

## Illinois Medicaid COVID-19 Fee Schedule

Effective date: March 9, 2020 through the end of the COVID-19 public health emergency,  
unless otherwise noted

### Virtual Healthcare/Telehealth Expansion

**Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs) – including physicians, APNs, and PAs rendering the service in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Encounter Rate Clinic (ERC), or School Based Health Center (SBHCs):**

\*Note: all virtual healthcare/telehealth codes must be billed with place of service 02 and GT modifier

Procedure Code	Description	State Max Amount
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	39.17
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	72.13
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	103.70
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	100.35
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	136.14
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	201.99
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	9.24
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	13.19
G2061	Qualified nonphysician healthcare 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 nonphysician healthcare 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 nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	33.14
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	13.19
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	27.14
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	43.23

**Please Note:** Evaluation and management services rendered by Physicians, Advance Practice Nurses, and Physician Assistants to new or existing patients using audio only telephonic equipment may be billed as a distant site telehealth service so long as the E/M service is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter. In this scenario, the claim must be submitted with Place of Service (POS) 02 and modifier GT appended to the applicable procedure code.

If an audio only telephonic interaction cannot meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services using CPT code G2012.

FQHCs/RHCs/ERCs will be reimbursed at the above rates (not their medical encounter rate) for virtual check-in and E-visit codes. Virtual check-in and e-visit/online portal services must be submitted fee-for-service without the T1015 encounter code.

## **Virtual Healthcare/Teledentistry Expansion**

### **Billable by Dentists:**

<b>Procedure Code</b>	<b>Description</b>	<b>State Max Amount</b>
D9995	Teledentistry, synchronous; real-time encounter	13.19
D9996	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	9.24

**Note:** The above codes must be billed in addition to D0140, with place of service 02. Do not include the GT modifier.

**Laboratory Services**

<b>Procedure Code</b>	<b>Effective Date</b>	<b>Description</b>	<b>State Max Amount</b>
86318	04/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g. reagent strip)	16.90 <sup>1</sup>
86328	04/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	45.23
86769	04/10/2020	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	42.13
87635	03/13/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	51.31
U0001	02/04/2020	CDC 2019-Novel Coronavirus real-time RT-PCR diagnostic panel	35.91
U0002	02/04/2020	Coronavirus (COVID-19) SARS-COV-2/2019-NCOV, Non-CDC Lab Test	51.31
U0003	04/14/2020	Infectious Agent Detection by Nucleic Acid (DNA or RNA); SARS-COV-2, COVID-19, Amplified Probe Technique, High Throughput Technologies	100.00
U0004	04/14/2020	2019-NCOV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), Any Technique, Multiple Subtypes, Non-CDC, High Throughput Technologies	100.00

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<sup>1</sup> CPT 86318 is not a new CPT code and is paid at the existing fee schedule rate. It is included in COVID-19 fee schedule table with new COVID-19 codes and rates for provider ease of reference.