Truer Briefing
PRIMARY CARE 3.0 · AI BILLING INTELLIGENCE

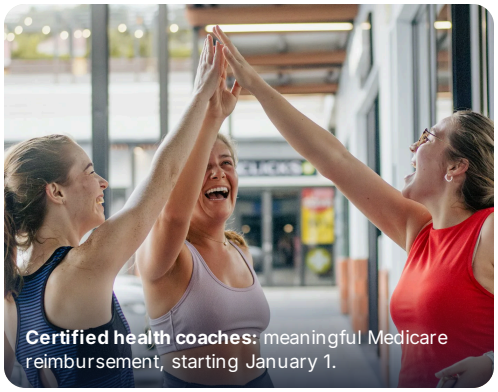
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ACLM LM2026 edition
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MEDICARE 2027 PHYSICIAN FEE SCHEDULE · FINAL RULE

Medicare 2027: health coaches and group visits finally get paid

The final rule pays certified health coaches **more than double** what CMS proposed in July, and gives shared medical appointments their own code. Here is what to do before January 1.

Final rule released November 4 (CMS-1848-F). Figures here are **final** and take effect January 1, 2027. Where CMS changed its July proposal, we say so.



Certified health coaches: meaningful Medicare reimbursement, starting January 1.

At a glance

CHANGE	WHAT CMS FINALIZED	FOR LM PRACTICES
★ **Health coaching**	Certified coaches: ~$138 first visit, ~$74 follow-up, ~$23 per group member.	Better than proposed
★ **Shared medical visits**	New code **G0686**: ~$115 per patient, 60-min group of 2–10; **G0687** for extra time.	New code
G2211 ends	New modifier **B1** adds 16% to the office visit; **B2** adds 32% for ACO clinicians.	More on 99214, 99215
Remote monitoring	Vendor staff allowed **until 2029**; new patients need a starting visit; devices −13%.	Reprieve
Care management	No changes to APCM, CCM, PCM or general BHI. Collaborative care pays more.	Steady
ACP and tobacco	New ACP codes for nurses and staff (G0572, G0573). Tobacco counseling pays more.	New option
Conversion factor	The base rate behind every fee: **$32.63 (−2.31%)**, a deeper cut than proposed.	Bigger cut

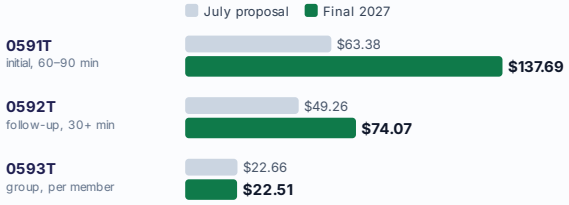
1 · Health coaches get paid ★ KEY FOR LM

CMS priced health and well-being coaching nationally and set individual sessions at **more than double** its July proposal. Coaches bill under your NPI (incident-to) with **general supervision**: you direct the care but need not be in the building.

- **Who:** NBHWC-certified coaches, CHES-eligible educators, AHNCC nurse coaches, or ACL program training.
- **Rules:** no limit on sessions per patient; telehealth allowed through 2027.

COACH MATH
A coach with 25 Medicare follow-ups a week brings in about **$1,850 a week**, roughly **$89,000 a year**. Each group of 8 adds about $180.

Medicare payment per session: July proposal vs. final



Final 2027 national non-facility amounts. CMS valued 0591T and 0592T like complex chronic care management (99487, 99489).

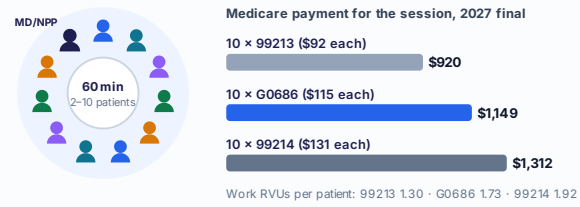
2 · Group visits get a code ★ KEY FOR LM

Today, practices bill each member's own E/M. From January 1, **G0686** is billed once per patient per session, plus **G0687** for each extra 30 minutes (up to 2):

- 2–10 patients, 60 minutes, physician- or NPP-led, **in person or telehealth**, for conditions **"modifiable with lifestyle change."**
- The patient saw you, or a same-specialty colleague in your group, in the past 12 months. Document consent. One session a week at most.

Will groups pay less? It depends on what you bill now. G0686 pays about **$115 per patient**: more than a 99213 ($92), less than a 99214 ($131). A 90-minute session adds $43 (G0687), about $158 per patient. You can't add B1 or B2, and a dietitian's group nutrition therapy (97804) in the session can't be billed separately.

One 60-minute group of 10 patients



Final 2027 national non-facility amounts (Addendum B RVUs × $32.6286). G0686 was built from 99213 plus group training code 96202. G0687 adds half the work of G0686 for each extra 30 minutes.

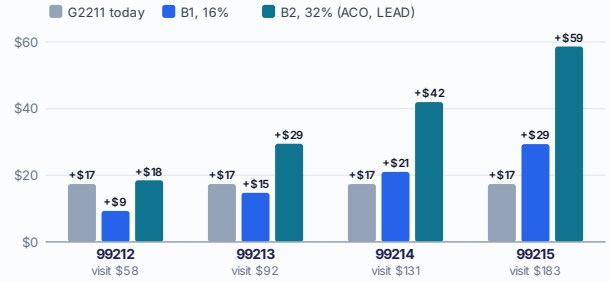
3 · G2211 ends: use B1 or B2 PLAN FOR IT

On January 1, **stop billing G2211**: CMS deletes the code. Instead, add **modifier B1** to the visit code. B1 raises the visit payment **16%** at every level (office, outpatient, home). **B2** raises it 32% for clinicians in an MSSP ACO, LEAD or ACO PC Flex. Use them where G2211 applied: you are the patient's ongoing source of care, or you treat a serious or complex condition over time. They can't be added to group visits or care management codes.

USE B1 WHEN
The visit would qualify for G2211 today. In an MSSP ACO, LEAD or ACO PC Flex, use **B2 (32%)** instead.

LEAVE IT OFF WHEN
It is a one-time visit with no ongoing relationship, or the visit has modifier 25 (except with an annual wellness visit, vaccine or Part B preventive service). Being in an ACO alone does not qualify a visit.

Add-on per visit: flat G2211 today vs. the final 2027 modifiers



Final 2027 national non-facility E/M payments × 16% or 32%, vs. the 2026 G2211 payment ($17.37). B1 pays more than G2211 on visits worth over about $109 (99214, 99215) and less on 99212 and 99213.

4 · RPM: vendor staff OK until 2029 DELAYED

With a turnkey vendor supplying devices and monitoring staff, a practice keeps about 40%: roughly **$1,165 gross, $466 net per patient per year** in 2026.

2026 · PER 500 ENROLLEES
$583K
gross a year · **$233K net**

→

2027 · SAME 500
$544K
gross a year · **$218K net**

Same billing (device + 20 min of monitoring a month) at final 2027 rates: 7% less. If the vendor's fee doesn't drop too, 2027 net is closer to $195K.

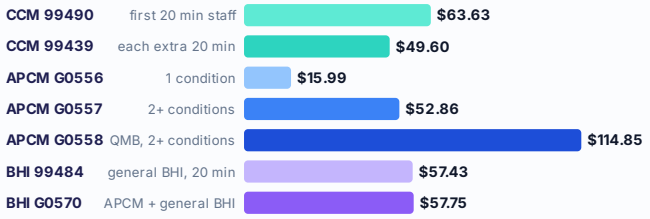
- **Outside staff: allowed until 2029.** Starting January 1, 2029, staff employed by an outside vendor can no longer provide the RPM services you bill. CMS had proposed 2027.
- **Starting visit for new patients.** Discuss RPM at a billable in-person or telehealth visit before billing begins. Needed once; patients already on RPM before January 1 are exempt.
- **Device pay cut.** The monthly device codes (99454, 99445) fall from $47.43 to **$41.11** (–13%).

Do now: build the starting visit into enrollment, and price in the device cut before signing a 2027 vendor contract.

5 · Care management holds BUILD HERE

The final rule makes **no changes** to APCM, CCM, PCM, general BHI (99484), navigation or community health integration. At final 2027 rates, one APCM patient with 2+ conditions brings in about **$634 a year**, the most predictable revenue in this issue.

Monthly Medicare payment per enrolled patient, 2027 final



Final 2027 national non-facility amounts. APCM tier depends on the patient (CCM and G0557 require 2+ chronic conditions). BHI can be added to APCM through G0568–G0570 or billed with CCM as 99484.

6 · Also new: advance care planning and tobacco NEW OPTION

CODE	SERVICE	WHO AND WHAT IT TAKES	2027 FINAL
G0572 / G0573	ACP by clinical staff, first 20 min / each extra 20	Nurse or staff, supervised on site or by video	**$61.99 / $49.92**
99497 / 99498	ACP by the practitioner, first 30 min / each extra 30	Your own time only; billable with G0572/3	**$81.25 / $72.11**
99406 / 99407	Tobacco cessation counseling, 3–10 min / over 10 min	Pays more (work value +19.1%)	**$16.64 / $32.30**

Before January 1

1. **Bill for your coaches.** Check each coach's certification and set up incident-to billing for 0591T–0593T.
2. **Pilot a group visit** under G0686: up to 10 patients, 60 minutes, consent, no more than weekly.
3. **Stop billing G2211** on January 1. Switch charge rules to modifier B1, or B2 in an ACO or LEAD.
4. **Add an RPM starting visit** for new enrollees. If vendor staff monitor your patients, plan to hire before 2029.
5. **Grow APCM, CCM and BHI enrollment.** These codes did not change.

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Sources: CMS. CY 2027 PFS final rule (CMS-1848-F), addenda and fact sheet, Nov 4, 2026. 2027 amounts: final Addendum B RVUs × $32.6286, national non-facility; 2026 amounts: CMS PFS via PayerPrice. Practice figures internal, unaudited.