PHARMACY BADASS UNIVERSITY

INDUSTRY WIN

WE SPOKE UP. CMS LISTENED.

Independent pharmacy owners flooded CMS with comments against the RPM outsourcing ban, and it worked. In the 2027 final rule, the employee-only clinical staffing requirement for RPM/RTM is **delayed until January 1, 2029.** Contracted clinical staff are not newly barred in 2027–2028.

DELAYED UNTIL
2029
JAN 1

THIS IS WHAT HAPPENS WHEN INDEPENDENT PHARMACY SHOWS UP TOGETHER.

WHAT STILL CHANGES ON JAN 1, 2027

Initiating visit required

New RPM/RTM patients need a separately billable starting visit where monitoring is discussed. Telehealth can count. Patients already enrolled don't need a redo.

RTM: established patients only

RTM now follows the same rule RPM already does: the patient must be established with the billing practitioner.

Device payments drop

Device-supply codes (99454 / 99445) fall about 21% and setup (99453) dips about 8%. Rerun your 2027 margins before you sign up new patients.

Management codes hold

99457 and 99458 stay roughly flat, and the proposed new G-codes were not adopted. The codes you bill today stick around.

YOUR MOVES RIGHT NOW

1. **Build the visit into enrollment**
   Visit first, then monitoring, with consent and rationale documented.
2. **Reprice for 2027**
   Model device codes at the new rates and revisit equipment costs.
3. **Document clinical oversight**
   Tie staff work to the prescriber's care plan. A contract alone isn't enough.
4. **Start your 2029 staffing plan**
   Two years goes fast. Map it now and watch for CMS guidance.

COMING SOON TO PBU MEMBERS

A turnkey RPM + CCM program. Doctors included.

Watch your inbox.

Source: CMS CY 2027 Medicare Physician Fee Schedule Final Rule (CMS-1848-F), Nov. 2026. Rate changes are national, non-facility Medicare amounts. Educational summary only, not legal or billing advice. Confirm payer-specific rules with your billing/compliance team.

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