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NGS PROVIDER EXPERIENCE
Innovation | Education | Collaboration

Home Health Telehealth Billing

G-code Reporting

2/21/2023

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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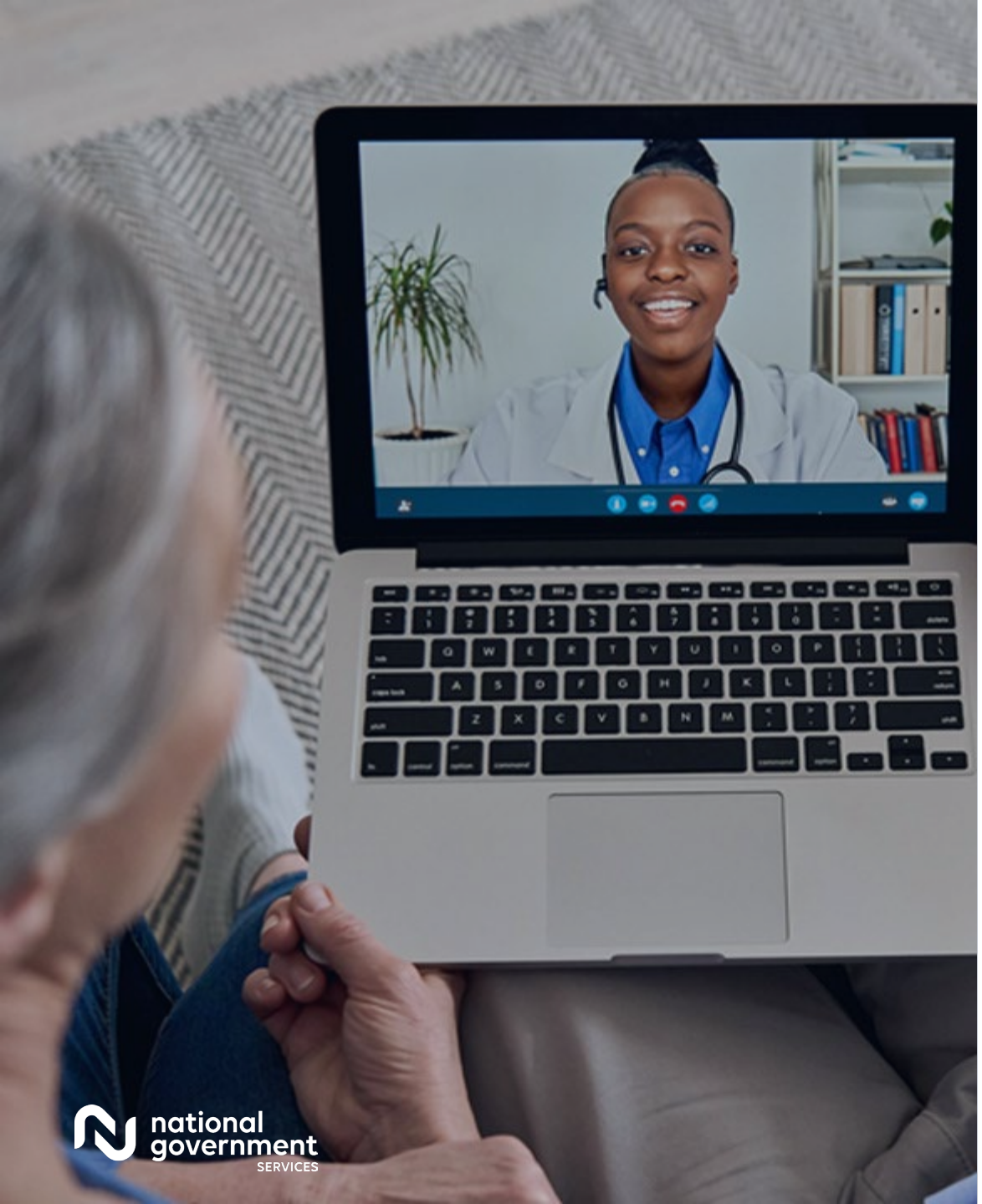

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Objective

Attendees will understand the background of telehealth use in home health, and the current and upcoming billing requirements for use of telecommunications technology.

Today's Presenter: Christa Shipman

- Background and Use of Telehealth Services
- Claims Reporting Requirements
- Reporting Examples
- Q&A

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Background

- Prior to 1/1/2023, telehealth visits were required to be included on patient POC, but not required to be reported on the period of care claim
  - POC must describe how telecommunications technology is tied to the patient-specific needs identified in the comprehensive assessment and how it will help achieve outlined goals

Use of Telehealth Services

- Must use two-way audio-video telecommunications technology
- Cannot substitute for a home health visit as identified and ordered in the POC
- Cannot be considered a home visit for the purposes of:
  - Patient eligibility or payment
  - Outlier unit amounts sent to the HH Pricer
  - Calculating LUPA add-on payments
  - Ensuring covered skilled visit requirements are met
  - Review of claims with unusually high numbers of covered visits
  - Total visits counts and validation of the total visits counts shown in value codes 62 and 63

Data Collection

- Use of telecommunications technology currently collected as part of the HHA's administrative costs on the Medicare cost report
- Collecting remote services via claims data allows CMS to:
  - Analyze characteristics of patients using remote services, and
  - Give a broader understanding of the social determinants that affects those who use and benefit most from remote services

Claims Reporting

- Starting 1/1/2023, HHAs may voluntarily report use of telecommunications technology
- Starting 7/1/2023, claims reporting will be required

Telehealth G-codes

- G0320: Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
  - Report each service as a separate dated line under the appropriate revenue code for each discipline providing the service
- G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
  - Report each service as a separate dated line under the appropriate revenue code for each discipline providing the service
- G0322: The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)
  - Report remote patient monitoring that spans a number of days as a single line item showing the start date of monitoring and the total number of days of monitoring in the Units field

Claim Requirements

- Telehealth G-codes can only be reported on bill type 32X
- Must be billed with one of the following revenue codes:
  - 042x
  - 043x
  - 044x
  - 055x
  - 056x
  - 057x
- Line item billing must include appropriate revenue code, G-code, total units, total charges, and service date

Claim Reporting Examples

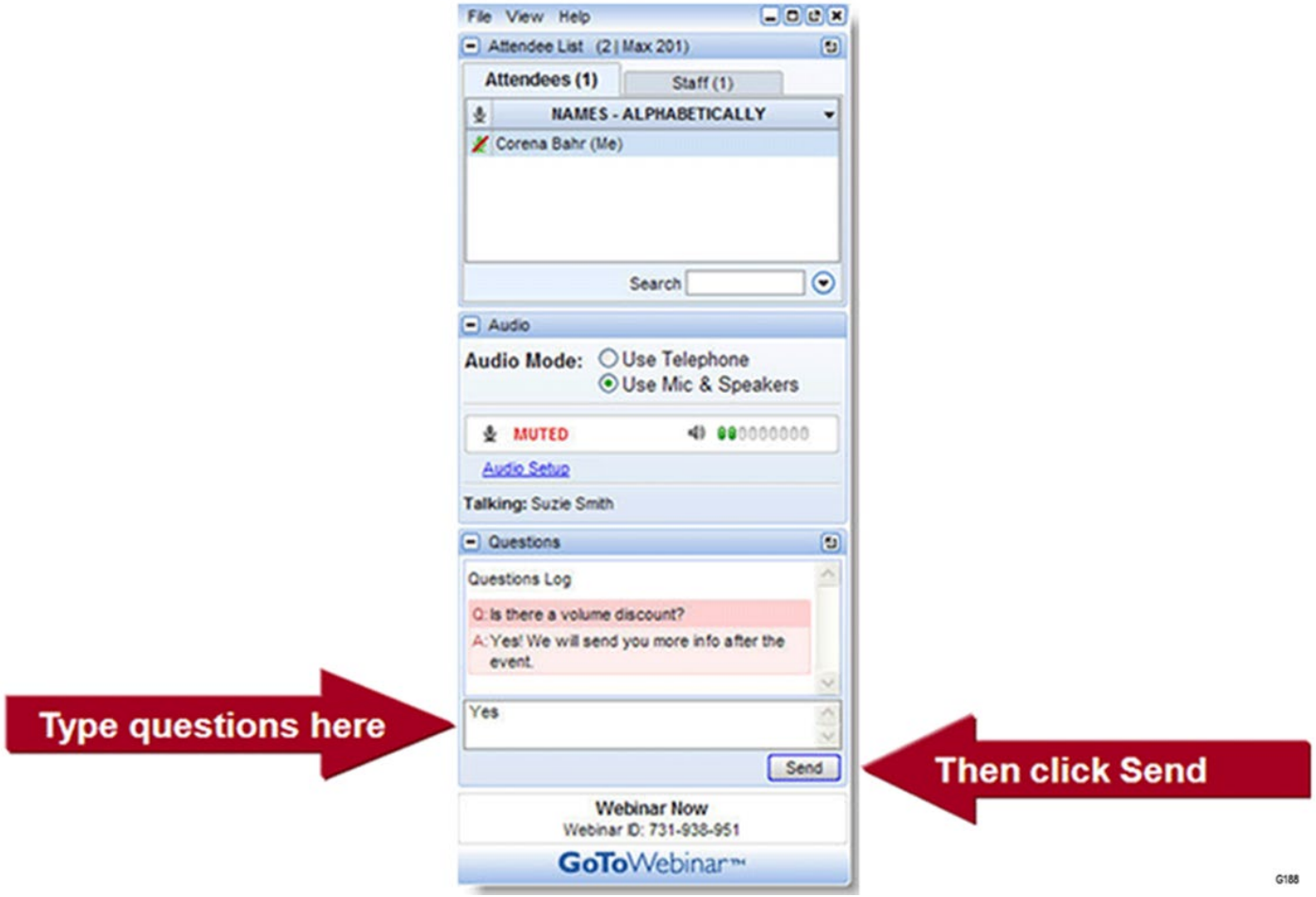
REV	HCPC	TOT UNIT	TOT CHARGE	SERV DT
0441	G0321	1	50.00	XXXXXX

REV	HCPC	TOT UNIT	TOT CHARGE	SERV DT
0561	G0320	1	50.00	XXXXXX

REV	HCPC	TOT UNIT	TOT CHARGE	SERV DT
0551	G0322	7	50.00	XXXXXX

Resources

Ask a Question Using the Question Box

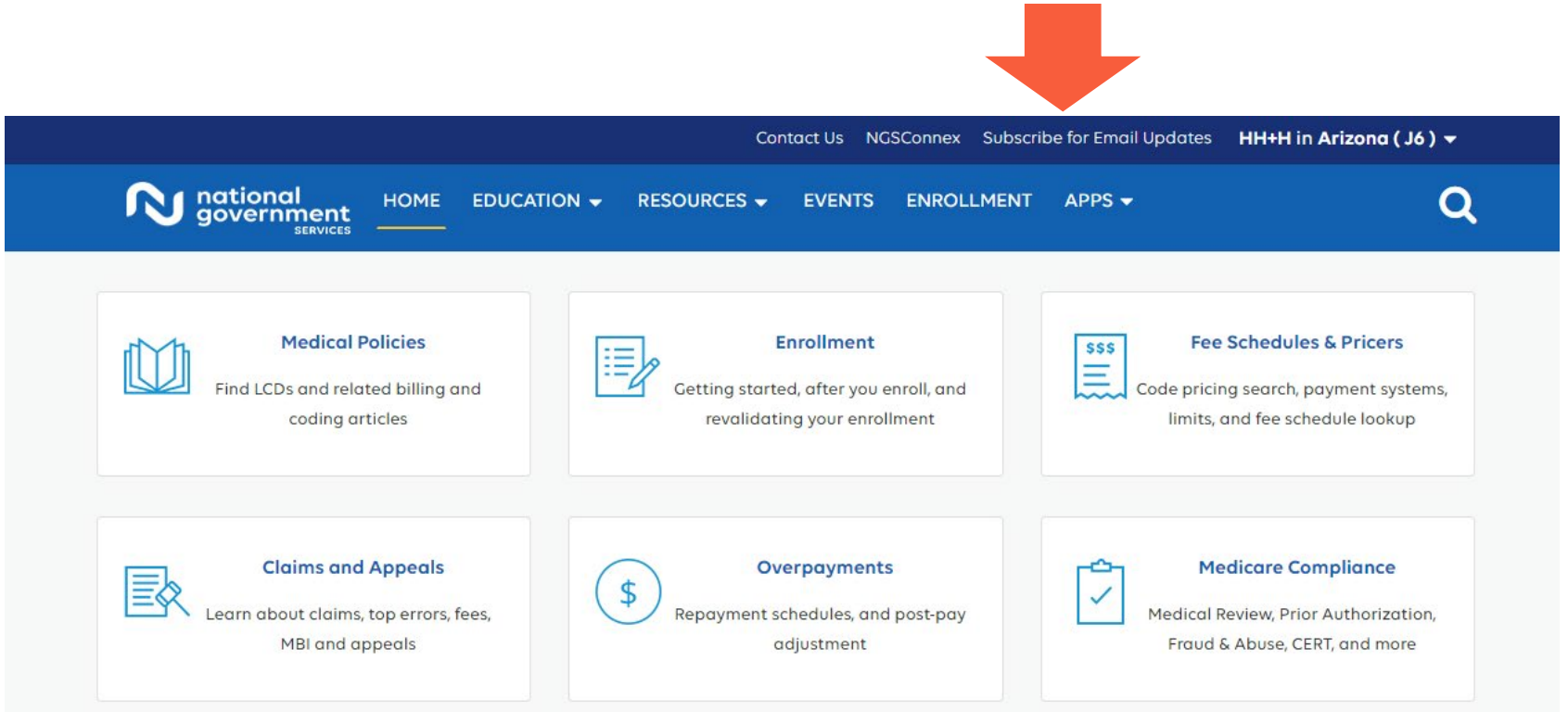


National Government Services Web Resources

- NGS website
- Events
  - Upcoming education sessions
  - Past events material
- Education
  - Medicare Topics
    - ✓ Home Health Billing (job aids)
- Medicare University
  - HH+H CBT courses

NGS Email Updates

Subscribe to receive the latest Medicare information.



Provider Contact Center

- First option when contacting National Government Services
  - Required to log and track all incoming inquires
- Tiered system to respond accurately to all provider inquiries
- Contact number and hours available on our website
  - Resources > Contact Us > Provider Contact Center

CMS Resources

CMS website

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*
  - Chapter 7 (Home Health Services)
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*
  - Chapter 1, Section 70 (Claim Processing Timeliness)
  - Chapter 10, Sections 40.1 and 40.2 (Home Health Agency Billing)
- Medicare Learning Network
  - Resource Materials
  - Training
  - MLN Matters Articles
- Home Health Agency (HHA) Center

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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