2026 CMS Changes to Telehealth with Massive Upside Potential for Medical Practices

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Executive Summary

The 2026 CMS Final Rule marks a turning point for telehealth, Remote Patient Monitoring (RPM), and Chronic Care Management (CCM).
After five years of reimbursement instability, CMS is restoring momentum to value-based care through higher payments, new CPT flexibility, and expanded telehealth parity.

For medical practices—especially those serving Medicare beneficiaries—these changes create a rare opportunity: to generate *significant new revenue using existing or fewer resources*.

Key updates include: - **Up to 3.77% overall reimbursement increase** through Physician Fee Schedule adjustments.
- **New RPM flexibility** for shorter device-monitoring periods (2–15 days).
- **New management codes** enabling billing for 10–20 minute patient interactions.
- **Telehealth parity extended** across home, rural, and long-term care sites.
- **Expanded CCM coverage** for virtual, team-based care.
- **ACO and quality measure updates** aligning with chronic disease management.

By adapting care models to these regulatory shifts, practices can expand billable services, reduce hospitalizations, and stabilize staff workloads—all while delivering more personalized, connected care.

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1. Key 2026 CMS Changes in Detail

Conversion Factor and Efficiency Adjustments

Beginning January 1, 2026, CMS increases the **Physician Fee Schedule (PFS) conversion factor by 2.5%**, with additional adjustments of: - +1.24% for **Alternative Payment Model (APM)** participants
- +0.74% for **non-APM** participants

This results in total reimbursement gains of **3.77% for APM providers** and **3.26% for others** (CMS, 2025; ChartSpan, 2025).
CMS also introduces an *"efficiency adjustment"* of -2.5% for non-time-based codes, exempting time-based services such as RPM, CCM, and behavioral health integration.

New and Revised CPT Codes for 2026

CPT Code	Description	Change	Revenue Impact
99445	Device supply & monitoring for 2–15 days/month	*New*	Expands billing eligibility for shorter monitoring periods
99454	Device supply & monitoring for 16–30 days/month	*Existing*	Maintains previous rate parity
99470	RPM treatment management, first 10–20 minutes	*New*	Enables billing for shorter patient interactions
99457 / 99458	RPM treatment management, first 20 minutes + each additional 20	*Existing*	Continues established rates
G0511 / G0512	CCM & BHI for FQHC/RHC	*Expanded*	Distant-site parity through 2026
Modifier 93	Audio-only telehealth services	*Codified*	Ensures reimbursement parity for non-video visits

These revisions reflect CMS's recognition that care quality depends on *engagement*, not encounter length. Shorter, documented RPM and CCM interactions—once unreimbursed—will now qualify for compensation.

Telehealth Parity and Originating Site Expansion

CMS has extended **telehealth reimbursement parity** through December 31, 2026.
Patients may now access reimbursable telehealth services from: - **Home** (including assisted living and senior facilities)
- **Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)**
- **Behavioral health and chronic care settings**

By eliminating geographic restrictions and sustaining audio-only visit parity, CMS has made telehealth a permanent fixture of Medicare care delivery.

ACO and Quality Program Adjustments

- **Minimum beneficiary threshold**: 5,000 assigned patients by Benchmark Year 3 (2027).
- **Scoring protections** for small or rural practices.
- **Simplified quality reporting** focused on chronic care and preventive management.

These refinements are designed to reward proactive, connected care—particularly for providers using RPM and CCM to reduce avoidable hospitalizations.

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2. Upside Potential by Provider Category

Primary Care Practices

Primary Care Physicians (PCPs) are positioned for the greatest direct financial benefit.
With the new **10–20 minute management code (99470)** and **2–15 day monitoring option (99445)**, even brief virtual check-ins are now reimbursable.
The increase in time-based code value combined with telehealth parity allows practices to: - Replace unbilled follow-up calls with billable encounters.
- Deliver chronic care remotely without additional staff.
- Capture recurring revenue from 70–80% of Medicare patients who qualify for RPM/CCM.

Outcome Example: A primary care practice with 300 enrolled Medicare patients can generate approximately **$225,000 annually in incremental FFS revenue**, with no additional clinical staffing.

Cardiovascular Specialists

Cardiology practices will benefit from integration of the **Ambulatory Specialty Care Model** for heart failure and hypertension.
Expanded RPM codes support post-operative monitoring, medication adherence, and blood pressure management, contributing to: - **50% reduction in heart failure readmissions**
- **20% reduction in cardiac deaths**
- **25% improvement in blood pressure control**

With RPM reimbursement extended for shorter monitoring periods, cardiology groups can scale programs to a wider patient base without increasing staff burden.

Accountable Care Organizations (ACOs)

For ACOs, CMS's quality and benchmarking changes reinforce the role of remote care in cost containment.
ACOs using RPM/CCM to proactively manage chronic populations can expect: - Higher **shared savings** through improved quality metrics.
- Reduced readmission and emergency utilization rates.
- Streamlined documentation using standardized, telehealth-enabled templates.

CMS views ACOs as the primary drivers of virtual-first, value-based care adoption in 2026 and beyond.

Federally Qualified Health Centers (FQHCs) & Rural Health Providers

Rural and community-based organizations gain expanded parity for non-behavioral telehealth.
Through 2026, **G0511** billing will reimburse RPM and CCM encounters at the same rate as traditional visits.
RHCs can also continue **audio-only visits** for patients with connectivity barriers.

For resource-limited clinics, these changes represent: - Increased access for underserved patients.
- Reliable reimbursement for care historically provided without compensation.
- The ability to sustain population management programs with minimal new staffing.

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3. Remote Patient Monitoring: 2026 Action Steps

1. **Simplify Enrollment**
   Identify all Medicare patients with two or more chronic conditions. Use EHR analytics or a population health partner to flag eligible patients automatically. Aim for **30–50% enrollment** of eligible beneficiaries.

2. **Adjust Device Days and Billing**
   Transition from the 16-day threshold (CPT 99454) to new flexible billing under **99445 (2–15 days)**.
   This allows reimbursement even when patients use devices intermittently.

3. **Use New Management Codes**
   Bill **99470** for the first 10–20 minutes of RPM management, and **99457/99458** for 20+ minutes.
   These shorter increments allow more encounters to be billable without additional staff.

4. **Strengthen Documentation and Compliance**
   Ensure audit readiness with standardized logs that record device usage, time spent reviewing data, and clinical action taken.

5. **Integrate Virtual Teams**
   Virtual care teams—such as Medify's nurse-led model—can manage enrollment, device support, and monthly check-ins.
   This allows practices to expand RPM capacity with no staff increase.

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4. Chronic Care Management: 2026 Action Steps

1. **Leverage Telehealth Parity**
   CMS now allows **CCM encounters to be fully virtual**, including from patient homes. This enables consistent monthly engagement without in-person scheduling constraints.

2. **Standardize Care Plan Documentation**
   Use CMS's new streamlined format for chronic care plans, emphasizing medication reconciliation, social determinants of health, and behavioral goals.

3. **Automate Billing and Time Tracking**
   Implement digital tools that automatically record contact minutes and generate compliant claims for **CPT 99490, 99439, 99487, and 99489**.

4. **Expand Team-Based Care**
   Nurses, pharmacists, and health coaches may all contribute to CCM time. Delegating patient outreach and education multiplies billable encounters without increasing workload.

5. **Combine CCM and RPM for Maximum Value**
   Integrated RPM+CCM programs yield higher compliance and outcomes. Practices using both programs experience:

6. **25% fewer hospitalizations**
7. **15% lower total cost of care**
8. **Improved quality scores and MSSP bonuses**

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5. Additional Revenue-Positive Actions Beyond RPM and CCM

- **Virtual Direct Supervision:** Providers can now supervise ancillary staff remotely.
- **Remote Therapeutic Monitoring (RTM):** New RTM codes (98975–98981) allow therapy-based billing.
- **Preventive Telehealth Visits:** Annual Wellness Visits and Behavioral Health Integration remain covered under telehealth parity.
- **Quality Program Integration:** Telehealth utilization now contributes to value-based metrics under MIPS and MSSP.

Conclusion: A Turning Point for Connected Health

CMS's 2026 telehealth reforms create one of the most favorable environments for independent practices in over a decade.
By aligning reimbursement with outcomes, the new rules enable **financial stability, efficiency, and improved patient outcomes** without added staff.

Practices that act early—establishing robust RPM and CCM workflows, standardizing documentation, and partnering with virtual care teams—will capture the full benefit of this policy shift.

As retail healthcare retreats and margins tighten, connected health solutions represent the most sustainable path forward.
Medify Health's turnkey, human-powered platform ensures providers can meet compliance, increase engagement, and unlock the *massive upside potential* of 2026.

References

Centers for Medicare & Medicaid Services. (2025). *Calendar Year (CY) 2026 Medicare Physician Fee Schedule Final Rule*. https://www.cms.gov/newsroom/press-releases/calendar-year-cy-2026-medicare-physician-fee-schedule-final-rule

ChartSpan. (2025). *Medicare Physician Fee Schedule Final Rule 2026*. https://chartspan.com/blog/medicare-physician-fee-schedule-final-rule-2026

Prevounce. (2025). *Medicare's 2026 PFS Proposed Rule Expands RPM*. https://blog.prevounce.com/medicares-2026-pfs-proposed-rule-expands-rpm

Advisory Board. (2025). *CMS Proposals That Could Impact Care in 2026*. https://advisory.com/research/health-care-advisor/articles/2025/08/12-cms-proposals-that-could-impact-cancer-care-in-2026

American Medical Association. (2025). *Comments on the 2026 Medicare Physician Fee Schedule Final Rule*. https://ama-assn.org/system/files/2025-11/medicare-physician-fee-schedule-final-rule-2026-ama-comments.pdf

Health Recovery Solutions. (2025). *Deciphering CMS's 2026 Billing Changes for Remote Patient Monitoring*. https://www.healthrecoverysolutions.com/blog/deciphering-the-evolving-telehealth-landscape-cmss-proposed-2026-billing-changes-for-remote-patient-monitoring

Applied Policy. (2025). *CMS Finalizes Payment Increase for Physicians: New Ambulatory Specialty Model for Heart Failure*. https://www.appliedpolicy.com/cms-finalizes-payment-increase-for-physicians-new-ambulatory-specialty-model-for-heart-failure-and-low-back-pain-and-changes-to-several-payment-policies

California Medical Association. (2025). *CMS Finalizes Significant Changes in 2026 Medicare Physician Fee Schedule*. https://cmadocs.org/cms-finalizes-significant-changes-in-2026-medicare-physician-fee-schedule

Medify Health. (2024). *The Four Challenges of Connected Health*. https://medifyhealth.com