ChronicCareIQ

Medicare Policy Brief | November 2026

Medicare's 2027 remote monitoring changes, explained

On November 4, 2026, CMS finalized the 2027 Physician Fee Schedule, the rule that sets what Medicare pays clinicians. It changes how remote monitoring is paid starting January 1, 2027, and plans a staffing change for 2029. Here is what it means, in plain terms.

Three things to know

A visit comes first

From **January 1, 2027**, new monitoring patients need a visit with their clinician, in person or by telehealth, before Medicare pays.

Device pay drops

Medicare is expected to pay roughly **19% to 21%** less for devices in 2027. Later years depend on a cost review. Pay for reviewing readings holds.

Staffing rule waits

Medicare plans to pay for monitoring only when the practice's own employees do the clinical work, starting **January 1, 2029,** not 2027.

When things happen

Nov 4, 2026
CMS releases the final rule.

Jan 1, 2027
The visit rule. RTM limit, lower device pay and a 2.31% base rate cut begin.

AMA panel
An AMA panel reviews what remote monitoring devices really cost.

2028
CMS proposes 2028 rules, which may adjust device pay again.

Jan 1, 2029
Staffing rule starts: practice employees do the clinical work.

What this means for you

If your own staff run monitoring

- You already meet the 2029 staffing requirement.
- New patients need a qualifying visit from January 1.
- Device payments are expected to drop in 2027.

If third parties help run it

- Nothing changes about who does the work until 2029.
- The 2027 **changes still apply**: a visit first and lower device payments.

Our perspective

We support CMS's push for accountable, well-documented monitoring that keeps clinicians at the center of care. Third parties can help deliver timely patient information, and we'll support our clients through these changes.

The initiating visit, explained

Who needs it?
New RPM or RTM patients starting on or after January 1, 2027. Patients already enrolled before then don't.

What counts?
A face-to-face visit with the billing clinician, in person or by telehealth. It doesn't have to be only about monitoring.

When?
Before monitoring is billed. The visit itself is billed on its own.

Does it repeat?
A new device, a change in the patient's condition, or a new clinician in the same practice doesn't need another visit.

What changes, and what doesn't

Changes Jan 1, 2027

- **New RPM and RTM patients** need a visit before monitoring is billed.
- **RTM** is limited to patients the practice already treats, the same rule RPM already follows.
- **Device payments** are expected to drop roughly 19% to 21%. Setup pay is lower too.
- **Medicare's base rate** falls 2.31% for most clinicians, across every service.

Waits until Jan 1, 2029

- **Monitoring time** counts only when the practice's own employees do the clinical work.
- **CMS hasn't defined "employee"** yet and plans to publish guidance first.
- **Third parties** can still do this work until then, and can still supply devices, software and technical support after.

Doesn't change

- **Pay for reviewing readings** holds, apart from the base rate cut.
- **Care management rules:** CCM, PCM, APCM, TCM and BHI.
- **Third parties** are still allowed for care management.
- **Code bundling,** which CMS floated, was not adopted.

Get ready before January 1: build the visit into enrollment, make sure new RTM patients are already patients of the practice, and update your budget once CMS posts final 2027 payment amounts.

What we're watching

AMA review of device costs
January 2027 will inform device pay for 2028 and later.

The 2028 proposed rule
Summer 2027. The first look at any further change to device pay.

CMS staffing guidance
Before 2029, CMS will explain which staffing arrangements count.

General information only, not legal or billing advice. Confirm details against the official Federal Register text (document 2026-22743) and guidance from your Medicare Administrative Contractor. Payment changes are estimates until CMS posts final payment files.

www.ChronicCareIQ.com | sales@ChronicCareIQ.com