



COLORADO

Department of Health Care
Policy & Financing

303 E. 17th Ave. Suite 1100
Denver, CO 80203

Remote Patient Monitoring for Outpatient Clinical Services

Frequently Asked Questions (FAQ) - Spring 2025

Billing Code Questions

Question: Is CPT 99454 for 16 readings on a rolling 30-day period or a standard calendar month?

- **Answer:** The code description for CPT 99454 is for each 30 days, not a standard calendar month. HCPF encourages providers to check code descriptions before billing for the most recent and accurate information.

Question: Are there any limits on the number of times CPT code 99458 can be billed?

- **Answer:** CPT 99458 is for each additional 20 minutes of clinician time per month. If HCPF places additional limits on CPT 99458, those will be published in the [Telemedicine Billing Manual](#).

Question: Can CPT code 99453 be billed for each device if a patient has multiple devices (e.g., a blood pressure cuff, a glucometer), or can it only be billed once?

- **Answer:** CMS has indicated that CPT 99453 can be billed only once per episode of care, where an episode of care is defined as “beginning when the remote physiologic monitoring service is initiated and ends with attainment of targeted treatment goals” ([2021 CMS Physician Fee Schedule](#)). This guidance aligns with CPT’s guidance on procedure code 99453 (CPT Codebook, p. 52)

Other Questions

Question: Is the department considering utilizing a fee-for-service platform that isn’t specific to healthcare clinics?

- **Answer:** SB24-168 is specific to outpatient clinical services. Home Health providers can provide RPM services via the Home Health Telehealth benefit. For additional details related to eligibility, services, and reimbursement, please review the [Home Health Telehealth benefit](#) webpage. Durable Medical Equipment providers should review the [Durable Medical Equipment, Prosthetics, Orthotics and Supplies billing manual](#) for additional information on eligibility, covered benefits, and reimbursement.



Question: Be clear about the specific documentation that is required, including when using a 3rd party for RPM services.

- **Answer:** As with all professional services, timely & correct payment for RPM depends on complete & accurate documentation & coding. Documentation of members' diagnoses and the services furnished allows for the proper selection of diagnosis & procedure codes. All documentation, including 3rd party, must be kept in the member's records along with a copy of the referral or prescribing provider's order. Documentation must support both the medical necessity of services and the need for the level of skill provided. Rendering providers must copy the member's primary care provider (PCP), prescribing provider, and/or medical home on all relevant records.

Question: Can you provide examples of licensed healthcare professionals eligible to perform Remote Patient Monitoring (RPM) services?

- **Answer:** Per SB24-168, RPM must be performed by one of the following licensed healthcare professionals:
 - Physician;
 - Podiatrist;
 - Advanced Practice Registered Nurse;
 - Physician Assistant;
 - Respiratory Therapist;
 - Pharmacist; or
 - Licensed healthcare professional working under the supervision of a Medical Director.

Question: Will high-risk pregnancy include conditions like gestational diabetes, pregnancy-induced hypertension, and at-risk pregnancy due to OB deserts?

- **Answer:** All high-risk pregnancies with the supporting ICD-10 codes will be eligible for RPM services.

Question: Can RPM services be initiated for a patient recently discharged from the hospital after surgery or an ED visit?

- **Answer:** RPM to monitor a patient's recovery following surgery would be considered part of the global surgical procedure and not separately reimbursable. RPM can be paid separately during a global surgery period only if the remote monitoring addresses an episode of care that is separate and distinct from the episode of care for the global procedure.

Question: Can daily surveys that evaluate a patient's mental and physical state be considered as RPM data?

- **Answer:** No. RPM data must be transmitted via FDA-approved devices.

Question: Can the face-to-face requirement for RPM services be satisfied via telehealth, or must it be in-office?

- **Answer:** The face-to-face requirement for RPM services can be satisfied via telehealth.



Question: For billing practitioners, does it have to be the same practitioner or just the same billing entity?

- **Answer:** For the Established Patient Policy, new patients or patients not seen in the last year must have a face-to-face visit with the billing entity prior to RPM services being initiated.

Question: Are there any considerations for including behavioral health conditions within the RPM framework?

- **Answer:** Initially, RMP services will be for the following conditions:
 - Diabetes
 - Chronic Obstructive Pulmonary Disease
 - Heart Failure
 - Asthma
 - Pneumonia
 - High-risk Pregnancy

The Department will consider additional conditions in the future and update any guidance as applicable.

Question: Can the requirement for a Bluetooth device be removed so that manually inputted data by the patient is also accepted?

- **Answer:** To qualify for RPM reimbursement and align with SB24-168, data must be transmitted through technological equipment. The technological equipment must also be FDA-approved. Evaluation of members through non-technological, non-FDA-approved equipment will not be considered RPM, but it may qualify for other telemedicine services listed in the [Telemedicine Billing Manual](#).

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