

Illinois Telehealth Reimbursement Summary

Reimbursement for telehealth services is dependent upon the type of insurance in which the patient is enrolled: Medicare, Medicaid, or Commercial / Private Insurance.

Medicare

Medicare is a federal program, so its program conditions of payment are the same across the United States. The Centers for Medicare and Medicaid Services (CMS) sets federal guidelines for telehealth reimbursement for Medicare patients. Medicare pays for certain provider types and certain outpatient professional services (CPT codes) for patients accessing care from sites in rural counties and HPSAs in rural census tracts.

The UMTRC has created a Medicare Telehealth Reimbursement Summary. See: <http://www.umtrc.org/resources/payers-reimbursement/medicare-telehealth-reimbursement-summary/?query=category.eq.Payers%20Reimbursement&back=Resources>

Illinois State Law and Definitions

Each state has its own law(s) that define telehealth and/or telemedicine.

Illinois Telemedicine/Telehealth Definition

"Telehealth" means the evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a licensed health care professional that generates interaction or treatment recommendations. "Telehealth" includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system, as defined in subsection (a) of Section 356z.22 of the Illinois Insurance 20 Code.

Telemedicine means the performance of any of the activities listed in Section 49, including, but not limited to, rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person in a different location than the patient as a result of transmission of individual patient data by telephonic, electronic, or other means of communication. "Telemedicine" does not include the following:

1. periodic consultations between a person licensed under this Act and a person outside the State of Illinois;
2. a second opinion provided to a person licensed under this Act; and
3. diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine; and

4. health care services provided to an existing patient while the person licensed under this Act or patient is traveling.

Source: [IL SB 1811 \(2017\)](#).

The Medical Practice Act of 1987 defines ‘telemedicine’ as “the performance of diagnosing patients, prescribing drugs, maintaining a medical office, etc., including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within this State.”

Source: [IL Compiled Statutes, Chapter 225, 60/49.5](#).

Legislation for Online Prescribing in Illinois

Controlled substances in Illinois can be prescribed over telemedicine using one of two methods:

- Wet ink signatures on scripts that are mailed to the clinic.
- EPCS (e-prescribing of controlled substances) using a certified EPCS prescribing tool.

Source: <http://surescripts.com/products-and-services/e-prescribing-of-controlled-substances>

Illinois Legislation (Effective January 10, 2018)

Provider Notice issued 1/10/2018:

<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn180110b.aspx>

This notice informs providers that the Department of Healthcare and Family Services (HFS) will continue to require use of the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services after January 1, 2018. In addition, changes have been made to the requirement for a physician or other licensed health care professional to be physically present in the room with the patient receiving telehealth services.

The Centers for Medicare and Medicaid Services (CMS) has eliminated the requirement to use the GT modifier on professional claims for telehealth services beginning January 1, 2018. HFS is not implementing this policy at this time. The GT modifier requirement will continue to remain in effect on all professional claims for telehealth services submitted to HFS.

Effective with dates of service on and after January 1, 2018, the Department will no longer require a physician or other licensed health care professional to be physically present in the same room at all times while the patient is receiving telehealth services.

Illinois Medicaid

Each state has its own unique Medicaid program.

The Illinois Department of Healthcare and Family Services reimburses for telehealth services according to its Handbook for Providers of Medical Services, Section 140.403. See: <http://www.ilga.gov/commission/jcar/admincode/089/089001400D04030R.html>

The Illinois Department of Healthcare and Family Services reimburses Encounter Clinics according to its Handbook for Providers of Encounter Clinic Services. See: <https://www.illinois.gov/hfs/SiteCollectionDocuments/050415ERCHandbookd200.pdf>

Under the department's telehealth policy, providers will be paid as either an Originating Site or Distant Site. The details of the originating sites and distant sites according to the laws in the State of Illinois have been discussed in detail in the above text. For Encounter Clinics the details are as follows:

- If the Originating Site is an encounter clinic, the Distant Site **may not** seek reimbursement from the department for their services. The Originating Site encounter clinic is responsible for reimbursing the Distant Site.
- If the Originating Site is not an encounter clinic, the Distant Site encounter clinic **can** seek reimbursement from the department.

Illinois Medicaid Provider Bulletins

Illinois Medicaid Provider Bulletins can be found on the ISHFS site. See: <https://www.illinois.gov/hfs/medicalproviders/notices/Pages/default.aspx>

Illinois Medicaid Reimbursement Fee Schedule

The Illinois Department of Healthcare & Family Services reimburses according to its fee schedule, depending on whether the provider is an encounter site or a non-encounter site. Illinois' fee schedule is categorized by provider type.

<https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>

Private Payer

Each state is different, even within the same company, like Anthem, Blue Cross Blue Shield, or United that serve multiple states in the United States.

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Page 3 of 4

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Effective January 1, 2015, Illinois PA 98-1091 became effective. This legislation adds a section on Telehealth coverage to the Illinois Insurance Code that states ‘If an individual or group policy provides coverage for Telehealth, it must comply with the following protections: The insurance company may not: require in person contact; create unnecessary documentation for patient or provider using Telehealth; require Telehealth when a patient request in person consultation; charge patients more in the way of deductibles, copays, etc.; and does not limit use of other forms of remote monitoring services or oral communications in their coverage’.

Source: <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-1091>

Additional Information on Telehealth Policy can be found at the National Telehealth Policy Resource Center’s website at: <http://www.cchpca.org/state-laws-and-reimbursement-policies>