



In order to better serve Medicaid Members during the COVID-19 emergency, HFS and IAMHP member health plans have taken significant steps to expand coverage for telehealth services. **These services will be effective from March 9, 2020 until the end of the COVID-19 emergency as determined by the State of Illinois.**

NOTE: Telehealth services are only permitted for services that are medically appropriate to be delivered via a telehealth platform. This INCLUDES group therapy services.

NOTE: As Plans are implementing these changes, providers may experience claim denials associated with these services as not being covered. Plans will automatically be reprocessing these claims. Providers do not need to resubmit claims.

## Telemedicine Requirements

- Under normal circumstances, in order for an originating fee to be generated, a physician or other licensed health care professional must be present with the patient at the originating service site. During the COVID-19 emergency, the health care professional is NOT required to be in the same room as the patient.
- The distant site provider must be practicing within their scope of services and be duly licensed.
- If the originating site is not a member's home then the originating and distant site provider must not be terminated, suspended or barred from the HFS Medicaid medical programs.
- Medical data may be exchanged through a telecommunication system. When a visual and audio connection is not possible, then telephonic communication is accepted.

## Telepsychiatry Requirements

- A physician, licensed health care professional or other licensed clinician, mental health professional (MHP), or qualified mental health professional (QMHP), as defined in 59 Ill. Adm. Code 132.25, is no longer required to be present in the same room as the patient.
- The distant site provider must be practicing within their scope of services who is duly licensed
- If the originating site is not a member's home then the originating and distant site provider must not be terminated, suspended or barred from the HFS Medicaid medical programs.
- Telepsychiatry services must be rendered using an interactive telecommunication system. When a visual and audio connection is not possible, then telephonic communication is accepted.
- Group Therapy via Telehealth: Group mental health and substance use counseling that was previously performed face to face with clients may now be done via telehealth (video or telephone) with persons in their home. The use of telehealth to deliver group counseling services may create potential risks to the confidentiality of information shared in the group session, as other household members may overhear personal information shared. Therefore, IAMHP strongly encourages providers to update their consent procedures to ensure that clients fully understand the risks to confidentiality of information shared during group counseling sessions conducted via video or telephone.

## Eligible Telehealth Providers

### **Originating Sites:**

The following providers are valid originating sites eligible for the Originating Site facility fee:

- Physician office
- FQHC, RHC, or ERC
- Community Mental Health Centers
- Substance Abuse Center licensed by the Department of Human Services Division of Substance Use Prevention and Recovery
- Supportive Living Program providers
- Hospice providers
- Community Living Integrated Living (CIL) providers
- Providers who receive reimbursement for a patient's room and board, including:
  - nursing facilities
  - Intermediate Care Facilities for the Developmentally Disabled.
  - Hospitals
  - Family Support Program residential providers
  - Psychiatric Residential Treatment Facilities
  - Medically Complex Facilities for Persons with Developmental Disabilities
  - Specialized Mental Health Rehabilitation Facilities.

### **Distant Sites:**

The following providers may serve as distant sites

- a licensed practitioner (may be licensed in any state) registered in IMPACT
- a Federally Qualified Health Center (FQHC) as defined in Section 1905(I)(2)(B) of the federal Social Security Act
- a Rural Health Clinic or Encounter Rate Clinic
- a Community Health Agency
- a Community Mental Health Center or Behavioral Health Clinic
- an agency licensed by the Department of Substance Use Disorder and Prevention (SUPR)
- a Hospital as defined in Ill Adm [148.25](#)
- a Licensed Clinical Psychologist (LCP)
- a Licensed Clinical Social Worker (LCSW)
- an Advanced Practice Registered Nurse certified in psychiatric and mental health nursing
- a School-Based Health Center as defined in 77 Ill Adm. Code, 641.10.,
- a Local Health Department
- a Physical, Speech, or Occupational therapist as defined in Ill Adm [140.457](#)
- a licensed dentist
- an audiologist

## New Telehealth Billable Codes

The following codes have been opened effective for dates of service on or after March 9, 2020 until the end of the public health emergency as determined by the State.

### Virtual Check in and Remote Evaluation

These services should be billed with modifier GT and POS 02 and will be paid at the lesser of the provider charge or State Max amount found on the [HFS COVID-19 Fee schedule](#).

Allowable providers are physicians, APNs, PAs, FQHCs, RHCs, ERCs, School-Based Health Centers and Local Health Departments. Encounter rate clinics will be paid fee for service for virtual check ins and remote evaluations.

**G2012 reimburses providers for a virtual check-in, a 5-10-minute medical discussion done telephonically.**

Code	Description
G2012	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 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; 5-10 minutes of medical discussion.

**G2010 reimburses providers for virtually reviewing images or recorded video such as images of rashes or recordings of coughs.**

Code	Description
G2010	Remote evaluation 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 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

### Online Patient Portal/E-visits

These activities must be patient-initiated (established patients only), provided through a secure patient-portal and can be billed once for the cumulative time provided in a 7 day period. These services must be billed the GT modifier and POS 02. These services will be reimbursed at the

lesser of the provider charge amount or State Max amount found on the [HFS COVID-19 Fee Schedule](#). Allowable providers are physicians, APNs, PAs, FQHCs, RHCs, ERCs, School Based Health Centers; and Local Health Departments. Encounter rate clinics will be paid fee for service for online patient portal/E-visits.

Code	Description
HCPCS code G2061	qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes
HCPCS code G2062	qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes
HCPCS code G2063	qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes
CPT code 99421	online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 5-10 minutes
CPT code 99422	online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 11-20 minutes
CPT code 99423	online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days, 21 or more minutes

### **Remote Inpatient or Emergency Room Consultations**

In addition, for physicians providing remote consultation to inpatient members or members in the ER, the following codes are now allowable. These codes require the GT modifier and POS 02.

Code	Description
<b>G0406</b>	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
<b>G0407</b>	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
<b>G0408</b>	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth

<b>G0425</b>	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
<b>G0426</b>	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
<b>G0427</b>	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth

**Originating & Distant Site Billing**

There may be two claims resulting from a telehealth visit: one from the originating site (where the patient is located) and one from the distant site (where the clinician is located). The guidance below provides details on what is needed for each of those claims.

**Originating Site Facility Fee Billing on an Institutional Claim:**

- Facility Fee Billing Instructions for Hospice Agencies:

In situations where a hospice patient in a long term care facility is in need of a telehealth service, the hospice may submit charges for the Originating Site facility fee.

- Use Revenue Code 0657 in conjunction with HCPCS code Q3014 and identify the number of Service Units (telehealth occurrences) provided in the billing period.
- The telehealth facility fee service cannot be billed separately and must be included on a claim containing the hospice’s usual charges.

- Facility Fee Billing Instructions for Hospitals:

Hospitals are already able to bill as a non-institutional provider originating site, as stated in the [Handbook for Practitioner Services](#), topic 202.1.4 – Allowable Fee-for-Service Charges by Hospitals.

- All Other Originating Facility Sites:

IAMHP is currently working with HFS to implement a facility fee payment system for these sites and additional information will be forthcoming

Please see the billing examples for telehealth procedures on the following pages for originating and distant site billing.

Please see the following pages for billing examples by Provider/Service Type

Page	Topic
<b>7</b>	Telemedicine Services for Physicians/Practitioners
<b>9</b>	Telehealth Behavioral Health Services, including CMHC and SUPR providers
<b>11</b>	Telemedicine Services for Encounter Clinic Service provider types (FQHCs, RHCs and ERCs)
<b>12</b>	Telepsychiatry Services for Encounter Clinic Service provider types (FQHCs, RHCs and ERCs)
<b>14</b>	Telemedicine Services for Speech, Physical or Occupational Therapy Virtual Check-ins & Remote Evaluations
<b>15</b>	Dental Telehealth guidance

## Billing Examples for Telemedicine Services for Physicians/Practitioners

	Originating Site and Billing Example	Distant Site and Billing Example
<b>Example 1</b>	<b>Physician's Office</b> Bill Healthcare Common Procedure Coding System (HCPCS) Code Q3014	<b>Podiatrist's, Audiologist, or Dentist's Office</b> Bill appropriate CPT code with modifier GT and Place of Service (POS) 02. Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed
<b>Example 2</b>	<b>Local Health Department</b> Bill HCPCS Code Q3014	<b>APN (Licensed Advanced Practice Nursing) Office.</b> Bill appropriate CPT code with modifier GT and POS 02. Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed
<b>Example 3</b>	<b>Physician's Office</b> Bill HCPCS Code Q3014	<b>Local Health Department</b> Bill appropriate CPT code with modifier GT and Place of Service (POS) 02. Provider reimbursement will be based on the fee schedule rate for the CPT code billed.
<b>Example 4</b>	<b>Encounter Clinic</b> Bill the encounter HCPCS Code T1015 and HCPCS Q3014 and any appropriate detail codes. Provider reimbursement will be based on the facility's medical encounter rate.	<b>Encounter Clinic</b> There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider. The rendering provider must be a physician, advanced practice nurse, or physician assistant.
<b>Example 5</b>	<b>Encounter Clinic</b> Bill the encounter HCPCS Code T1015 and HCPCS Q3014 and any appropriate detail codes. Provider reimbursement will be based on the facility's medical encounter rate.	<b>Physician's Office</b> There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider.
<b>Example 6</b>	<b>Physician's Office</b> Bill HCPCS Code Q3014	<b>Encounter Clinic</b> Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT and POS 02 on the detail line(s). Provider reimbursement will be based on the lesser of the provider charge amount or the facility's medical

		<p>encounter rate. The rendering provider's name and NPI must also be reported on the claim.</p>
<p><b>Example 7 - New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b>          POS 12 (Home)*          POS 15 (Mobile Unit)          POS 31 (Skilled Nursing Facility)          POS 33 (Custodial Care Facility)          POS 34 (Hospice)          POS 54 (ICF-DD)          POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><b>Billing for Originating Site facility fee on an Institutional Claim: See instructions on page 5</b></p>	<p><b>Physician/APN/PA/NP</b></p> <p>Bill appropriate CPT/HCPCS with modifier GT and POS 02. Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed</p> <p>If a member is in hospice, hospice billing rules still apply.</p>



## Billing Examples for Telehealth Behavioral Health Services:

### NEW – Including CMHC/SUPR and Independent Providers

	Originating Site and Billing Example	Distant Site and Billing Example
<b>Example 1</b>	<b>Physician's Office</b> Bill HCPCS Code Q3014	<b>Physician who has completed an approved general or child/adolescent psychiatry residency program.</b> Bill the appropriate CPT code for services provided. Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed
<b>Example 2</b>	<b>Encounter Clinic (Federal Qualified Health Center (FQHC) Rural Health Care (RHC) and Encounter Rate Clinic (ERC)</b> Bill the encounter HCPCS Code T1015 and appropriate behavioral health modifier and HCPCS Q3014 and any appropriate detail code(s) with modifier on the detail line(s). Provider reimbursement will be based on the facility's medical encounter rate.	<b>Encounter Clinic</b> There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider. Provider rendering the service must be a physician who has complete an approved general or child/adolescent psychiatry residency program.
<b>Example 3</b>	<b>Encounter Clinic</b> Bill the encounter HCPCS Code T1015 and HCPCS Q3014 and any appropriate detail code(s) with modifier(s) on the detail line(s). Reimbursement will be based on the facility's medical encounter rate.	<b>Physician's Office</b> There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider. Provider rendering the service must be a physician who has completed an approved general or child/adolescent psychiatry residency program.
<b>Example 4 - New</b>	<b>Patient's Home/Residence/Mobile Unit</b> POS 12 (Home)* POS 15 (Mobile Unit) POS 31 (Skilled Nursing Facility) POS 33 (Custodial Care Facility) POS 34 (Hospice) POS 54 (ICF-DD) POS 55 (Residential Substance Abuse Treatment Facility)  * not eligible for facility fee  <b>For originating site facility fee billing, see instructions on page 5.</b>	<b>CMHC/SUPR PROVIDER</b> <ul style="list-style-type: none"> <li>○ Bill appropriate/allowable CMHC/SUPR HCPCS code and modifier.</li> <li>○ Use modifier GT and POS 02 on all service lines.</li> <li>○ Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed</li> <li>○ Providers may also bill using <a href="#">HFS billing guidelines</a></li> </ul> <p>If a member is in hospice, hospice billing rules still apply.</p>

<p><b>"Example 5- New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b>          POS 12 (Home)*          POS 15 (Mobile Unit)          POS 31 (Skilled Nursing Facility)          POS 33 (Custodial Care Facility)          POS 34 (Hospice)          POS 54 (ICF-DD)          POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><b>For originating site facility fee billing, see instructions on page 5.</b></p>	<p><b><u>Independent</u> LCP/LCSW/LCPC Licensed Clinical Psychologist/Licensed Clinical Social Worker/Licensed Clinical Professional Counselor</b></p> <ul style="list-style-type: none"> <li>○ Bill appropriate CPT/HCPCS codes with modifier GT and POS 02.</li> </ul> <p>Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed</p> <p>If a member is in hospice, hospice billing rules still apply.</p>
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**Billing Examples for Telemedicine Services for Encounter Clinic Service provider types of FQHCs, RHCs & ERCs:**

	<b>Originating Site and Billing Example</b>	<b>Distant Site and Billing Example</b>
<b>Example 1</b>	<p><b>Encounter Clinic</b>            Bill the encounter HCPCS Code T1015 and HCPCS Q3014, along with any additional appropriate detail code(s).</p> <p>Maximum provider reimbursement will be based on the facility's medical encounter rate.</p>	<p><b>Encounter Clinic</b>            There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider. The distant site rendering provider's name and NPI must also be reported on the claim.</p>
<b>Example 2</b>	<p><b>Encounter Clinic</b>            Bill the encounter HCPCS Code T1015 and HCPCS Q3014, along with any additional appropriate detail code(s).</p> <p>Maximum provider reimbursement will be based on the facility's medical encounter rate.</p>	<p><b>Physician/Advanced Practice Nurse (APN)/ Podiatrist's, Audiologist's, Dentist's Office</b>            There is no billable service; the originating encounter clinic is responsible for payment to the distant site provider. The distant site rendering provider's name and NPI must also be reported on the claim.</p>
<b>Example 3</b>	<p><b>Physician/ Advance Practice Nurse (APN)/ Podiatrist's Office</b>            Bill HCPCS Code Q3014.</p>	<p><b>Encounter Clinic</b>            Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT and POS 02 on the detail line(s). Provider reimbursement will be based on the lesser of the provider charge amount or the facility's medical encounter rate. The rendering provider's name and NPI must also be reported on the claim.</p>
<b>Example 4 - New</b>	<p><b>Patient's Home/Residence/Mobile Unit</b>            POS 12 (Home)*            POS 15 (Mobile Unit)            POS 31 (Skilled Nursing Facility)            POS 33 (Custodial Care Facility)            POS 34 (Hospice)            POS 54 (ICF-DD)            POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><b>For originating site facility fee billing, see instructions on page 5.</b></p>	<p><b>Encounter Clinic/Medical Provider</b></p> <ul style="list-style-type: none"> <li>○ Bill the encounter HCPCS Code T1015 and any appropriate detail code(s) with modifier GT and POS 02 on the detail line(s).</li> <li>○ Maximum provider reimbursement will be based on the facility's medical encounter rate. The rendering provider's name and NPI must also be reported on the claim.</li> </ul> <p>If a member is in hospice, hospice billing rules still apply.</p>

## Billing Examples for Telepsychiatry/Behavioral Health Services for Encounter Clinic Service provider types of FQHCs, RHCs & ERCs

	Originating Site and Billing Example	Distant Site and Billing Example
<b>Example 1</b>	<p><b>Encounter Clinic</b> Bill the encounter HCPCS Code T1015 and HCPCS Code Q3014, along with any additional appropriate modifiers and detail code(s).</p> <p>Maximum provider reimbursement will be based on the facility's medical encounter rate.</p>	<p><b>Encounter Clinic</b> There is no billable service; the originating encounter clinic is responsible for payment to the distant encounter clinic provider. The distant site rendering provider's name and NPI must also be reported on the claim.</p> <p>Provider rendering the service must be a physician who has complete an approved general or child/adolescent psychiatry residency program.</p>
<b>Example 2</b>	<p><b>Physician/ Advance Practice Nurse (APN)/ Podiatrist's Office</b> Bill HCPCS Code Q3014.</p>	<p><b>Encounter Clinic</b> Bill HCPCS Code T1015 with the appropriate behavioral health modifier and include the GT modifier on all detail code service lines, including the encounter service line. The behavioral health modifier must be the <b>first modifier</b> appended to the encounter "T" code and the GT modifier should be second. POS 02 should be utilized.</p> <p>Provider reimbursement will be based on the lesser of the provider charge amount or the facility's behavioral encounter rate. The rendering provider's name and NPI must also be reported on the claim:</p> <ul style="list-style-type: none"> <li>▪ Licensed Clinical Social Worker <ul style="list-style-type: none"> <li>- COS 58</li> <li>- Bill T1015 with AJ modifier plus detail code</li> </ul> </li> <li>▪ Licensed Clinical Psychologist <ul style="list-style-type: none"> <li>- COS 59</li> <li>- Bill T1015 with AH modifier plus detail code</li> </ul> </li> <li>▪ Licensed Clinical Professional Counselor <ul style="list-style-type: none"> <li>- COS 88</li> <li>- Bill T1015 with HO modifier plus detail code</li> </ul> </li> <li>▪ Licensed Marriage and Family Therapist <ul style="list-style-type: none"> <li>- COS 88</li> <li>- Bill T1015 with HO modifier plus detail code</li> </ul> </li> </ul> <p>**COS indicates Category of Service. The COS for which a clinic is enrolled for behavioral health services can be found on the provider information sheet.</p>

<p><b>Example 3- New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b>          POS 12 (Home)*          POS 15 (Mobile Unit)          POS 31 (Skilled Nursing Facility)          POS 33 (Custodial Care Facility)          POS 34 (Hospice)          POS 54 (ICF-DD)          POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><u><b>For originating site facility fee billing, see instructions on page 5.</b></u></p>	<p><b>Encounter Clinic</b></p> <ul style="list-style-type: none"> <li>• Bill HCPCS Code T1015 with the appropriate behavioral health modifier and include the GT modifier on all detail code service lines, including the encounter service line. The behavioral health modifier must be the <b>first modifier</b> appended to the encounter "T" code the GT modifier should be second.</li> <li>• POS 02 should be utilized.</li> <li>• Provider reimbursement will be based on the lesser of the provider charge amount or the facility's behavioral encounter rate. The rendering provider's name and NPI must also be reported on the claim:             <ul style="list-style-type: none"> <li>▪ Licensed Clinical Social Worker - COS 58 - Bill T1015 with AJ modifier plus detail code</li> <li>▪ Licensed Clinical Psychologist - COS 59 - Bill T1015 with AH modifier plus detail code</li> <li>▪ Licensed Clinical Professional Counselor - COS 88 - Bill T1015 with HO modifier plus detail code</li> <li>▪ Licensed Marriage and Family Therapist - COS 88 - Bill T1015 with HO modifier plus detail code</li> </ul> </li> </ul> <p>**COS indicates Category of Service. The COS for which a clinic is enrolled for behavioral health services can be found on the provider information sheet.</p>
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**Billing Examples for Telemedicine Services for Speech, Physical or Occupational Therapy**

	Originating Site and Billing Example	Distant Site and Billing Example
<p><b>Example 1- New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b>          POS 12 (Home)*          POS 15 (Mobile Unit)          POS 31 (Skilled Nursing Facility)          POS 33 (Custodial Care Facility)          POS 34 (Hospice)          POS 54 (ICF-DD)          POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p>	<p><b>Speech Therapist, Physical Therapist or Occupational Therapist</b></p> <p>Bill appropriate CPT code with modifier GT and Place of Service (POS) 02. Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed</p>

	<p><b><u>For originating site facility fee billing, see instructions on page 5.</u></b></p>	<p>If a member is in hospice, hospice billing rules still apply.</p>
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### Billing Examples for Virtual Check-ins & Patient Portal/E-visits

	Originating Site and Billing Example	Distant Site and Billing Example
<p><b>Example 1 - New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b></p> <p>POS 12 (Home)*            POS 15 (Mobile Unit)            POS 31 (Skilled Nursing Facility)            POS 33 (Custodial Care Facility)            POS 34 (Hospice)            POS 54 (ICF-DD)            POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><b><u>For originating site facility fee billing, see instructions on page 5.</u></b></p>	<p><b>Physician/ Advance Practice Nurse (APN)/ PA/ Local Health Department/ Encounter Rate Clinics</b></p> <p><b>VIRTUAL CHECK-IN:</b>            Bill the HCPCS Code G2010 or G2012            Include GT modifier and POS 02 for each service line.</p> <p><b><u>PATIENT PORTAL/E-VISITS:</u></b>  <u>Bill the appropriate HCPCS or CPT code. Include GT modifier and POS 02 for each service line.</u></p> <p>If both a virtual check-in and remote evaluation take place, the provider can bill both services on the same claim form.</p> <p>If a member is in hospice, hospice billing rules apply.</p>

### Billing Examples for Dental

	Originating Site and Billing Example	Distant Site and Billing Example
<p><b>Example 1 - New</b></p>	<p><b>Patient's Home/Residence/Mobile Unit</b></p> <p>POS 12 (Home)*            POS 15 (Mobile Unit)            POS 31 (Skilled Nursing Facility)            POS 33 (Custodial Care Facility)            POS 34 (Hospice)            POS 54 (ICF-DD)            POS 55 (Residential Substance Abuse Treatment Facility)</p> <p>* not eligible for facility fee</p> <p><b><u>For originating site facility fee billing, see instructions on page 5</u></b></p>	<p><b>Dentist – 837D, Dental Claim</b></p> <ul style="list-style-type: none"> <li>○ Bill appropriate code of D9995 or D9996 in conjunction with D0140 - Limited Dental Evaluation.</li> <li>○ Claims must include Place of Service (POS) 02.</li> <li>○ Provider reimbursement will be based on the lesser of the provider charge amount or the State Max amount found on the applicable fee schedule for the procedure code billed</li> </ul>

		If a member is in hospice, hospice billing rules apply.
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**Additional Reference Source:**

- [Joint Committee on Administrative Rules ADMINISTRATIVE CODE Title 89: Social Services Chapter I: Department of Healthcare and Family Services Subchapter d: Medical Programs Part 140 Medical Payment Section 140.403 Telehealth Services link page link: http://www.ilga.gov/commission/jcar/admincode/089/089001400D04030R.html](http://www.ilga.gov/commission/jcar/admincode/089/089001400D04030R.html)