



Telehealth Home Health Services: New G-Codes

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Related CR Title: New Codes to Report Home Health (HH) Services Furnished by Telehealth

Provider Types Affected

This MLN Matters Article is for Home Health Agencies (HHAs) billing Medicare Administrative Contractors (MACs) for telehealth services they provide to Medicare patients.

Provider Action Needed

Make sure your billing staff knows about 3 new G-codes for HH telecommunications technology claims and these reporting requirements:

- You may voluntarily report these codes starting January 1, 2023
- You must report these codes starting July 1, 2023

Background

In the CY 2019 HH Prospective Payment System (HH PPS) final rule with comment ([83 FR 56406](#)), we finalized the definition of remote patient monitoring in regulations at [42 CFR 409.46\(e\)](#) as the collection of physiologic data (electrocardiogram, blood pressure, glucose monitoring) digitally stored or transmitted by the patient or caregiver to the HHA.

The first COVID–19 Public Health Emergency (PHE) interim final rule with comment period ([IFC](#)) ([85 FR 19230](#)) implemented additional policies under the HH PPS to make providing and receiving services via telecommunications technology easier.

The plan of care must describe how such technology is tied to the patient-specific needs in the comprehensive assessment.

The amended plan of care requirements in 42 CFR 409.43(a) also state that these services can't substitute for a home visit ordered as part of the plan of care. Also, they can't be considered a home visit for the purposes of patient eligibility or payment, per section 1895(e)(1)(A) and (B) of the [Social Security Act](#). The CY 2021 HH PPS final rule with comment period ([85 FR 70298](#)) finalized these changes on a permanent basis. It also amended 42 CFR 409.46(e) to include not only remote patient monitoring, but other communication or monitoring

services consistent with the plan of care for the individual, on the HH cost report as allowable administrative costs.

Today, data collection on telecommunications technology use is limited to overall cost data on a broad category of telecommunications services as a part of an HHA's administrative costs on line 5 of the HHA Medicare cost reports. Data on telecommunications technology use during a 30-day period of care at the patient level isn't currently collected on the HH claim. While the provision of services provided via a telecommunications system must be in the patient's plan of care, CMS doesn't routinely review plans of care to determine the extent these services are actually provided.

Collecting data on telecommunications technology use on HH claims will allow us to:

- Analyze the characteristics of patients using services provided remotely
- Have a broader understanding of the social determinants that affect who benefits most from these services, including what barriers may potentially exist for certain subsets of patients

Starting on or after January 1, 2023, you may voluntarily report the use of telecommunications technology in providing HH services on HH payment claims. We'll require this information on HH claims starting on July 1, 2023. You'll submit the use of telecommunications technology on the HH claim using the following 3 G-codes:

- G0320: Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
- G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- 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 the use of remote patient monitoring that spans a number of days as a single line item showing the start date of monitoring and the number of days of monitoring in the units field. You'll submit services provided via telecommunications technology in line-item detail. Report each service as a separate dated line under the appropriate revenue code for each discipline providing the service. You must document the medical record to show how the telecommunications technology helps to achieve the goals outlined on the plan of care.

You can only report the above 3 G-codes on Type of Bill 032x. You should only report these codes with revenue codes 042x, 043x, 044x, 055x, 056x, and 057x.

More Information

We issued [CR 12805](#) to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
November 2, 2022	Initial article released.

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