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## **Provider Notice Issued 03/20/2020**

### **Informational Notice**

Date: March 20, 2020

To: All Medical Assistance Program Providers

Re: Telehealth Services Expansion Prompted by COVID-19

This notice informs providers of changes to telehealth policy due to the current public health emergency related to COVID-19. These changes apply to claims billed for participants covered under fee-for-service as well as a HealthChoice Illinois managed care plan.

As authorized under Section 1135 of the [Social Security Act](#), the Department is requesting waivers by the federal government of certain regulations to provide flexibility to providers during the COVID-19 pandemic. The Department has also filed [emergency amendments](#) specifically to [89 Ill. Admin. Code Section 140.403](#) - Telehealth Services, to formalize steps to improve provider-patient communication during this time.

Telehealth services are medically necessary and clinically appropriate services covered under the Medical Assistance Program as set forth in [89 Ill. Adm. Code section 140.3](#) that are delivered using a communication or technology system to a patient at an originating site by a provider located at a distant site. **To protect the public health in connection with the present public health emergency, the Department will reimburse medically necessary and clinically appropriate telehealth services with dates of service on or after March 9, 2020 until the public health emergency no longer exists, that meet the following requirements:**

To be eligible for reimbursement, the telehealth service must be delivered using:

1. an “interactive telecommunication system” or “telecommunication system” as described in [89 Ill. Admin. Code Section 140.403\(a\)](#), or;
2. a communication system where information exchanged between the physician or other qualified health care practitioner and the patient during the course of the synchronous telehealth service is of an amount and nature that would be sufficient to meet the key components and requirements of the same service when rendered via face-to-face interaction.

#### **Originating Site Changes**

Any site that allows for the patient to use a communication or technology system as defined above may be an originating site, **including a patient’s place of residence** located within the state of Illinois or other temporary location within or outside the state of Illinois.



An originating site will be eligible for a facility fee when it is a certified eligible facility or provider organization that acts as the location of the patient at the time a telehealth service is rendered, including but not limited to:

- substance abuse centers licensed by the Department of Human Services' Division of Substance Use Prevention and Recovery;
- Supportive Living Program providers;
- Hospice providers;
- Community Integrated Living Arrangement (CILA) providers; and
- providers who receive reimbursement for a patient's room and board, including nursing facilities and Intermediate Care Facilities for the Developmentally Disabled.

**A physician or other licensed health care professional is not required to be present at all times with the patient at the originating site.**

### **Distant Site Changes**

The distant site provider is any enrolled provider, operating within their scope of practice, and with the appropriate license or certification. This includes, but is not limited to:

- a Practitioner listed in [140.403\(b\)\(1\)\(B\)](#) or [\(b\)\(2\)\(B\)](#);
- a Federally Qualified Health Center as defined in Section 1905(l)(2)(B) of the federal Social Security Act;
- a Rural Health Clinic or Encounter Rate Clinic;
- a Licensed Clinical Psychologist (LCP);
- a Licensed Clinical Social Worker (LCSW);
- an Advanced Practice Registered Nurse certified in psychiatric and mental health nursing,
- a Local Education Agency (LEA)
- a School Based Health Center as defined in [77 Ill. Adm. Code](#), 641.10.
- a Physical, Speech, or Occupational therapist as defined in [140.457](#)
- a Dentist
- a Local Health Department
- a Community Health Agency
- a Community Mental Health Center or Behavioral Health Clinic
- a Hospital as defined in [148.25](#)

Reimbursement for telehealth services will continue to be made at the same rate paid for face-to-face services provided on-site. The distant site provider and originating site provider eligible for a facility fee must maintain adequate documentation of the telehealth services provided in accordance with the record requirements of section [140.403\(d\)](#).

The Department will also reimburse for the following services that do not meet the definition of "telehealth services" during this public health emergency, including:

Virtual Check-in – to all providers listed above including Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics. A brief communication technology-based service that uses audio-only real-time telephone interactions or synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission. Virtual check-ins



must be rendered by a physician or advance practical nurse, or physician assistant who can report evaluation and management (E/M) services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. The Department will reimburse for CPT codes 99441, 99442, and 99443 at the rate established on the Department's [Practitioner Fee Schedule](#) to all providers listed above including Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics.  
[Practitioner Fee Schedule](#)

**Online patient portal or “E-visit”** - These services are non-face-to-face patient-initiated communications using online patient portals. These services can only be reported when the billing practice has an established relationship with the patient. For these encounters, the patient must generate the initial inquiry and communications can occur over a 7-day period. The patient must verbally consent to receive virtual check-in services. The Department will reimburse for HCPCS codes G2061, G2062, G2063 and CPT codes 99421, 99422, 99423 at the rate established on the Department's [Practitioner Fee Schedule](#) to all providers listed above including [Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics](#).

Notwithstanding [89 Ill. Adm. Code 140.6\(m\)](#), and [140.403](#), the Department will reimburse for all behavioral health services detailed in [140.453](#) (except for Mobile Crisis Response and Crisis Stabilization as defined in [140.453\(d\)\(3\)](#)) and behavioral health services contained on an applicable Department fee schedule provided using [audio-only real-time telephone interactions, or video interaction](#). [Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics will receive their encounter rate.](#)

Additional billing instructions will be provided in a separate provider notice. Questions may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565.

Kelly Cunningham  
Interim Medicaid Administrator