



## Common Working File (CWF) Edits for Medicare Telehealth Services and Manual Update

MLN Matters Number: MM12068 **Revised**

Related Change Request (CR) Number: 12068

Related CR Release Date: **April 6, 2021**

Effective Date: January 1, 2021

Related CR Transmittal Number: **R10716CP**

Implementation Date: July 6, 2021

**Note: We revised this article to reflect a revised CR12068. The CR revision didn't change the substance of this article. We did change the CR release date, transmittal number, and the web address of the CR. All other information remains the same.**

### PROVIDER TYPES AFFECTED

This MLN Matters Article is for physicians, non-physician practitioners, nursing facilities, and other providers submitting telehealth claims to Medicare Administrative Contractors (MACs) for nursing facility services provided to Medicare patients.

### PROVIDER ACTION NEEDED

This article tells you about claims frequency editing changes that Medicare's Common Working File (CWF) performs based on relevant policy limitations for subsequent nursing facility care services. The article also tells you of updates to the Medicare Claims Processing Manual to reflect these changes. Make sure that your billing staffs are aware of these changes.

### BACKGROUND

For subsequent nursing facility care services, Medicare had limited the patient's admitting physician or non-physician practitioner to one telehealth visit every 30 days. CMS is changing this limitation to once every 14 days. Also, you may not furnish or report subsequent nursing facility care services for a Federally-mandated periodic visit under [42 CFR 483.40\(c\)](#) through telehealth. The frequency limit of the benefit doesn't apply to consulting physicians or practitioners, who should continue to report initial or follow-up inpatient telehealth consultations using the applicable HCPCS G-codes.

For this edit change, CWF revises the current line level edits from once every 30 days to allow a frequency of once every 14 days for the following codes when billed with the GT or GQ modifier or Place of Service (POS) code 02, effective for claims with dates of service on or after January 1, 2021, that are processed on or after July 6, 2021:

- 99307

- 99308
- 99309
- 99310

**NOTE:** The frequency editing also applies when these services are span-dated on the claim (that is, the "from" date and the "to" date of service are not equal, and the "units" field is greater than one).

CWF will display the revised telehealth frequency limitations data on all CWF provider query screens, including the next eligible date.

You will find more information about this change in the revised manual section that is a part of CR 12068.

## ADDITIONAL INFORMATION

The official instruction, CR12068, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10716CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

| Date of Change | Description  |
|----------------|--|
| April 6, 2021  | We revised this article to reflect the revised CR12068. The CR revision didn't change the substance of this article. We did change the CR release date, transmittal number, and the web address of the CR. All other information remains the same. |
| March 18, 2021 | Initial article released.  |

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