

Illinois Telehealth Reimbursement Summary

September 8, 2017

Medicare Telehealth Reimbursement Summary is available at:

<https://www.umtrc.org/medicare-telehealth-reimbursement-summary>

Illinois State Law Telemedicine/Telehealth Definition

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: <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1309&ChapterID=24>

Illinois Medicaid Policy

Telehealth is defined as the use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through “store and forward” applications.

NOTE: *See Appendix A for Encounter Rate Clinics*

Under the department’s telehealth policy, providers will be paid as either an Originating Site or Distant Site.

Originating Site

The Originating Site is the site where the patient is located. The Originating Site shall be reimbursed a facility fee of \$25.00 per telehealth service. Originating Site providers shall bill HCPCS Procedure Code Q3014 (Telehealth originating site facility fee) in order to receive reimbursement for the Facility Fee.

For telemedicine services

A physician or other licensed healthcare professional must be present at all times with the patient at the Originating Site.

For telepsychiatry services

Public Act 100-0385 Effective 1/1/2018

Governor Rauner signed the HB 2907 into law on August 25th, 2017. This law amends the Medical Assistance Article of the Illinois Public Aid Code (59 IL Admin Code 132.25). In a provision concerning access to psychiatric mental health services via telepsychiatry, provides that the Department of Healthcare

and Family Services **shall not** require that a physician or other licensed health care professional be physically present in the same room as the patient for the entire time during which the patient is receiving telepsychiatry services. Provides that the Department shall not require that a physician or other licensed healthcare professional be physically present in the same room as the patient for the entire time during which the patient is receiving telemedicine services. Defines "telemedicine" as the use of a telecommunication system to provide medical services for the purpose of evaluation and treatment when the patient is at one location and the rendering provider is at another location.

Source <http://www.ilga.gov/legislation/BillStatus.asp?DocTypeID=HB&DocNum=2907&GAID=14&SessionID=91&LegID=104407>

The following provider locations are eligible to receive reimbursement as an

Originating Site:

- Physician's office
- Podiatrist's office
- Local health departments
- Community mental health centers
- Outpatient hospitals.

Distant Site

The Distant Site is the site where the provider rendering the telehealth service is located. Providers rendering telemedicine and telepsychiatry services at the Distant Site shall be reimbursed the department's rate for the Current Procedural Terminology (CPT) code for the service rendered. The appropriate CPT code must be billed with modifier GT (via interactive audio/video telecommunication systems).

Enrolled Distant Site providers may not seek reimbursement from the department for their services when the Originating Site is an encounter clinic.

Non-enrolled providers rendering services as a Distant Site provider shall not be eligible for reimbursement from the department, but may be reimbursed by the Originating Site provider.

For telemedicine services

The provider rendering the service at the Distant Site can be a physician, podiatrist or advanced practice nurse (APN) who is licensed by the State of Illinois or by the state where the participant is located. Services rendered by an APN can be billed under the collaborating physician's NPI, or if the APN is enrolled, under the APN's NPI. When medically appropriate, more than one Distant Site provider may bill for services rendered during the telehealth visit.

For telepsychiatry services

The provider rendering the service at the Distant Site must be a physician licensed by the State of Illinois, or by the state where the patient is located, who has completed an approved general psychiatry residency program or a child and adolescent psychiatry residency program. To be eligible for reimbursement for telepsychiatry services, physicians must have an HFS 3882, Psychiatric Residency Certification form, on

file with the department. Claims received from Distant Site providers who do not have an HFS 3882 on file with the department will be rejected. The rejection error message will be T98 – Telepsychiatry Provider Invalid. ***Group psychotherapy is not a covered telepsychiatry service.***

Source <https://www.illinois.gov/hfs/sitecollectiondocuments/a200.pdf>

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>

Commercial Payers

There is no requirement for commercial payers to reimburse for telemedicine/telehealth services in Illinois. Recent rule changes to the Illinois Insurance Code for Telehealth coverage are highlighted in the next section of this summary.

Recent Rule Changes (2015)

Illinois PA 98-1091

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 the following:

- 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.

Although it is not a mandate to provide coverage for all Telehealth services, it does provide protections to the patient and provider that choose to use Telehealth technology to expand access to services. The Illinois Hospital Association will continue to push for funding for Telehealth services in the future.

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

Illinois HB 3680

Effective 7/21/2016, this bill adopts the Federation of State Medical Board's Interstate Medical Licensure Compact Language.

Illinois Controlled Substance Telemedicine Prescription Information

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>

See Appendix B for More Information on Encounter Clinics, Home Health Care, Telemedicine Privileging and Occupational Therapy Tele-practice. See Appendix C for Illinois Medicaid Billing Examples for Telemedicine Services

New Legislation:

HB2907 5/30/2017 passed both houses signed by the Governor on 8/25/2017.

Effective date 1/1/2018:

Removes a provision prohibiting the Department of Healthcare and Family Services from requiring that a physician or other licensed healthcare professional be physically present in the same room as the patient for the entire time during which the patient is receiving telemedicine services. Removes a definition for "telemedicine services".

Source: <http://www.ilga.gov/legislation/BillStatus.asp?DocTypeID=HB&DocNum=2907&GAID=14&SessionID=91&LegID=104407>

Appendix A

Illinois Department of Healthcare and Family Services Telehealth Services Policy for Encounter Clinics

NOTE: Encounter Rate Clinics is a health care provider that was actively participating in the department's Medical Assistance Program as an Encounter Rate Clinic as of July 1, 1998; or, a clinic operated by a county with a population of over three million.

<https://www.illinois.gov/hfs/SiteCollectionDocuments/050415ERCHandbookd200.pdf>

Telehealth is the use of a telecommunication system to provide medical services between places of lesser and greater medical capability and/or expertise, for the purpose of evaluation and treatment. Medical data exchanged can take the form of multiple formats: text, graphics, still images, audio and video. The information or data exchanged can occur in real time (synchronous) through interactive video or multimedia collaborative environments or in near real time (asynchronous) through “store and forward” applications. The telecommunication system must, at a minimum, have the capability of allowing the consulting practitioner to examine the patient sufficiently to allow proper diagnosis of the involved body system. The system must also be capable of transmitting clearly audible heart tones and lung sounds, as well as clear video images of the patient and any diagnostic tools, such as radiographs.

Telephones, facsimile machines, and electronic mail systems are not acceptable telecommunication systems.

Telehealth services include telemedicine, as well as telepsychiatry. ***Group psychotherapy is not a covered telepsychiatry service.***

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.

Source: <https://www.illinois.gov/hfs/SiteCollectionDocuments/050415ERCHandbookd200.pdf>

Appendix B

Home Health Care Certification

(Section 140.471 - Description of Home Health Care Services)

- Effective July 1, 2012, to be eligible for reimbursement by the Department, initial certification of intermittent skilled nursing services or therapy services must have documentation that a face-to-face encounter was conducted by the practitioner requesting services.
- 1) The physician responsible for performing the initial certification must document that the face-to-face patient encounter...has occurred no more than 90 days prior to the home health start of care date or within 30 days after the start of the home health care...
- 2) The face-to-face encounter must be performed by the certifying physician, a nurse practitioner, etc.
- The face-to-face patient encounter may occur through telehealth, in compliance with Section 140.403.

Telemedicine Privileging for Hospitals - IL Administrative Code 250.310

The medical staff shall be organized in accordance with written by laws, rules and regulations approved by the governing board. The bylaws, rules and regulations shall specifically provide but not be limited to: establishing a procedure for granting telemedicine privileges, based upon the privileging decisions of a distant site hospital or telemedicine entity that has a written agreement that meets Medicare requirements

Occupational Therapy Tele-practice - HB 2996 – Public Act 098-0264

“Occupational therapy may be provided via technology or telecommunication methods, also known as telehealth, however the standard of care shall be the same whether a patient is seen in person, through telehealth, or other method of electronically enabled health care.”

Source: <http://www.ilga.gov/legislation/publicacts/98/PDF/098-0264.pdf>

Appendix C

Illinois Medicaid Billing Examples for Telemedicine Services

Example 1:

Originating Site – Physician’s office - Bill HCPCS Code Q3014, reimbursement is \$25.00.

Distant Site – Podiatrist’s office - Bill the appropriate CPT code with modifier GT; reimbursement will be the fee schedule rate for the CPT code billed.

Example 2:

Originating Site – Local Health Department - Bill HCPCS Code Q3014, Reimbursement is \$25.00

Distant Site – APN’s office - Bill the appropriate CPT code with modifier GT; reimbursement will be the fee schedule rate for the CPT code billed.

Example 3:

Originating Site – Physician’s office - Bill HCPCS Code Q3014, reimbursement is \$25.00.

Distant Site – Local Health Department - Not a valid provider – there is no billable service.

Example 4:

Originating Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT; reimbursement will be the facility’s medical encounter rate.

Distant Site – Encounter clinic - There is no billable service; the Originating Encounter clinic is responsible for payment to the Distant Encounter clinic provider.

Example 5:

Originating Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT, Reimbursement will be the facility’s medical encounter rate.

Distant Site – Physician’s office - There is no billable service; the Originating Encounter clinic is responsible for payment to the Distant Encounter clinic provider.

Example 6:

Originating Site – Physician’s office - Bill HCPCS Code Q3014; reimbursement is \$25.00.

Distant Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT; reimbursement will be the facility’s medical encounter rate. The rendering provider’s name and NPI must also be reported on the claim.

Illinois Medicaid Billing Examples for Telepsychiatry Services

Example 1:

Originating Site – Physician’s office - Bill HCPCS Code Q3014, reimbursement is \$25.00.

Distant Site – Physician who has completed an approved general or child/adolescent psychiatry residency program - Bill the appropriate CPT code for services provided; reimbursement will be the fee schedule rate for the CPT code billed.

Example 2:

Originating Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT; reimbursement will be the facility’s medical encounter rate.

Distant Site – Encounter clinic - There is no billable service; the Originating Encounter clinic is responsible for payment to the Distant Encounter clinic provider. The provider rendering the service must be a physician who has completed an approved general or child/adolescent psychiatry residency program.

Example 3:

Originating Site – Physician’s office - Bill HCPCS Code Q3014; reimbursement will be \$25.00.

Distant Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT; provider rendering the service must be a physician who has completed an approved general or child/adolescent psychiatry residency program. Reimbursement will be the facility’s medical encounter rate.

Example 4:

Originating Site – Encounter clinic - Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT; reimbursement will be the facility’s medical encounter rate.

Distant Site – Physician’s office - There is no billable service; the Originating Encounter clinic is responsible for payment to the Distant Encounter clinic provider. The provider rendering the service must be a physician who has completed an approved general or child/adolescent psychiatry residency program.