Telemedicine In Illinois

Q&A

Updated
October 2021

Health Policy Research and Advocacy
ISSUE BRIEF

Illinois State Medical Society
www.isms.org

Illinois State Medical Society

Telemedicine in Illinois
Q&A

The use of telemedicine has increased significantly in the past couple of years, due in large part to its value in enabling patients to receive necessary and appropriate care from their physicians while facilitating social distancing during the COVID-19 public health emergency. The positive response by physicians and patients to telemedicine as an option for patient care has resulted in several modifications to third-party coverage and payment policies that will help minimize barriers to the use of telemedicine to expand patient access to care.

The FAQs below are based on common questions we have been hearing from ISMS members.

Q What services can be provided via telemedicine?

A Rules governing the practice of telehealth or telemedicine are determined by state law. Illinois defines telehealth as "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 services' includes telemedicine and the delivery of health care services, including mental health treatment and substance use disorder treatment and services to a patient, regardless of patient location provided by way of an interactive telecommunications system, asynchronous store and forward system, remote patient monitoring technologies, e-visits, or virtual check-ins."

In general, telemedicine is a tool for providing health care services, not a distinct health care service. If a service or patient encounter can be provided virtually using the same standard of care as if it were provided in person, a physician or other eligible health care professional can use telemedicine.

Physicians and other health care professionals who provide telemedicine services to patients located in Illinois must be licensed by the state of Illinois, unless an exception applies. During the COVID-19 public health emergency, physicians who are not licensed in Illinois may continue to provide services to Illinois patients via telemedicine in the case of a previously-established provider/patient relationship.

Q Can I prescribe controlled substances via telemedicine?

A Generally speaking, Schedule II – V controlled substances may only be prescribed via telemedicine if the prescriber has had a previous in-person medical evaluation of the patient, subject to the following conditions:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of their professional practice;
- The telehealth communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable federal and state laws.

In January 2020, The US Department of Justice Drug Enforcement Agency (DEA) clarified that, during the COVID-19 public health emergency only, DEA-registered practitioners can issue prescriptions for all Schedule II – V controlled substances to patients for whom they have not conducted an in-person medical evaluation, subject to the same conditions listed above.

Q Do all payers cover telemedicine services?

A Many third party payers, including Medicare, Medicaid and many private insurers pay for telemedicine services, and many, telemedicine coverage rules that were established on a temporary basis to accommodate the COVID-19 public health emergency have subsequently been made permanent via changes in federal or state law.

Medicare maintains a list of services it will cover when provided via telemedicine, and has expanded the services included in this list in the past two years. Generally speaking, Medicare's coverage for telemedicine services is subject to geographic restrictions, as required by law. However, for the duration of the COVID-19 public health emergency, Medicare will pay for services provided via telemedicine without any geographic restrictions. The Centers for Medicare and Medicaid Services (CMS) maintains an up-to-date listing of covered telehealth services.

Under Illinois law, all health insurance plans regulated by the Illinois Department of Insurance are required to cover all clinically appropriate, medically necessary services delivered via telehealth by in-network providers. This applies to services that would otherwise be covered if they were delivered in person, and "in-network" and "out-of-network" distinctions still apply.

During the COVID-19 public health emergency, health plans regulated by the Illinois Department of Healthcare and Family Services (Medicaid) are also covering all clinically appropriate, medically necessary services delivered via telehealth by in-network providers. It is anticipated that this coverage requirement may be extended permanently beyond the conclusion of the public health emergency.

Not all private health insurance plans are regulated by the Illinois Department of Insurance. Many private, employer-based plans are regulated at the federal level under ERISA. ERISA-regulated plans are not currently subject to any standardized requirements regarding coverage or payment for telemedicine services. Although many of these plans are providing expanded coverage for telehealth services, you must check with individual plans to determine their coverage policies.

Q Are payment rates the same for telemedicine interactions as for in-person interactions?

A Under Illinois law, all health insurance plans regulated by the Illinois Department of Insurance must reimburse in-network healthcare professionals or facilities for telemedicine encounters on the same basis, in the same manner and at the same reimbursement rate that would apply to the services if the services had been delivered via an in-person encounter by the in-network professional or facility. Importantly, the law distinguishes between behavioral health services and non-behavioral health services. There is no end date for the requirement that insurers pay the same for behavioral health services delivered via telehealth as they would for services provided in person. This provision as it applies to non-behavioral health services ends after Dec. 31, 2027.

During the COVID-19 public health emergency, health plans regulated by the Illinois Department of Healthcare and Family Services (Medicaid) are also reimbursing for services provided via telemedicine at the same rate as if the services were provided in person. It is anticipated that this payment parity requirement may be extended permanently beyond the conclusion of the public health emergency.

During the COVID-19 public health emergency, Medicare has also been paying for services provided via telemedicine at the same rate as if the services were provided in person.

Payers may have specific requirements about modifiers or place-of-service codes that must be followed in order to be properly reimbursed for telemedicine services. Be sure to check individual payer and plan guidance.

As noted, health plans regulated by ERISA are not subject to any standardized requirements regarding coverage or payment for telemedicine services.

Q What technology or equipment do I need to provide telemedicine services, and how can I be sure I am HIPAA compliant?

A Health care services provided via telemedicine are subject to the same HIPAA requirements as in person services. Generally speaking this means you are required to use HIPAA-compliant audio and video technology and enter into HIPAA business associate agreements in order to provide telemedicine services. Examples of platforms that state they meet HIPAA requirements include Skype for Business, Microsoft Teams, Doxy.me, Zoom for Healthcare, and GoToMeeting.

For the duration of the COVID-19 public health emergency, practices have additional options for the types of technology that can be used for a telemedicine visit. The federal Office of Civil Rights at the Department of Health and Human Services announced expanded flexibilities with respect to technologies that are acceptable for conducting telemedicine visits. As long as you are in a private area, you may provide services to your patient using a regular telephone, commercial video technology like Skype or FaceTime, or videoconferencing services like Zoom. Of course, if you are already set up with HIPAA-compliant telemedicine technology, we strongly urge you to continue using these platforms. Public-facing technologies, such as Facebook Live or Tik Tok, may not be used.

Q Will I be paid if I interact with a patient on the phone, but there is no video component?

A Health insurance plans regulated by the Illinois Department of Insurance are required to cover telemedicine services provided via audio-only telephone systems, and to pay for them at the same rate as if the services were delivered in person.

For the duration of the COVID 19 public health emergency, Medicare and Medicaid are also paying for services provided to patients using audio-only technologies (e.g., regular telephone). Medicare has designated specific telemedicine services where "audio only" is acceptable. These services are identified in CMS' list of covered telehealth services.

From a billing perspective, "telemedicine" services are commonly billed using a regular CPT code that describes the service (e.g., CPT 99214), along with some kind of modifier to designate that the service was provided via telemedicine rather than in person. Telemedicine can be broadly thought of as services that are commonly provided in person, but may also be provided virtually.

Payers do offer reimbursement for other types of virtual services. However, unlike the telemedicine services described above, the fact that the services are provided virtually and not in person is inherent in the service description and resulting reimbursement rates.

CPT or billing codes for these other types of virtual services reflect the distinct virtual nature of the service. For instance, Medicare pays for e-visits (e.g., CPT 99241 – 99243), which are, by definition, "online digital evaluation and management services"; you cannot bill for an e-visit conducted in person because there is not an in-person equivalent.

Similarly, Medicare pays for "virtual check-ins" (e.g., HCPCS code G2012), which are "brief communication technology-based service[s]" by a health care professional. Again, this is by definition a service that is provided virtually, not in person.

Under Illinois law, the broader category of "tele*health* services" includes telemedicine and the delivery of health care services… by way of an interactive telecommunications system, asynchronous store and forward system, remote patient monitoring technologies, e-visits, or virtual check-ins.

Insurers regulated by the Illinois Department of Insurance are required to cover telehealth services, e-visits and virtual check-ins rendered by healthcare professional when clinically appropriate and medically necessary. However, this coverage mandate does NOT apply to asynchronous store and forward systems or remote patient monitoring technologies.

Q How do I know what billing codes to use?

A As noted above, telemedicine services are most often billed using standard CPT codes, along with a modifier or place-of-service code that flags the services as having been provided via telemedicine. Unfortunately, different payers have different billing guidance for physicians who want to be reimbursed for telemedicine or other virtual services. In addition, during the COVID-19 public health emergency, payment rules are changing and being updated regularly, so it is important to communicate directly with payers to confirm current payment policies.

For additional assistance ISMS members can contact us at hpresearch@isms.org with any questions.

Illinois State Medical Society
(Chicago office)
20 North Michigan Ave., Ste. 700
Chicago, Illinois 60602
312-782-1654
Toll free: 800-782-4767

Illinois State Medical Society
(Springfield office)
600 South Second Street, Ste. 200
Springfield, Illinois 62704
217-528-5609
Toll free: 800-782-4767

Illinois State Medical Society
www.isms.org

21-3281-U