

February 5, 2021

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: Telehealth Policy and Payment Updates

The following memo summarizes recent state and federal telehealth policy and payment updates, including:

- Changes to the Medicaid COVID-19 Fee Schedule primarily impacting virtual check-ins and e-visits; and,
- A correction to the Medicare Physician Fee Schedule impacting remote physiologic monitoring (RPM) services.

Medicaid Telehealth Changes: Virtual Check-Ins and E-Visits

On Jan. 29, the Illinois Dept. of Healthcare and Family Services (HFS) updated The Virtual Healthcare/Telehealth Expansion code list in the [Medicaid COVID-19 Fee Schedule](#) to include the following procedure codes, retroactive to Jan. 1:

Procedure Code	Description	State Max Amount
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.	\$9.24
G2251	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion.	\$13.05
G2252	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related Evaluation and Management (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; 11-20 minutes of medical discussion.	\$25.14
98970	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min.	\$11.36
98971	Qualified non-physician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 min.	\$20.31
98972	Qualified non-physician health care professional online digital assessment and	\$32.41

	management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21+ min.	
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Retroactive to Dec. 31, the following e-visit codes have been discontinued for reimbursement, to be replaced by 98970-72 bolded in the table above at a reduced rate:

Procedure Code	Description	State Max Amount
G2061	Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.	\$12.10
G2062	Qualified non-physician health care professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.	\$21.37
G2063	Qualified non-physician qualified health care professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.	\$33.14

As a reminder, e-visits are online E/M visits and virtual check-ins are assessments by telephone or other telecommunication device to determine whether an in-office encounter is needed for a patient's concern. All virtual health care and telehealth codes must continue to be billed for Medicaid with place of service (POS) 02 and GT modifier.

The updated fee schedule clarifies that E/M services rendered by physicians, advance practice nurses, and physician assistants to new or existing patients using audio-only equipment may be billed as a distant site telehealth service, as long as the service is of an amount and nature that would meet the key components of a face-to-face encounter. However, if an audio-only interaction does not meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services using CPT code G2012.

In addition, Federally Qualified Health Centers, Rural Health Centers and Encounter Rate Clinics will be reimbursed at the above rates (not their medical encounter rate) for virtual check-in and e-visit codes, and must be submitted without the T1015 encounter code for clinic visits.

Medicare Correction on RPM Services

On Jan. 19, the U.S. Department of Health and Human Services (HHS) published [a correction](#) for previously issued guidance on RPM services retroactive to Jan. 1, revising the [2021 Medicare Physician Fee Schedule Final Rule](#) published on Dec. 1. The correction clarifies reimbursement requirements for RPM services, which allow healthcare providers to remotely collect and interpret patient-generated health data.

The updated guidance adds language that was inadvertently deleted from the Final Rule responding to public comments, clarifying that:

- The required 20 minutes of time associated with CPT codes 99457 and 99458 each month may include synchronous (i.e., real time) and asynchronous (i.e., store-and-forward) interactions with the patient. This may include time for furnishing care management services as well as interactive communication. This guidance differs from original commentary in the Final Rule, but is consistent with the statements in CMS' associated [Fact Sheet](#), also published on Dec. 1;
- After the COVID-19 Public Health Emergency ends, only one practitioner may bill CPT codes 99453 and 99454 per-patient, per 30-day period, and only when at least 16 days of data have been collected on one or more medical devices; and,
- As directed by the CPT Handbook, when a more specific code is available to describe a service, this code should be billed. More specific RPM-related CPT codes should be used when applicable in lieu of general RPM codes like 99091, 99453, 9454, 94557, and 99458. Examples of more specific CPT codes include 95250 for continuous glucose monitoring and 99473 and 99474 for self-measured blood pressure monitoring.

For IHA's Fact Sheet on the 2021 Medicare Physician Fee Schedule, [click here](#).

For questions or comments, please [contact IHA](#).