



Illinois Medicaid and Medicare Telehealth Reimbursement for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC)

Illinois Medicaid Reimbursement for FQHCs and RHCs

"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.

Source: [*All Providers Handbook Supplement*](#)

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.

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

The Originating Site is the site where the patient is located. An encounter clinic serving as the Originating Site shall be reimbursed their medical encounter. The Originating Site encounter clinic must ensure and document that the Distant Site provider meets the Department's requirements for telehealth and telepsychiatry services since the clinic is responsible for reimbursement to the Distant Site provider.

The Distant Site is the site where the provider rendering the telehealth service is located. The Distant Site shall be reimbursed 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.

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For telemedicine services, the provider rendering the service at the Distant Site can be a physician, podiatrist, advanced practice nurse (APN), or a Physician Assistant (PA) who is licensed by the State of Illinois or by the state where the participant is located.

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. Telepsychiatry is not a covered service when rendered by an APN or PA. Group psychotherapy is not a covered telepsychiatry service.

Source: [*Handbook for Providers of Encounter Clinic Services*](#)

Provider Notice issued 1/10/2018:

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.

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

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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.

Source:

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

CARES Act Telemedicine Reimbursement FQHCs and RHCs:

Illinois Medicaid COVID-19 Update:

- The IDHFS reimburses medically necessary telehealth services until the public health emergency ceases if the telehealth service meets the necessary requirements. See the Provider Notice on 3/20 for details. General guidelines are below.
- Telehealth services must be synchronous and sufficient to meet “key components and requirements of the same service when rendered via face-to-face interaction” (via Provider Notice on 3/20).
- A telehealth medical/dental/behavioral health encounter with either a new or existing patient will be reimbursed at the medical/dental/behavioral encounter rate.
- “All distant site providers billing for telehealth services must use modifier GT and Place of Service 02 on their claims” with some exceptions. See the Provider Notice on 3/30 for specifics.
- Patients can receive telehealth services inside or outside of Illinois.
- A provider is eligible for a facility fee if the provider is a certified eligible facility or provider organization.
- Many types of providers are eligible to utilize telehealth services. See the Provider Notice on 3/20 for those included.
- Services for a beneficiary of FFS or a HealthChoice Illinois managed care plan may be eligible for a facility fee. See the Provider Notice on 3/30 for specifics and billing instructions.

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- Dental providers do not need a current relationship to utilize teledentistry. For billing details, see the Provider Notice on 3/30.
- Additional physician consultation services have been allowed for telehealth services. For a list of these services and their HCPCS code, see the Provider Notice on 3/30.

Sources: [*IDHFS Provider Notices in 2020*](#) dated: 3/20; 3/30

Medicare Telemedicine Reimbursement FQHCs and RHCs:

FQHCs and RHCs may serve as an originating site for telehealth services, which is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. FQHCs and RHCs that serve as an originating site for telehealth services are paid an originating site facility fee.

Although FQHC services are not subject to the Medicare deductible, the deductible must be applied when a FQHC bills for the telehealth originating site facility fee, since this is not considered a FQHC service.

RHCs and FQHCs are not authorized to serve as a distant site for telehealth consultations, which is the location of the practitioner at the time the telehealth service is furnished, and may not bill or include the cost of a visit on the cost report. This includes telehealth services that are furnished by a RHC or FQHC practitioner who is employed by or under contract with the RHC or FQHC, or a non-RHC or FQHC practitioner furnishing services through a direct or indirect contract. For more information on Medicare telehealth services, see Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, and Pub. 100-04, Medicare Claims Processing Manual, chapter 12.

Sources:

<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10843.pdf>

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

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Frequently Asked Questions (FAQs):

- 1) Since, the Illinois Medicaid reimbursement and Medicare reimbursement for telemedicine services contradict each other; do federal or state laws take precedence if they conflict?**

Federal law provides states with flexibility to design their own coverage/reimbursement options for telehealth in their Medicaid programs, under the condition that these options “must satisfy federal requirements of efficiency, economy and quality of care.” The states submit their plans for telehealth coverage/reimbursement to the federal government for review and approval through the state plan amendment process. More information on this process is available through the [Medicaid.gov page on telehealth](#)

- 2) Does the guideline in Chapter 13 manual at CMS website only pertain to Medicaid and Medicare or it also included private payers?**

The information in the [Chapter 13 Benefit Manual](#) applies only to Medicare. Medicaid and private insurers may have telehealth coverage/reimbursement policies that differ from Medicare, with significant authority over Medicaid and private insurers residing at the state-level.

- 3) Do technologies need to be HIPAA compliant?**

Health Insurance Portability and Accountability Act (HIPAA) federal guidance has been waived during this public health emergency. For additional information, see the [FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency](#) at [hhs.gov](https://www.hhs.gov). We ask that providers take steps to protect confidential information to the best of their abilities.