



Maximizing Telehealth Reimbursement in 2025: A Guide for Providers

As healthcare evolves, telehealth services such as Remote Patient Monitoring (RPM), Remote Therapeutic Monitoring (RTM), Chronic Care Management (CCM), Advanced Primary Care Management (APCM), and Behavioral Health Integration (BHI) are becoming increasingly important for [improving patient outcomes](#) and [managing costs](#). Health Recovery Solutions (HRS) offers this comprehensive guide to help you navigate the 2025 reimbursement landscape, ensuring you maximize the benefits of these programs while maintaining compliance.

Review this booklet to learn more about...

- ✓ Remote Patient Monitoring (RPM)
- ✓ Remote Therapeutic Monitoring (RTM)
- ✓ Chronic Care Management (CCM)
- ✓ Advanced Primary Care Management (APCM)
- ✓ Behavior Health Integration (BHI)
- ✓ Longitudinal Care

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Remote Patient Monitoring (RPM)

The [Centers for Medicare and Medicaid Services](#) (CMS) updates RPM Current Procedural Terminology (CPT) billing codes annually to encourage healthcare providers to adopt RPM for their patients. Here's a breakdown of the 2025 RPM CPT codes and their corresponding reimbursement rates:

- **99453:** Initial set-up and patient education on device use for remote physiological monitoring. This is a one-time payment of \$19.73 per patient, billed after 16 days of monitoring.
- **99454:** Covers the costs of providing devices, transmitting data, data collection, and reporting services. It can be billed once per month per patient and requires device use for at least 16 days per month. The average national payment rate is \$43.03.
- **99457:** Includes the first 20 minutes of RPM services by a physician, clinical staff, or qualified healthcare professional over a 30-day period. It requires interactive remote communication with the patient. The average national payment rate is \$47.87. This code can be billed as 'incident to' under general supervision.
- **99458:** Covers additional 20-minute increments of RPM services after the initial 20 minutes. The average national payment rate is \$38.49.

Note: Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) will use the above CPT codes instead of the G0511 code they previously used.

Billing Requirements for RPM

To bill for RPM CPT codes in 2025, these requirements must be met:

- The RPM device must meet the FDA's definition of a medical device.
- The patient must opt-in for the service before the RPM device is ordered.
- A new patient evaluation is required for a new patient to RPM.
- Patients enrolled in RPM during the Public Health Emergency (PHE) can continue receiving RPM services.
- The patient must use the RPM device for at least 16 days a month to bill for CPT codes 99453 and 99454.
- Data collection must be HIPAA-compliant.

Remote Therapeutic Monitoring (RTM)

Remote Therapeutic Monitoring (RTM) tracks non-physiological patient data, including medication and exercise adherence, functional status, and response to therapy. Here are the RTM CPT codes and reimbursement rates for 2025:

- **98975:** Covers initial setup and patient education on equipment use. It can be billed once in a 30-day period when at least 16 days of data are collected on at least one medical device. The average national payment rate is \$19.73.
- **98976:** Pays for respiratory devices supplied with daily scheduled recordings, programmed alerts, and transmission for monitoring the respiratory system. It can be used every 30 days when at least 16 days of data have been collected on at least one medical device. The average national payment rate is \$43.02.
- **98977:** Reimburses musculoskeletal devices supplied with daily scheduled recordings, programmed alerts, and transmission for monitoring the musculoskeletal system. This can be billed once by one practitioner only when at least 16 days of data have been collected on at least one medical device. The average national payment rate is \$43.02.
- **98980:** Bills for the initial 20 minutes of treatment time per calendar month. Time must include at least one interactive communication via phone or video with the patient during the month. The average national payment rate is \$50.14.
- **98981:** Covers each additional 20 minutes of treatment time per calendar month. This code has the same requirements as CPT 98980. The average national payment rate is \$39.14.

Key Differences Between RPM and RTM

- RPM focuses on physiological data, monitoring vital signs and other physiological metrics.
- RTM focuses on non-physiological data, such as medication adherence, exercise adherence, functional status, and response to therapy.

Note: RPM and RTM billing codes cannot both be used to bill for the same patient in the same month, and only one clinician can submit claims.

Chronic Care Management (CCM)

CCM services provide coordinated care for patients with multiple chronic conditions. Here are the CCM codes and reimbursement amounts for 2025:

- **99490:** 20 minutes of non-complex CCM per month; \$60.49
- **99439:** Each additional 20 minutes of non-complex CCM; \$45.93
- **99491:** 30 minutes of complex CCM provided by a physician; \$82.16

Note: Non-complex CCM can be provided by a qualified healthcare professional or auxiliary personnel under the general supervision of the billing provider. RPM and CCM can be billed concurrently.

Advanced Primary Care Management (APCM)

New in 2025, CMS introduced APCM codes. APCM consolidates elements of Chronic Care Management (CCM), Principal Care Management (PCM), and other care management activities into a streamlined billing approach. APCM eliminates the time-based component of CCM and enables risk stratification.

APCM Codes Include:

- **G0556:** APCM for patients with one or more chronic conditions. Amount: \$15.20
- **G0557:** APCM for patients with multiple chronic conditions. Amount: \$48.84
- **G0558:** APCM for Qualified Medicare Beneficiary (QMB) enrollees with multiple chronic conditions, addressing higher complexity due to Social Determinants of Health (SDoH). Amount: \$107.07

Note: APCM cannot be billed concurrently with CCM but can be billed concurrently with RPM.

Behavioral Health Integration (BHI)

CPT code **99484** is used for Behavioral Health Integration (BHI). To bill under this code, the eligible provider must offer at least 20 minutes of service per patient per month. BHI is primarily managed by the patient's physician or care manager, though a third-party psychiatric consultant or therapist may provide additional services.

Other telehealth-specific BHI codes relevant for 2025 include:

- **90791:** Psychiatric diagnostic evaluation; now permanently reimbursable for telehealth
- **90834:** Psychotherapy, 45 minutes; now permanently reimbursable for telehealth
- **Modifier codes (e.g., GT or 95):** For services provided via telehealth
- **Codes for audio-only sessions:** Use of codes allows for billing sessions conducted by phone when video is inaccessible

Longitudinal Care with HRS

HRS is uniquely positioned to help you succeed with telehealth through its focus on a longitudinal model of care. By delivering value-added services like RPM, RTM, CCM, APCM, BHI, PCM, and Transitional Care Management (TCM), HRS supports seamless transitions from hospital to home for [acute care](#), post-acute care, and ongoing chronic and preventative care pathways. This comprehensive approach ensures continuity of care, enhances patient engagement, and reduces avoidable readmissions and emergency department visits.

HRS offers:

- [Remote Patient Monitoring](#)
- [EHR Integration](#)
- [Reimbursement support](#)
- [Clinical services](#)
- [Logistics](#)
- [Analytics](#)

By partnering with HRS, you can [optimize clinical workflows](#), [reduce hospital stays](#), [increase patient adherence](#), and [improve outcomes](#). HRS's solutions are clinically enabled and patient-centric, ensuring that patients and care teams are always connected.

HRS provides expert support for navigating telehealth reimbursement, helping you claim reimbursement from various sources. HRS's team offers ongoing education and guidance on the latest reimbursement and grant funding sources.

HRS helps healthcare organizations clearly demonstrate program ROI, identify inefficiencies, and uncover opportunities to scale. With a focus on continuous improvement and patient-centered care, HRS is the ideal partner to help you unlock the full potential of virtual care in 2025 and beyond.

How To Contact HRS

Health Recovery Solutions helps healthcare organizations leverage telehealth and remote patient monitoring to improve coordination of care, achieve better outcomes, and reduce costs. We're on a mission to transform remote care delivery and access.

[REQUEST A CUSTOMIZED DEMO](#)

When you request a demo from HRS, you can expect:

- A dedicated Digital Health Advocate will review your inquiry and reach out to connect you with our team of specialists
- You'll be invited to complete a short follow-up survey to help us prepare your personalized demonstration
- Within 1 business day, a DHA will reach out via email to schedule an introductory call
 - If you don't hear from us, please check your junk email folder

We look forward to connecting with you!