# 2026

# Remote Patient Monitoring Reimbursement Guide



An Overview by

Life365

# Table of Contents

Introduction.....2

Overview of RPM Codes.....3

Medicaid and Commercial Coverage.....4

RPM Eligibility and Use Case.....4

FQHCs & RHCs Billing for RPM and RTM | 2026.....5

Documentation and Compliance.....6

Frequently Asked Questions.....11

References.....14



©2026 Life365, Inc.

# Introduction

Remote Physiologic Monitoring (RPM) has become an established pillar of modern healthcare delivery. By capturing physiologic data (blood pressure, glucose, weight, oxygen saturation, and more) from patients at home, RPM lets providers shift from reactive, episodic care to more informed, ongoing management. This is especially valuable for patients with chronic conditions, where regular data between visits helps providers track how a condition is trending and make more timely, informed decisions.

Much of RPM's adoption traces back to the reimbursement pathways CMS first established in the 2019 Medicare Physician Fee Schedule and has refined nearly every year since, including notable changes for 2026 and a significant shift in how rural health clinics and federally qualified health centers bill for these services.

Still, many providers remain on the sidelines, held back by uncertainty about which codes to use, how to document them, and how to stay compliant as the rules evolve. This guide is built to close that gap: a current overview of the RPM billing codes (including the new 2026 additions), the eligibility and documentation requirements, the compliance and audit landscape, and clear answers to the questions providers ask most often. With those in hand, your practice can confidently build, bill, and sustain an effective monitoring program.

## Why you should implement a remote patient monitoring strategy

### IMPROVES PATIENT OUTCOMES

Regular physiologic data gives providers a clearer picture of how patients are doing between visits, supporting better-informed care.

### ENABLES EARLIER INTERVENTIONS AND TREATMENT ADJUSTMENTS

A steady stream of data lets the care team act on changes between visits rather than waiting for the next appointment.

### INCREASES REVENUE

RPM opens new, reimbursable billing pathways for services many practices are already providing.

### PROMOTES ONGOING CARE AND SELF-MANAGEMENT

Regular monitoring keeps patients engaged in their own care and strengthens their ability to self-manage between visits.




©2026 Life365, Inc.

# Overview of RPM Codes

In 2019, the Centers for Medicare and Medicaid Services (CMS) added codes for remote physiologic monitoring to the Physician Fee Schedule. Since the inception of these codes, there have been several updates and clarifications. This overview includes the latest information for furnishing and billing Remote Physiologic Monitoring services in 2026.

### PATIENT SETUP & TRAINING

**CODE 99453 • $21.71**
ONE TIME

Initial setup of devices and education of RPM devices.

### DEVICE SUPPLY & DATA TRANSMISSION

**CODE 99445 • $52.11** NEW
EACH 30 DAYS

Supplying patient with device(s) for 2-15 recording or programmed alert(s) transmission, each 30 days.

**CODE 99454 • $52.11**
A CALENDAR MONTH

Device supply for 16-30 recordings or alert(s) transmissions each 30 days.

### MONTHLY CARE MANAGEMENT

**CODE 99457 • $51.77**
A CALENDAR MONTH

Initial 20 minutes of RPM treatment management service time.

**CODE 99458 • $41.42**
ONE TIME

Each additional 20 minutes of RPM treatment management service time.

**CODE 99470 • $26.05** NEW
EACH 30 DAYS

Treatment management services, qualified health care professional time per calendar month; interactive communication during the month; initial 10-20 minutes.

**Rates are based on the 2026 non-facility national rate and vary by region.*

## NEW CODES IN 2026

CMS added two new RPM CPT codes in 2026, providing greater flexibility by allowing reimbursement for shorter monitoring periods and briefer care management services.

### 99445

**$52.11 PER 30-DAY PERIOD**

Remote monitoring of physiologic parameters: initial device supply with daily recordings or programmed alerts, for **2–15 days** in a 30-day period. Bill either 99445 or 99454 (16+ days) each period.

**Why it matters:** a more tailored approach for patients whose conditions don't require daily vitals, capturing revenue that used to fall through the cracks.

### 99470

**$26.05 PER CALENDAR MONTH**

Remote physiologic monitoring treatment management: clinical-staff or provider time requiring one interactive communication with the patient, for the **first 10 minutes** in a month. Bill either 99470 or 99457 (initial 20+ min).

**Why it matters:** This code provides reimbursement for months when only 10–19 minutes of qualifying care management time are reached, increasing flexibility while preserving the existing 20-minute billing pathway.


©2026 Life365, Inc.

# Medicaid and Commercial Coverage

RPM coverage extends well beyond Medicare, but the rules vary widely by payer and state.

## MEDICAID

A little over half of state Medicaid programs currently reimburse for RPM. Coverage often comes with restrictions Medicare doesn't impose. Because these policies change frequently and differ significantly from Medicare, verify your specific state's current rules before building a Medicaid RPM workflow. The Center for Connected Health Policy (CCHP) maintains a free, regularly updated state-by-state reference for Medicaid RPM policy.

## COMMERCIAL PAYERS

Many private insurers reimburse RPM, but coverage policies, prior-authorization requirements, and reimbursement rates differ from plan to plan. Confirm each payer's specific policy rather than assuming it mirrors Medicare.

# RPM Eligibility and Use Case

RPM is appropriate when it's reasonable and medically necessary, meaning it's used to develop and manage a treatment plan for a chronic or acute condition. It fits patients whose day-to-day physiologic data (blood pressure, weight, glucose, oxygen saturation, etc.) meaningfully informs how a provider manages them between visits.

## WHO QUALIFIES

- Medicare Part B beneficiaries with at least one acute or chronic condition for which the billing provider determines RPM is medically necessary. (Unlike Chronic Care Management, which requires two or more chronic conditions, RPM can be billed for a single qualifying condition).
- Patients with an established relationship with the billing practitioner. During the COVID-19 public health emergency, CMS allowed RPM for new patients; since the PHE ended on May 11, 2023, RPM is limited to established patients. (This is also one of the patterns OIG flags: billing RPM without a prior in-person or telehealth relationship draws scrutiny.)
- Patients who have given consent (see below).



## CONSENT

Patient consent must be captured annually or for each new episode of care and recorded in the medical record. Consent can be given verbally. Because RPM is a Part B service, the patient carries a 20% co-payment they should be made aware of. Consent may be obtained by auxiliary personnel under general supervision of the billing practitioner.

## MEDICAL NECESSITY

RPM must be medically necessary and tied to a specific condition and treatment plan. Documentation should explain why remote monitoring is appropriate for the patient, how the data collected will support management of the condition, and how the care team intends to use that information.

*Note that an RPM treatment plan should not be confused with the comprehensive care plan required for Chronic Care Management.*


©2026 Life365, Inc.

# FQHCs & RHCs Billing for RPM and RTM | 2026

If your FQHC or RHC billing still references G0511, update it now. As of 2026, the code is no longer payable for these services and billing will result in rejected claims.

For most of RPM's history, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) couldn't bill it the way other providers do. That changed in stages:

**before 2024**

FQHCs and RHCs could not bill RPM separately. Care management was bundled into the all-inclusive PPS encounter rate.

**2024**

CMS folded RPM (and RTM) into the general care-management code G0511, a blended flat rate of $72.98. For the first time, these clinics could be paid for RPM, but only as part of one averaged, bundled payment.

**2025**

CMS retired the G0511 approach for FQHCs/RHCs and required them to bill the individual CPT codes that make up care management, each paid at the national non-facility PFS rate. A grace period allowed continued use of G0511 through September 30, 2025.

**2026 (current)**

G0511 is no longer payable for these services. FQHCs and RHCs bill the standard RPM CPT codes: 99453, 99454, 99445, 99457, 99458, 99470, and 99091. These are the same codes every other provider uses.

## WHY CMS MADE THE CHANGE

The shift was driven largely by transparency. Because G0511 was a single blended code, CMS couldn't see which specific service a clinic actually furnished, and clinics struggled to bill multiple distinct services cleanly within a month. FQHCs, RHCs, and rural-health associations asked to report the individual codes instead, both to bill accurately for what they provide (including add-on codes for additional time) and to generate the utilization data that reflects their role in primary care. CMS agreed that individual-code billing "promotes transparency in billing and payment" and better accounts for the complexity and time of each service.

## ONE CAUTION

The change isn't uniformly favorable. CMS noted that the payment for some individual codes is lower than the old blended G0511 rate, so a clinic that mostly furnishes those services could see a per-service decline. The ability to bill add-on codes for additional time may partially offset this. Model your own service mix against the individual-code rates rather than assuming the switch is revenue-neutral.


©2026 Life365, Inc.

# Documentation and Compliance

## DOCUMENTATION REQUIREMENTS

Solid documentation is what separates a billable RPM program from an audit liability.

### MEDICAL NECESSITY & ELIGIBILITY

- The acute or chronic condition being monitored, and the clinician's rationale for why RPM is medically necessary for it.
- Confirmation of an established patient–provider relationship

### CONSENT

- Patient consent captured at the time RPM services begin, recorded in the medical record (verbal or written).
- The consent record should note that the service was described to the patient, that health data will be collected and transmitted, that participation is voluntary and may be revoked, that only one practitioner can bill RPM for the patient per month, and that the patient was made aware of any out-of-pocket cost (the 20% Part B coinsurance).

### DEVICE & SETUP – 99453

- Date of device receipt/order and the type of device issued
- The type of training provided (in-person or remote) and confirmation the patient understood and could operate the device
- Identification that the device transmits data automatically

### DEVICE SUPPLY & DATA COLLECTION – 99445 / 99454

- Dates and times of data transmissions
- The vitals recorded (e.g., blood pressure, weight, glucose, $SpO_2$)
- Device logs or EHR-integrated usage records sufficient to demonstrate the transmission of daily recordings, and the number of days of data in the 30-day period

### TREATMENT MANAGEMENT & TIME – 99457 / 99458 / 99470

- Total minutes of service in the calendar month, with dates and brief notes on each patient contact
- A description of the non-face-to-face services provided (data review, trend evaluation, care-plan decisions)
- Evidence of the live, interactive communication with the patient or caregiver
- How the data was used to manage the patient under the treatment plan








©2026 Life365, Inc.

### TRACK TIME IN REAL TIME

Use your EHR or RPM platform to log time as it happens, not reconstructed after the fact. For each entry, capture the date, the duration in minutes, a specific description of the clinical activity, and evidence of any interactive communication.

Avoid vague entries. A note like "reviewed data, called patient, 25 min" **won't survive an audit.** There are no dates, no breakdown, and nothing tying the time to a clinical decision. Log it as a dated running record where each block shows what was done and why:

> **4/08/2026, 10:02–10:11 (9 min), J. Rivera, RN:** Reviewed weight log for CHF patient; noted 4 lb gain over 3 days.
>
> **4/08/2026, 14:20–14:34 (14 min), J. Rivera, RN:** Phone call with patient to assess symptoms. Patient reports mild ankle swelling, no chest pain, sleeping on two pillows. Reviewed low-sodium diet and daily weigh-in timing. Advised to hold off on added salt and report any further gain. Notified [ordering provider]; diuretic adjustment pending review.

The value is in the second block: it captures the live interactive communication, connects the reviewed data to a symptom assessment, and records the resulting care-team action.

The billing practitioner is ultimately responsible for documentation, including that of any contracted personnel or staff who furnish services under that practitioner's clinical care and treatment.



## Best Practices

- Capture the live interactive communication
- Connect the reviewed data to a symptom assessment
- Record the resulting care-team action.


©2026 Life365, Inc.

## SAMPLE RPM ORDER & TREATMENT MANAGEMENT PLAN

*A template for illustration. Adapt to your EHR and confirm against your MAC's local coverage policy.*

# Remote Patient Monitoring Order

PATIENT NAME:_____ DOB:_____ MRN:_____

ORDERING PROVIDER:_____ NPI:_____ DATE OF ORDER:_____

**CONDITION BEING MONITORED:** Essential hypertension (ICD-10 I10)

**MEDICAL NECESSITY / RATIONALE:** Patient with uncontrolled hypertension; home blood-pressure data needed to guide medication titration and reduce cardiovascular and hospitalization risk. Monitoring data will directly inform management decisions.

**ESTABLISHED RELATIONSHIP:** Confirmed – last office visit MM/DD/YYYY

**PATIENT CONSENT:** Obtained and documented MM/DD/YYYY (verbal / written). Patient advised of voluntary participation, right to revoke, single-provider billing, and 20% Part B coinsurance.

**DEVICE ORDERED:** Connected (Bluetooth/cellular) automatic blood-pressure monitor meeting the FDA medical-device definition, with automatic data transmission.

**MONITORING PARAMETERS & ALERT THRESHOLDS:**
– *Systolic > 160 or < 90 mmHg → alert*
– *Diastolic > 100 or < 60 mmHg → alert*
– *Expected frequency: daily readings*

# Treatment Management Plan

**GOALS:** Achieve BP < 130/80 within 90 days; sustain consistent daily readings.

**CARE TEAM RESPONSIBILITIES:** RN/clinical staff to review transmitted data at least weekly, flag out-of-range readings, and conduct at least one live interactive contact (phone or video) per calendar month. Ordering provider to review trends and adjust the antihypertensive regimen as indicated.

**INTERVENTIONS:** Medication titration per protocol; lifestyle/dietary counseling; referral as needed.

**PATIENT CONSENT:** Obtained and documented MM/DD/YYYY (verbal / written). Patient advised of voluntary participation, right to revoke, single-provider billing, and 20% Part B coinsurance.

**ANTICIPATED BILLING:** 99453 (setup, once per episode) · 99454 or 99445 (device supply, per 30-day period by days of data) · 99457 (+99458 / 99470 as time supports).

**REVIEW INTERVAL:**
Plan reviewed and updated at least every 30 days or upon significant change.

**Provider signature:** _____ **Date:** _____



*Hypertension is used here because it's the most common RPM use case; set your own clinical alert thresholds and adapt the plan to the patient's condition and your device catalog.*


©2026 Life365, Inc.

# Example | **RPM Process**



**CASE** | Roger G. is a Medicare enrollee who is going to his doctor for a checkup.



1

Roger has been diagnosed with **high blood pressure** (hypertension).

2

Provider determines that RPM is **medically necessary** to treat his hypertension and Roger **consents** to it.





3

Provider **gives Roger a connected blood pressure** device.

4

Staff **trains Roger how to setup and use** the blood pressure device.





5

Roger uses the blood pressure device to get **daily blood pressure readings that automatically gets sent to his care team.**

6

Clinical Staff **review the blood pressure data, update Roger's treatment and explains** it to Roger.




©2026 Life365, Inc.

## OIG OVERSIGHT: WHAT THE 2025 REPORT FOUND

In August 2025, the HHS Office of Inspector General published Billing for Remote Patient Monitoring in Medicare (OEI-02-23-00261), a data snapshot on how RPM is being billed.

- Medicare paid $536 million for RPM in 2024, a 31% jump over 2023 and part of an unbroken climb from just $15M in 2019.
- Nearly 1 million enrollees received RPM in 2024, up 27% year over year.
- About 4,600 practices billed routinely; a typical one served ~70 patients and added ~5 new patients a month.

OIG built five billing measures to flag practices that warrant further scrutiny. Read them as a checklist of what not to look like:



**1. Sudden enrollment spikes:**
A large, abrupt jump in new patients in a single month (some outliers added 100+ in a month; one added ~3,400).



**2. No prior relationship:**
Billing RPM for patients the practice hadn't seen before. CMS requires an established relationship (in-person or telehealth) before RPM billing; this was briefly waived during the COVID-19 PHE and reinstated in May 2023.



**3. Missing treatment management:** enrolling patients in device monitoring but never billing the treatment-management component that actually uses the data.



**4. Shared enrollees**
Billing the same patient as two or more other practices in the same period.



**5. Multiple devices per patient per month:**
Medicare generally allows only one monitoring device per month per enrollee.

This data builds on OIG's earlier report, Additional Oversight of Remote Patient Monitoring in Medicare Is Needed (OEI-02-23-00260, September 2024), which recommended CMS implement additional safeguards.


©2026 Life365, Inc.

# Frequently Asked Questions

## GENERAL

- **Who can order and bill for RPM?**

  Physicians and non-physician practitioners who are eligible to bill Medicare for E/M services.

- **Is patient consent required?**

  Yes. Consent must be captured annually, or for each new episode of care, and recorded in the medical record. It can be given verbally. As a Part B service, RPM carries a 20% patient co-pay that the patient should be made aware of. Consent may be obtained by auxiliary personnel under general supervision of the billing practitioner.

## CPT 99453 - SETUP & PATIENT EDUCATION



- **Can patient training be provided at the point of care?**

  Yes, and it's billable if not furnished on the same day as another E/M office visit.

- **Can training be provided virtually?**

  Yes. patient education on equipment and systems can be delivered virtually through real-time audio/video communication.

- **Can 99453 be billed more than once if multiple devices are provided?**

  No. 99453 is billed once per episode of care, even if training covers more than one device.

- **How many days of reading are required to bill 99453**

  A minimum of 16 days of readings within a 30-day period. Even if the patient has been trained, 99453 should not be reported if monitoring is fewer than 16 days.

## CPT 99454 & 99445 - DEVICE SUPPLY & DATA COLLECTION



- **What types of devices qualify?**

  The device must meet the FDA's definition of a medical device under Section 201(h) of the Federal Food, Drug, and Cosmetic Act. Devices classified by the FDA as general "health and wellness" (for lifestyle, fitness, or entertainment) do not qualify.

- **Do devices have to be connected/Bluetooth?**

  Yes. Physiologic readings must be captured automatically from the device, which requires a connected device (Bluetooth, Wi-Fi, or cellular). Manual entry or self-reported readings do not qualify.

- **What's the difference between 99454 and the new 99445?**

  Both cover device supply and data transmission over a 30-day period. The difference is the number of days of data: 99445 is for 2–15 days, and 99454 is for 16–30 days. Bill one or the other per 30-day period based on how many days of readings the patient transmitted.

- **Why are 99454 and 99445 the same reimbursement amount?**

  Both codes carry the same national payment amount because CMS determined the primary practice expense is the same: the practice still purchases, provisions, and supports the remote device for the patient regardless of how many days of readings come in. The device cost doesn't change with usage, so the payment doesn't either.


©2026 Life365, Inc.

- **How many days of readings are required to bill 99445, and what's it for?**

  99445 covers 2–15 days of readings within a 30-day period. At least 2 days of transmitted readings are required. Fewer than 2 days is not billable under any device-supply code. Once the patient reaches 16 days, you bill 99454 instead. In short: **2–15 days → 99445; 16–30 days → 99454.** NEW

  Before 2026, that 2–15 day window was unbillable. 99445 now captures it, a more tailored fit for patients whose conditions don't require daily vitals and revenue that used to fall through the cracks.

- **Can 99454 or 99445 be billed more than once if multiple devices are used?**

  No. Regardless of the number of devices, only one device-supply code is billed per 30-day period.

- **Can I bill device supply without meeting the treatment-management requirements?**

  Yes — as long as the requirements of the device-supply code itself are met, it can be billed independently of 99457/99458/99470.

## CPT 99457, 99458, 99470 – TREATMENT MANAGEMENT

- **What counts toward the time requirement for 99457 / 99458 / 99470?**

  Qualifying activities that can count toward the monthly treatment-management time include:

  - **Interactive communication:** at least one live, two-way synchronous phone call or video consultation with the patient or caregiver to discuss progress, issues, or device readings. (Text messages, emails, and voicemails do not count).
  - **Data review & analysis:** interpreting biometric data transmitted by the device, such as blood pressure trends, weight fluctuations, or glucose readings.
  - **Care plan modifications:** adjusting medical regimens, proposing lifestyle or dietary changes, or altering medication dosages based on the monitored data.
  - **Care coordination:** collaborating with other physicians, consulting colleagues, or organizing referrals based on insights from the RPM data.
  - **Patient education:** providing personalized guidance on disease management or self-care based on patterns seen in the transmitted data.

- **What's the new 99470 for?**

  99470 covers the first 10 minutes of RPM treatment management in a calendar month. It gives you a billable pathway for months when you reach 10–19 minutes of qualifying time, which previously fell short of the 20-minute threshold and couldn't be billed at all. For months with 20+ minutes, you still bill 99457 as before. NEW

- **What is interactive communication?**

  It's the live, real-time, two-way conversation with the patient or caregiver that treatment-management billing requires as part of the monthly time. CMS-accepted methods include phone calls, video visits, and other real-time, synchronous communication. Asynchronous contact (text messages, emails, voicemails) does not qualify.

- **Does 99458 require a separate patient interaction?**

  No. The same live interaction documented for 99457 also meets the communication requirement for 99458. A second, separate call or video visit is not required.

- **How many times can 99458 be billed per month?**

  99458 can be billed for each additional 20 minutes of RPM treatment management within the same calendar month, provided the time is properly documented. CMS does not set a hard cap. In practice, many compliance advisors suggest keeping billing to about two units per month, since higher volumes may draw additional scrutiny. The governing standard is medically necessary, fully documented time, not a fixed number.




©2026 Life365, Inc.

- **Can I combine time from different months?**

  No. RPM treatment-management time resets every calendar month. Minutes from one month cannot be carried over into the next. 99457, 99458, and 99470 are all calendar-month codes, so each month's qualifying time stands on its own.

- **If a patient doesn't hit 16 days of readings, can I still bill treatment management?**

  Yes. You are not required to submit a device-supply claim to bill 99457 / 99458 / 99470, as long as the treatment-management requirements are independently met.

- **Who can provide treatment management?**

  A physician, QHP, or clinical staff. Services can be billed "incident to" under general supervision. The billing provider and auxiliary personnel don't need to be in the same building, but auxiliary staff must have a contractual relationship with the billing provider.

- **Can two staff members count the same time?**

  No. If more than one clinician spends time together discussing a patient's care, only one staff member's time counts for that block of time. Time in a group session serving multiple patients can count toward each patient's requirement.

- **What should I document?**

  Date and time, activity start/end times, staff member name and credentials, and a short description of the non-face-to-face services provided (calls, data review, chart interaction, etc.). RPM requires a "treatment plan," not the comprehensive "care plan" required for CCM.

## CPT 99091 – DATA INTERPRETATION

- **What is 99091 and who can bill it?**

  99091 covers the collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose), requiring a minimum of 30 minutes each 30 days. It's billed by the authorized billing provider only.

  *Note: do not report 99091 in the same calendar month as 99457, 99458, or 99470, or on the same day as other E/M services.*




©2026 Life365, Inc.

# References


- CMS, Medicare Learning Network (MLN) Booklet — Telehealth & Remote Patient Monitoring (MLN901705), December 2025 — https://www.cms.gov/files/document/mln901705-telehealth-remote-patient-monitoring.pdf
- CMS, Remote Patient Monitoring (coverage page) — https://www.cms.gov/medicare/coverage/telehealth/remote-patient-monitoring
- CMS, CY2026 Medicare Physician Fee Schedule Final Rule — https://www.federalregister.gov/documents/2025/11/05/2025-19787/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other
- HHS, Telehealth and Remote Patient Monitoring (best-practice guide) — https://telehealth.hhs.gov/providers/best-practice-guides/telehealth-and-remote-patient-monitoring
- OIG, Billing for Remote Patient Monitoring in Medicare, OEI-02-23-00261, August 2025 — https://oig.hhs.gov/oei/reports/OEI-02-23-00261.asp
- OIG, Additional Oversight of Remote Patient Monitoring in Medicare Is Needed, OEI-02-23-00260, September 2024 — https://oig.hhs.gov/documents/evaluation/10001/OEI-02-23-00260.pdf


 ©2026 Life365, Inc.

ABOUT LIFE365

# One connection. Many solutions

Life365 bridges the gap between the healthcare enterprise and the home, orchestrating solutions into a single, scalable platform.

- More than 20 years of experience developing remote care technology, including a prior RPM company acquired by Alere (now Abbott).
- Extensive intellectual property portfolio covering connected medical devices, embedded software, cloud connectivity, AI, and virtual care technologies.
- Strategic partnerships with leading technology and service providers create a fully integrated remote care ecosystem.



INTRODUCING CLOUDCARE

## An AI-orchestrated virutal care platform built for scale

CloudCare® orchestrates the entire virtual care journey, connecting patients, providers, devices, digital engagement, AI, and clinical systems through one intelligent platform.

- Device-based and device-less engagement
- AI-powered orchestration engine CLOIE (CloudCare® Learning Orchestration Interoperability Engine™)
- FHIR / HL7 interoperability
- Unified platform for remote monitoring, care management, and digital health

CloudCare


©2026 Life365, Inc.

YOUR NEXT STEP

# Ready to build an RPM program that pays for itself?

Whether you're launching a new program or expanding an existing one, Life365 helps you design, implement, and scale a successful RPM program — from selecting the right technology and care model to optimizing reimbursement and building a program that lasts.




CONTACT

**sales@life365.health**

LEARN MORE

**www.life365.health**

*This guide is provided for informational purposes only and does not constitute billing, legal, or clinical advice. Reimbursement rates are illustrative; verify all codes and rates against current CMS and payer guidelines for your state.*

Life365

Connected. Engaged. Everyday.