panel assessment | Revenue projection | Compliance review | Full turn-key implementation

[www.digihealthsolutions.ai](http://www.digihealthsolutions.ai)

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