



## Home Health Claims: Telehealth Reporting

Related CR Release Date: April 20, 2023

MLN Matters Number: MM13110

Effective Date: Claims received on or after  
October 1, 2023

Related Change Request (CR) Number: [CR 13110](#)

Implementation Date: October 2, 2023

Related CR Transmittal Number: R11964CP

Related CR Title: Telehealth Code Reporting and Date Matching for Home Health (HH) Claims

### Affected Providers

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- Home health agencies (HHAs)
- HH Suppliers

### Action Needed

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Make sure your billing staff knows about:

- Revisions to HH claim edits of telehealth services
- Reversal of a requirement to have a line item for an in-person visit on telehealth claims
- Clarifications on telehealth reporting instructions

### Background

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CR 13110 revises HH claim edits of telehealth services and matching dates. [CR 12805](#) implemented reporting of new G-codes for telehealth services on HH claims, effective January 1, 2023. Previously, CMS required Medicare Administrative Contractors (MACs) to return to providers claims containing telehealth codes if there wasn't another line item on the claim for an in-person visit with the same revenue code. The Fiscal Intermediary Shared System (FISS) enforced this requirement.

We've decided this requirement isn't needed for telehealth service reporting and in some cases, results in claims being returned in error. We told the MACs to temporarily deactivate this edit. The requirements in CR 13110 permanently remove this edit from Medicare systems.

MACs have also reported that the telehealth G-codes are causing medical policy parameters that count the number of visits on an HH claim to set incorrectly. Unlike previous implementations of non-payable reporting codes, CR 12805 didn't include a requirement to exclude telehealth G-codes from medical policy parameters. CR 13110 corrects this oversight.

In another edit, FISS reason code 31755 requires that revenue code 0023 line-item date of service (DOS) must match the DOS of an HH visit. When the claim Admission date and From date match, the revenue code 0023 line-item date must also match. To allow for billing flexibilities [CR 11855](#) provided, MACs deactivated reason code 31755 in their production claims processing environments between January 2021 and January 2023. MACs reported that contractor-initiated adjustments to claims received while the reason code was deactivated are now editing in error. MACs will exclude contractor-initiated adjustments to HH claims — adjustment Types of Bill other than 327 and 32Q — from the edit requiring the 0023 line item date matches when the claim Admission date and From date match.

CR 13110 also adds these key points into the manual after they were accidentally removed by CR 12805:

- HHAs will submit services provided via telecommunications technology in line item detail, and each service must be reported as a separately dated line under the appropriate revenue code for each discipline providing the service. Two occurrences of G0320 or G0321 on the same day for the same revenue code must be reported as separate line items.
- Report the use of remote patient monitoring that spans a number of days as a single G0322 line item reporting the starting date of monitoring and the number of days of monitoring in the units field. If more than 1 discipline is using the remote monitoring information during the billing period, the HHA may choose which revenue code to report on the remote monitoring line item.

## More Information

We issued CR 13110 to your MAC as the official instruction for this change.

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

## Document History

Date of Change	Description
April 20, 2023	Initial article released.

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