



## New Rules for Home Health Agencies to Report Remote Patient Monitoring

While Remote Patient Monitoring (RPM) is not yet reimbursable for home health agencies (HHAs), the Centers for Medicare and Medicaid Services (CMS) is further researching the benefits of RPM for patients during home health episodes of care. This year CMS has implemented three (3) new G-codes for home health agencies to use for reporting the use of remote patient monitoring tools for their patients. For the first half of this year, the reporting of these new G-codes was voluntary, however, monthly reporting of these codes becomes **required for HHA RPM programs beginning on July 1<sup>st</sup>, 2023**. CMS reports that collecting data on telecommunications technology use on HHA claims will allow them to:

- Analyze the characteristics of patients using services provided remotely; and
- 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

While these codes are currently not reimbursable for HHAs, proper reporting of these codes can assist in convincing CMS that the use of RPM tools to support the treatment of patients is beneficial, and in some cases crucial, to improving patient outcomes, as well as justifying the eventual reimbursement you deserve for using these technologies.

### How to Report New RPM/Telehealth G-Codes for HHAs:

- G0320: Video visits with patients to discuss their care plan
- G0321: Audio communications with patients to discuss their care plan
- G0322: Collection of physiological data that is stored and transmitted by the patient to the HHA (i.e. remote patient monitoring)



HHAs should report code G0322 on claims when **VitalCare** is being used to remotely monitor the vitals and health information of patients. *Only report the three new G-codes on Bill Type 032x with revenue codes 042x, 043x, 044x, 055x, 056x, and 057x.*

As always, keep in mind that these telehealth and RPM services should be a part of the patient's care plan, ordered by a physician, and carried out as directed.

- 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. These new G-codes can be populated within and found easily within VitalCare. The **CMS Payor Billing Report** or the **Monthly Summary Report** within VitalCare will both contain RPM episode of care start and end dates, as well as how many vitals readings were submitted for all RPM patients.
- VitalCare can also be used to automatically track the amount of time spent by nurses and care team members reviewing patient vitals and other physiologic & patient-reported data, as well as time spent having video or audio calls with the patient, when those calls are made through the VitalCare portal. This is good supportive back-up information to validate the use of RPM for your patients.

*We recommend that you start submitting test claims in June, prior to the July 1st deadline, to ensure that you are using the correct codes and that your claims are being processed correctly.*

Also note that these new HCPCS codes are not 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
- Outlier unit amounts sent to the HH Pricer
- Calculating Low Utilization Payment Adjustment (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

**For assistance in better understanding how to use VitalCare to support the new G-code reporting requirements, please contact VitalTech's customer support team or your VitalTech account manager.**