



# COVID-19 Telemedicine FAQ



*The use of telemedicine has emerged as one of the key strategies to help facilitate social distancing while enabling patients to receive necessary and appropriate care from their physicians. Coverage and payment policies related to the use of telehealth technologies continue to be modified in an attempt to respond effectively and safely to the COVID-19 outbreak.*

*The FAQs below are based on common questions we have been hearing from ISMS members. Note that the answers are based on the latest guidance that has been issued in response to the COVID-19 public health emergency. Much of the guidance is intended to be temporary, and in effect through the duration of the emergency. However, it is anticipated that some of the flexibilities may be extended permanently via federal or state action where applicable.*

## What services can be provided via telemedicine?

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’ includes telemedicine and the delivery of health care services provided by way of an interactive telecommunications system....”

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. 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.

## Can I prescribe controlled substances via telemedicine?

The US Department of Justice Drug Enforcement Agency (DEA) [clarified](#) that, during the COVID-19 public health emergency, 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 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.



# COVID-19 Telemedicine FAQ



## Are all payers paying for telemedicine services?

Third party payers, including [Medicare](#), Medicaid and many private insurers, have expanded the conditions and circumstances under which they will pay for telemedicine services. In general, most payers and most plans are paying for services provided via telemedicine during the COVID-19 public health emergency.

Medicare will pay for services provided via telemedicine without any geographic restrictions. In addition, Medicare has expanded the list of services that can be provided via telemedicine. The Centers for Medicare and Medicaid Services (CMS) maintains an up-to-date listing of [covered telehealth services](#).

All health insurance plans regulated by the [Illinois Department of Insurance](#) and the [Illinois Department of Healthcare and Family Services](#) (Medicaid) 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.

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 during the COVID-19 public health emergency. Although many of these plans are providing expanded coverage for telehealth services, you must check with individual plans to determine their coverage policies.

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

When billed appropriately, Medicare, Medicaid and private health insurance plans regulated by the Illinois Department of Insurance will pay for services provided via telemedicine during the COVID-19 public health emergency 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. However, many ERISA plans are following Medicare’s lead and reimbursing services provided via telemedicine at the same rate as services provided in person.

Note: Payment parity rules are in force only for the duration of the COVID-19 public health emergency. There is currently no state law that would require such parity at the conclusion of the emergency declaration.

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

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.



Illinois  
State  
Medical  
Society

# COVID-19 Telemedicine FAQ



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

Medicare, Medicaid, and plans regulated by the Illinois Department of Insurance are paying for services provided to patients using audio-only technologies (e.g., regular telephone). Medicaid and state-regulated private plans recognize audio-only telecommunication systems as an acceptable mode for telemedicine.

Medicare has designated specific telemedicine services where “audio only” is acceptable. These services are identified in CMS’ list of [covered telehealth services](#).

In addition, for the duration of the public health emergency Medicare will reimburse for telephone-only E&M services billed using previously un-reimbursed CPT codes (e.g. 99441 – 99443). CMS has also increased reimbursement levels for these codes to match comparable in-person service codes.

## Are all virtual interactions considered telemedicine?

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. The most significant changes in payer policies that have come about as a result of the COVID-19 pandemic relate to these types of services.

Prior to the COVID-19 pandemic, most payer policies stipulated that telemedicine services would only be payable if they included an audio AND visual component. As noted, Medicare, Medicaid, private plans regulated by the state of Illinois, and many other private plans are now allowing audio-only platforms as an acceptable form of telemedicine.

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. Prior to the COVID-19 emergency, reimbursement for most such services was limited to cases where there was an established patient-physician relationship. Medicare and other payers have waived the requirement of a pre-existing patient-physician relationship for the duration of the public health emergency.

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.



Illinois  
State  
Medical  
Society

# COVID-19 Telemedicine FAQ



The case of audio-only E&M visits (e.g. CPT codes 99441- 99443) is somewhat unique. These codes have long been in effect to describe “telephone evaluation and management services,” however, neither Medicare nor most commercial payers have reimbursed for these services. Further, to the extent that these services were payable by an insurer, the reimbursement rates were significantly lower than the corresponding typical E&M services.

In response to the COVID-19 pandemic, Medicare has begun paying for audio-only E&M visits, and has increased the payment rates for these services to match reimbursements for typical E&M CPT codes.

## How do I know what billing codes to use?

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. As part of the payment flexibilities, many payers have adopted new billing rules in order to ensure telemedicine services are reimbursed appropriately.

Unfortunately, different payers have different billing guidance for physicians who want to be reimbursed for telemedicine or other virtual services. In addition, payment rules are changing and being updated regularly, so it is important to communicate directly with payers to confirm current payment policies.

Medicare has published a [video on coverage and payment for virtual services](#). NGS, the Medicare Administrative Contractor for Illinois, also has a portion of their [website](#) focused on COVID-19-related billing and reimbursement issues that includes information about how NGS is processing telemedicine claims.

Guidance from the Illinois Department of Healthcare and Family Services regarding billing for telemedicine services has been issued in various [Provider Notices](#), which are available on the HFS website. The Illinois Association of Medicaid Health Plans has also issued telemedicine billing [guidance](#) for Medicaid Managed Care plans.

These links are included on the ISMS [COVID-19 Resources page](#). The page also includes links to individual private payer web sites. Most payers update their pages frequently, and include the latest information about billing and reimbursement policies for telemedicine and other virtual services.

For additional resources visit [www.isms.org/covid-19](http://www.isms.org/covid-19). ISMS members can contact us at [hpresearch@isms.org](mailto:hpresearch@isms.org) with any questions.

Visit: [isms.org/COVID-19](http://isms.org/COVID-19)

[www.isms.org](http://www.isms.org)

 illinoisdoctors

