

2025 Outlook

Regulations Impacting Remote Patient Monitoring in 2025

Healthcare regulations continue to evolve as CMS and other governing bodies emphasize innovation in care delivery. For 2025, Remote Patient Monitoring (RPM) stands out as a critical component of value-based care models, offering practices new opportunities for reimbursement and patient engagement.



RPM Background

RPM leverages connected devices such as blood pressure monitors, glucose trackers, and wearable technology to monitor patients' health in real-time. This proactive approach has proven to reduce hospitalizations, improve patient satisfaction, and increase shared savings program (MSSP) payments.

Why RPM Matters in 2025

Healthcare providers face significant challenges:

- **Rising Costs and Tighter Margins:** Increased administrative demands and shrinking reimbursement rates create financial pressure for small practices.
- **Growing Medicare Population:** The number of Medicare beneficiaries continues to rise, with 80% managing at least one chronic condition.
- **Patient Expectations:** Consumers demand accessible, personalized care, including digital and remote solutions



Despite these pressures, forward-thinking practices are thriving by adopting RPM and related technologies to:

- Improve patient outcomes
- Improve patient satisfaction
- Reduce avoidable hospitalizations or costly treatments

Studies show that Remote Patient Monitoring reduces hospital readmissions by 38% for patients with chronic conditions.

RPM has distinct financial advantages for practices, too. Medify Health clients generate on average an additional \$216,000 in FFS payments directly related to Medify's RPM and CCM activity. Additionally, practices implementing RPM report an average increase of \$100,000 annually in Medicare reimbursements for every 100 enrolled patients.

Medify's Winning "People-First Virtual Care" Connected Health Model

- **Increases Data & Insights:** Medify is EHR-agnostic, driving patient data and insights of patient care needs to your existing platform.
- **Increases FFS Revenue:** Medify virtual care team calls are covered by Medicare, increasing a provider's annual FFS revenue.
- **Increases Patient Satisfaction:** Medify seems like an extension of your team, increasing caring outreach from your practice.
- **Increases Office Visits:** Medify's appointment reminders and ongoing coaching increases patient in-office visit adherence.
- **Increases MSSP Payments:** Medify's preventive care reduces emergencies and increases quality scores, increasing reimbursement.
- **Increases Technology:** Medify is a people-first virtual care service based on wearables and related technology, giving your practice a modern edge.

2025 Changes: Expansion of RPM

CMS and the AMA have finalized several changes that will expand the usage of RPM while also limiting potential fraud or abuse of the payments.



Simplified Billing for FQHCs and RHCs

Federally Qualified Health Centers and Rural Health Clinics (FQHCs and RHCs) now benefit from streamlined billing processes. CMS has replaced the previously cumbersome **HCPCS G0511** code with standard RPM CPT codes, including:

- **99453**: Initial setup and patient education for RPM devices, and
- **99457**: Remote monitoring of physiologic data with 20 minutes of interactive communication per month.

This change significantly reduces administrative complexity, allowing FQHCs and RHCs to focus on patient care rather than navigating intricate billing requirements. Practices serving rural populations, where RPM adoption rates are growing, can leverage these codes to expand their service offerings efficiently.

Permanent Coverage for Audio-Only Telehealth

In a landmark decision, CMS has permanently included audio-only telehealth services in its reimbursement structure. This development ensures that patients in broadband-limited regions or those without access to video-capable devices can still benefit from virtual consultations.

This policy particularly supports the use of RPM for chronic disease management, as providers can offer ongoing monitoring and advice without requiring in-person visits. Practices are encouraged to adapt their workflows to maximize this expanded access.

Shortened Monitoring Periods with New CPT Codes

The AMA has introduced new CPT codes that permit reimbursement for RPM devices used over shorter durations. For example, **CPT code 99454** now allows for RPM monitoring periods of 2–15 days, compared to the previous requirement of 16–30 days.

This flexibility is ideal for acute care scenarios, such as post-surgical recovery or monitoring medication adjustments. For instance, a provider can use RPM to track blood pressure trends over 10 days post-surgery, ensuring early intervention if abnormalities arise.

Reimbursement for Digital Mental Health Services

New CPT codes for 2025 cover virtual therapeutic interventions and monitoring through apps and other digital tools. Practices can leverage these codes to extend RPM frameworks into mental health care, creating new revenue streams while addressing a growing area of patient need.

CMS and the AMA changes reflect the growing recognition that remote monitoring and care are key to patient outcomes.

Advanced Primary Care Models (APCMs)

In 2025, advanced primary care models have evolved significantly, particularly with the introduction of Advanced Primary Care Management (APCM) services by the Centers for Medicare & Medicaid Services (CMS). These services are designed to enhance comprehensive, patient-centered care, especially for individuals managing chronic conditions.

Key Changes in Advanced Primary Care Models in 2025:

New Billing Codes: CMS has established three Healthcare Common Procedure Coding System (HCPCS) G-codes—**G0556, G0557, and G0558**—to facilitate billing for APCM services. These codes correspond to varying levels of patient complexity and are intended to compensate primary care providers for comprehensive care management activities.

Comprehensive Care Management: Holistic APCM services integrate elements from existing care management programs, such as Chronic Care Management (CCM), Principal Care Management (PCM), and Transitional Care Management (TCM). This integration aims to provide a more holistic approach to patient care, emphasizing sustained relationships between patients and their healthcare teams.

Simplified Billing and Reduced Administrative Burden: Unlike traditional care management codes that require specific time thresholds for billing, APCM services do not necessitate time-based documentation. This change reduces administrative burdens and allows providers to focus more on patient care rather than extensive documentation.

Enhanced Access and Continuity of Care: APCM services require practices to ensure 24/7 access to care team members for urgent needs, promoting continuous and coordinated care.

Focus on Population Health Management: Practices are encouraged to utilize health information technology systems to track patient outcomes, identify care gaps, and implement strategies to improve overall population health.

Support for Rural and Underserved Communities: CMS has introduced changes to how RHCs and FQHCs bill for care coordination services, allowing for more accurate payment and the ability to bill for add-on services. This initiative aims to support the sustainability of essential safety-net providers in underserved areas.



2025 Fraud Oversight and Compliance

Flexible care delivery, including RPM, is the next new frontier in efficient health care. Any large-scale shift in care delivery carries the risk of fraud or misuse. Ways to combat this include:

Stricter Fraud and Compliance Measures

The Office of Inspector General (OIG) has heightened its oversight of RPM services to prevent billing misuse. Providers must ensure that RPM services are properly documented, devices are FDA-approved, and patient data is actively monitored and used for clinical decision-making.

Failure to comply with these requirements could result in audits or penalties. Practices should prioritize compliance training and invest in technology solutions that streamline accurate reporting.

Reduced Payments Starting January 2026

While 2025 offers expanded reimbursement opportunities, providers must prepare for a scheduled reduction in RPM payments beginning January 2026. CMS has announced adjustments aimed at aligning RPM reimbursements more closely with other telehealth services.

Practices should explore additional revenue sources, such as Chronic Care Management (CCM), to offset the financial impact of these changes.

How to Optimize Practice Revenue

Coordinate Shared Monitoring: By integrating CCM with RPM, providers can streamline patient data collection and management, enabling more comprehensive care plans that meet both Medicare RPM and CCM billing criteria.

Increase Engagement Touchpoints: RPM devices generate continuous data, which CCM teams can use during monthly check-ins to identify trends and address patient concerns proactively.

Expand Eligible Patient Pool: Patients enrolled in CCM programs can also qualify for RPM, increasing reimbursement opportunities across both programs.

Reach out to Medify Health for advice: hello@medifyhealth.com



2025 To-Do List for Medical Practices

2025 offers a fantastic window for practices to make the most of the interest in connected care initiatives like RPM and CCM. Use this checklist to make sure your patients and your practice benefit from it.

Identify Potential Upside

- Identify the patients who might qualify for RPM and CCM services, such as: Medicare patients, patients with chronic conditions, and post-surgical patients
- Estimate incremental FFS revenue based on 2025 CPT codes
- Estimate incremental increase in MSSP reimbursement based on impact to quality scores, cost reduction, and patient satisfaction

Identify Potential Costs (See **Connected Care Partner Evaluation Checklist**)

- How much technological and staff integration will be needed to expand virtual care?
- How much additional staff workload is expected for billing, compliance, and data?

Select and Implement Vendor

- Evaluate vendors using the Connected Care Partner Evaluation Checklist
- Talk to existing clients for insights and advice
- Confirm technology and systems integration
- Confirm compliance adherence and cybersecurity
- Track metrics to confirm expected impact on outcomes including: device usage, patient satisfaction scores, hospitalization rates, FFS revenue, and reimbursement trends

Leverage Technology

- Leverage the vendor's technology for additional workflow streamlining, such as appointment reminders, documentation, and billing

Train Staff and Prepare

- Train staff on RPM billing codes such as 99453, 99454, and 99457, emphasizing compliance and accurate documentation.
- Implement training to ensure adherence to CMS fraud prevention measures and OIG oversight requirements.

Identify and Engage Staff

- Host a live webinar or distribute handouts explaining the value of RPM and CCM to improve enrollment and engagement.
- Provide clear instructions on how RPM devices will be used and monitored to build trust and adherence.

Connected Care Partner Evaluation Checklist

Incremental Connected Care services, like RPM and CCM, can add significant workload to a practice if you don't select the right partner.

Some claim to be "patient-first" but provide only a tech platform that your staff and patients must learn to use. Other partners, like Medify, provide the full suite of services that integrate into your platform to become an extension of your staff.

Use Medify's selection criteria to evaluate your choices:

Patient Services

- What kind of services do you provide?
- What kind of human clinical staff support do you have in addition to technology?
- Do you identify eligible patients, recruit them, and train them?
- How personalized is the coaching based on a patient's profile?
- Do you represent yourself as your brand or as my practice?

Technology

- What technology do you use?
- Can you work with my platform without any configuration needed on my end?

Data

- How is the monitor data made actionable for me?
- How do I see the notes of your patient interactions?
- How do I share data with your team as needed?

Revenue and Fees

- Do you process the incremental RCM paperwork produced by your patient services?
- Do you generate revenue from FFS (CPT codes), MSSP reimbursement, or both?
- What is your fee structure and billing approach?
- How much up-front cost should I expect?
- What is the average net profit in year 1 and year 3 from your existing clients with a similar structure to my practice?

Administration

- What kind of commitment do I need to make?
- Is my practice's liability impacted by your extended clinical staff model?

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