



**Early Intervention  
Central Billing Office (EI-CBO)**

# **Billing Information for Providers**

**July 1, 2002**

## INTRODUCTION

The purpose of this informational material is to assist the Department of Human Services Early Intervention provider in billing through the DHS Early Intervention - Central Billing Office (EI-CBO), allowing for timely processing and reimbursement.

To ensure all requirements are met before submitting claims to the EI-CBO, the material in this booklet should be read completely by the independent provider, the billing agent contracted by the independent provider, or the billing agent for a provider agency.

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## REQUIREMENTS FOR BILLING THE EI-CBO

### Instructions for Individual Providers

Before providing EI services, an individual provider must:

- be credentialed and enrolled as an individual Early Intervention Provider.
- complete the W-9 form before authorization or payment can be issued.
- have pre-approved authorization for the services provided.

### Instructions for Associate Level Providers

Before providing EI services, an associate level provider must: be credentialed as an associate level Early Intervention provider and must work under the supervision of a professional level Early Intervention credentialed enrolled provider who has a pre-approved authorization for the services to be provided.

### General Information on Billing Forms

When billing for evaluation, assessment, and direct services, the billing form must:

- be a HCFA 1500, DHS Service Billing Form, DHS Transportation Billing Form, or UB-92 (HCFA 1450). No other forms will be accepted. (Please refer to examples on pages 13-20.)
- be in "portrait" orientation, as "landscape" forms will not be accepted.
- be legible. Billing forms must be hand printed, typed or electronically printed. The EI-CBO will not make assumptions and will deny claims that are not legible.

### Instructions for Using the Service Billing Form

**(This form is not to be used by transportation providers)**

When using the service billing form, you must:

- read and agree to the billing/authorization information, parental rights and certifications on the back of the billing form.
- hand print, type or electronically print billing forms. The EI-CBO will not make assumptions and will deny claims that are not legible.
- fully complete the form. Partially completed billing forms will be returned to the provider unpaid.
- bill only six (6) lines of service per billing form.
- bill using the Early Intervention codes identified on the authorization for services and HCPCS codes for Assistive Technology.
- include the child's name (first and last), the child's complete address, the six (6) digit EI number and date of birth on each claim.
- include the payee name, complete provider address and the taxpayer identification number (payee tax ID).
- bill one (1) date of service per line in chronological order.
- bill only one (1) discipline of service and one (1) provider of service per form.
- indicate the one (1) digit location code using the numerical codes found on the billing form for each service billed, including IFSP development.
- indicate the type of service provided in the service description column (i.e., speech, physical therapy).
- for **interpreters**, indicate the type of service provided which would be interpretation and the type of service that was interpreted (i.e., speech, physical therapy).

## Steps to Complete Before Submitting Forms

Before submitting the billing form, you must:

- type or print legibly the full name of the credential/enrolled person who actually provided the services (regardless of who is named on the authorization) on the "Name of Enrolled Provider" line and date the claim form.
- provide the full name of the credentialed/enrolled supervising provider even if a credentialed associate therapist actually provided the services. Type or print the name of the credentialed/enrolled supervisor on the "Name of Enrolled Provider" line. Type or print the name of the credentialed associate who actually provided the services on the "Name of Associate who Provided Direct Services" line.

## Billing for Transportation Services

Before completing a DHS Transportation Billing Form to submit claims to the EI-CBO, please read the following instructions carefully.

- For service car, taxi and private auto, bill for loaded mileage only. Loaded mileage means that the child is in the vehicle.
- Providers must read and agree to the billing/authorization information, parental rights and certifications on the back of the billing form.
- Billing forms must be hand printed, typed or electronically printed. The EI-CBO will not make assumptions and will deny claims that are not legible.
- Providers must fully complete the billing form. Partially completed billing forms will be returned to the provider unpaid.
- Bill only six (6) lines of service per billing form.
- Bill using the Early Intervention codes identified on the authorization for services.
- Include the child's name (first and last), the child's complete address, the six (6) digit EI number and date of birth on each claim.
- Include the payee name, complete provider address, the taxpayer identification number (payee tax ID) and the vehicle license plate number.
- Bill one (1) date of service per line in chronological order.
- Enter the complete departure and destination addresses in the space provided.
- Indicate the alpha code "A" (medical care) or "K" (patient's home) in the departure and destination code spaces provided.
- Enter the departure and destination times in the space provided.
- For taxi and service car mileage codes "W8853" and "W8856", enter the total loaded miles one way. When a round trip is provided, two mileage procedure codes and service lines must be completed. The EI-CBO will no longer accept claims for mileage codes W8853 or W8856 that have been billed as a round trip on one service line.
- For private auto mileage ("W8838"), enter total loaded miles for a round trip on one service line.
- Type or print legibly the full name of the enrolled transportation provider or company on the "Name of Enrolled Provider or Transportation Company" line and date the claim form.

The EI-CBO **will no longer accept claims** that do not include the full departure and destination addresses, the departure and destination codes, the departure and destination times and the license tag number.

## **Instructions for Insurance Billing**

For insurance billing, you must:

- submit claims to the insurance company for those services eligible for insurance reimbursement prior to submitting claims to the EI-CBO.
- bill the EI-CBO with the claim and the Explanation of Benefits (EOB) even if insurance pays above the state rate. This assures the Early Intervention program that services are being received for these families.
- submit a copy of the Explanation of Benefits with the claim when billing the EI-CBO. If the primary insurance carrier does not cover services, the EI-CBO will verify the denial of services for the entire benefit year and will not require the provider to bill the insurance for each additional service. At the beginning of a new benefit year, the EI-CBO will contact the insurance company to verify services are still not covered and the provider will not be required to bill the insurance company for a denial. If services are now covered by the insurance company, the EI-CBO will deny the claim and the provider will need to bill insurance before billing the EI-CBO.

## **Claim Submission**

- Claim forms will not be accepted by fax due to illegibility and quantity received. Please use U.S. Mail, Federal Express, or the United Parcel Service (UPS).
- You must bill the EI-CBO no later than nine (9) months following completion of services or receipt of the insurance denial/payment information.
- If claim is received after the nine (9) month filing limit, the EI-CBO will deny the claim and the provider will be required to contact the Court of Claims office in Chicago at (312) 814-3887 or in Springfield at (217) 782-7101 to request review for payment.

## **Other Information**

- When resubmitting claims to the EI-CBO, please write "resubmitted" or "correction" on the claim. The claim should be submitted exactly as it was originally with the corrections made to the form.
- You must accept insurance and/or EI-CBO payment in full for service and agree not to bill the family for further payment.
- You must bill the EI-CBO for evaluation/assessment, IFSP development and medical services for diagnostic/evaluation purposes. (Insurance or families may not be billed for these services.)
- For providers that no longer work at a site, the payee must immediately contact Provider Connections in writing indicating the provider's last day of employment. Do not bill the EI-CBO under this provider name after their departure. Write the name of the provider who actually provided the service on the billing form.
- Do not use "dittos" or "arrows" to indicate the same information on each line of the claim. Each line for each date of service should be filled out completely. Claims received with dittos or arrows will be returned.



## Documentation Requirement

You are required to maintain documentation to support each date of service and each procedure code that you bill to the EI-CBO for five (5) years. Documentation is a chronological written account kept by you of all dates of services provided to, or on behalf of, a child and family. This includes IFSP development time and the results of all diagnostic tests and procedures administered to a child. All documentation must be readable and understandable to families and to persons who will monitor or audit your billing to the EI-CBO. Documentation must include:

1. Copies of all authorizations under which you have billed for services
2. A copy of the child's current IFSP
3. Physician authorization/order
4. Documentation of evaluation/assessment results (reports)
5. Daily documentation of the services provided, including time in and time out for direct services or time used in minutes for IFSP development. Daily documentation is written and signed by the provider who actually provided the services and consists of a complete overview of the services provided for each procedure code and date of service billed.
6. Progress documentation
7. Documentation of continued physician authorization
8. Documentation of discharge from treatment
9. Supervision notes that document all contact between the supervisor who is responsible for a child's case and the associate level provider who is actually providing the direct service to the child.

In addition, providers should also keep the following:

1. Copies of all claims submitted to insurance and to the EI-CBO
2. Copies of all Explanation's of Benefit received from insurance and the EI-CBO
3. Any correspondence sent or received on behalf of the child.

Transportation providers' documentation should include:

1. Copies of all authorizations under which you have billed for services.
2. A travel log that documents all trips billed.

**PLEASE NOTE:** Providers who are not Early Intervention credentialed and enrolled, and associate level providers who are not Early Intervention credentialed, are NOT considered eligible Early Intervention providers and should NOT provide services to eligible Early Intervention children.

**In the absence of proper and complete documentation, no payments will be made and payments previously made will be recouped.**

## ELIGIBILITY FOR INSURANCE REIMBURSEMENT OF EARLY INTERVENTION SERVICES

### Services Billable to Insurance

- Assistive technology (durable medical equipment and supplies)
- Aural rehabilitation services
- Health services
- Nursing services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological and other counseling services
- Social work and other counseling services
- Speech therapy services
- Vision services
  - Optometric exam
  - Dispensing fee

### Services Not Billable to Insurance

- Assessment services
- Audiology (examination by an audiologist or a hearing aid assessment)
- Developmental therapy
  - DT / hearing
  - DT / vision
- Evaluation services
- Family training and support
- IFSP development services
- Interpretation
- Medical services (for diagnostic /evaluation)
- Parent liaison
- Transportation

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## AUTHORIZATIONS

The individual provider must be enrolled with the EI-CBO as an Early Intervention provider before payment for authorized services can be issued. Enrollment can be initiated by contacting the Provider Connections Credentialing and System Enrollment Office at (800) 701-0995 or by accessing their web page at [www.wiu.edu/users/mimppc/providerconnections](http://www.wiu.edu/users/mimppc/providerconnections).

All Early Intervention services identified on a child's Individualized Family Service Plan (IFSP) are pre-approved. An authorization will be generated by a Child and Family Connections (CFC) office for each service for which that the provider is entitled to bill. This authorization is called the State of Illinois Department of Human Services Early Intervention Service Plan (report HSPR0777). **DO NOT PROVIDE SERVICES PRIOR TO RECEIPT OF THIS DOCUMENT.**

It is the responsibility of the provider to review this document immediately upon receipt and verify that all information is correct. Information includes the payee information, frequency, intensity of service to be provided, time frame during which services are to be provided, the procedure code that you must use when billing the EI-CBO, and other pertinent information. If there is a discrepancy the provider should contact their local Child and Family Connections office immediately (prior to service provision) to request that the authorization be re-issued.

Providers must refer to the child's IFSP (HSPR0777 report) to determine the place of service, location, procedure code, frequency and intensity of service to be provided. The local Child and Family Connections office sends the detailed report to the provider verifying that services are authorized.

Services are to be provided by the individual listed on the authorization or an equally qualified credentialed and enrolled provider. If services are provided by an equally qualified provider, it is the equally qualified provider's name which must be typed or printed legibly on the "Name of Enrolled Provider" line on the DHS Service Billing Form, the HCFA-1500 or the UB92.

**All services are pre-authorized. Never provide a service without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment. Always check the time frame during which services are to be provided, the procedure code, and the frequency and intensity of service to be provided immediately upon receipt of an authorization. If information is incorrect, contact the CFC immediately to request that the authorization be corrected. Do not provide services until you have a corrected authorization in hand.**

Requests for assistive technology devices require medical review and prior approval before an authorization can be issued. DHS is responsible for issuing the prior approval. The authorization will not be generated until the Child and Family Connections office receives the prior approval from DHS.



# EXAMPLE: The Individualized Family Service Plan (HSPR0777 Report)

**REPORT: HSPR0777** Page 3  
**02/13/2001**

State of Illinois  
 Department of Human Services  
**INDIVIDUALIZED FAMILY SERVICE PLAN**

**Child's Name:** TEST, EI **Date of Birth:** 01/03/2000 **Part. ID#:** T123-0000-0101-01  
**EI#:** 123456

**RESIDENCE**  
 123 MAIN STREET  
 YOURTOWN, IL 60000  
**CONTACT:** MARY TEST

TELEPHONE: (217) 555-1234  
 RELATIONSHIP: MOTHER

**AUTHORIZATION START DATE:** 6/21/2001 **END:** 7/21/2001  
**AUTHORIZED PAYEE:** 33314580

**Type of authorization**  
 Method (individual/group or purchase/rent/repair)  
**AUTH TYPE:** IFSP ASSESSMENT INDIVIDUAL  
**METHOD:** W7515 A/R ASSESSMENT - OFFSITE  
**PROCEDURE:** 1  
**FREQUENCY:** 780025-50B-001-00  
**AUTHNUMBER:** 780025-50B-001-00

ABC SERVICES  
 454 SOUTH MAIN  
 SPRINGFIELD, IL 62701  
 TELEPHONE: (217) 787-0123

**Specifies if the service will be performed in a natural environment (if indicated)**  
**NATURAL ENVIRONMENT:** Y

**STATUS DATE:** 05/31/2001

**FOR:** 30 MINUTE(S)  
**Intensity/miles**

**Frequency**  
 Date on which the authorization was previously printed (while valid)

**Authorization number**

**Specifies location, if indicated**  
**LOCATION:** OFFSITE-HOME

**Date this authorization was created or last updated**  
 If an authorization has been canceled or discontinued, the status will be indicated in this area.

**Date the report was run / printed**

\*CFC site number, telephone number, and service coordinator's name are printed on Page 1 of the EI - IFSP Report (HSPR0777).  
 \*Any comments entered will be printed below the Auth Number.  
 \*Assistive technology service authorizations also include an authorized dollar amount and any status information.

## READING AN INDIVIDUALIZED FAMILY SERVICE PLAN (HSPR0777)

The Child and Family Connections (CFC) office enters authorizations for Early Intervention (EI) services into the Cornerstone system. Cornerstone is a statewide management information system developed to facilitate the integration of community maternal and child health services provided to Illinois residents by the Illinois Department of Human Services, and to effectively measure health outcomes. Once the CFC enters this information into Cornerstone, it is then available in report format via the Individualized Family Service Plan (IFSP), also known as the HSPR0777 report. All members of a child's multidisciplinary service provider team will also be identified on this report.

The IFSP allows the service coordinator to print a single report containing all the information captured in Cornerstone that is pertinent to the Individualized Family Service Plan (IFSP). The report is run by the service coordinator after developing the IFSP. This is a family-focused document that contains important information regarding the child and the family. The IFSP is given to the family and service providers, as well as to other related parties as necessary.

### Tips

The following tips are provided to avoid delays in the processing of your claims:

- Upon receipt, verify that all information on the Service Authorization is correct. If ANY information is not correct, contact the local Child and Family Connections office immediately.
- Claims will be paid only if the service provided matches the procedure code on the service authorization.
- If you believe the child requires increased frequency or length of service, or additional services beyond what you have been authorized to perform, please contact the local Child and Family Connections office immediately.

If you have questions regarding a service authorization, contact the local Child and Family Connections office.

## GENERAL BILLING INFORMATION

Providers should refer to the document entitled "Early Intervention Service Descriptions, Billing Codes and Rates" for detailed information on staff qualified to provide EI services, billable activities and rates of reimbursement. The Provider's W-9 form must be on file with the EI-CBO before payments can be issued for any service.

All billings for authorized services must be submitted to the EI-CBO no later than nine (9) months following the completion of services or receipt of the insurance denial/payment information. In cases where third party payments, including Medicare, exceed the Early Intervention rate, the provider's bill will be considered paid in full. Charges which exceed third party recoveries should be submitted to the EI-CBO and will be paid up to the level of the Early Intervention rate. A copy of the insurance carrier's Explanation of Benefits (EOB) must accompany the provider's billing to the EI-CBO.

Provider's who accept an Early Intervention authorization agree NOT to seek further payment from the child or child's family for such authorized services beyond the amounts available from third party payers, Medicare, or the EI-CBO.

It is important to remember that all claims for medical services must be billed to insurance using CPT (Current Procedural Terminology) procedure codes, but billed to EI-CBO using the procedure codes identified on the authorization for Early Intervention services. Assistive technology should be billed to both insurance and the EI-CBO using the HCPCS Level II National Codes. All claims submitted to insurance must also include the ICD-9 Medical Diagnostic Codes.

The Provider Explanation of Benefits will explain the action taken on each claim and will be mailed from the EI-CBO. The family will also receive an Explanation of Benefits. Claims approved for payment will be forwarded to the Illinois State Comptroller's Office for issuance of a check/warrant. Providers can directly access payment information through the State Comptroller's web site at [www.comptroller.state.il.us](http://www.comptroller.state.il.us). An online vendor's guide to accessing payment information is also available at the website.

The Provider Explanation of Benefits (EOB) and the check/warrant are sent under separate cover and can be matched according to the invoice number shown on the EOB and the invoice number on the state check/warrant. If you have questions, please contact the EI-CBO / Cornerstone Call Center at 1-800-634-8540. Please do not call the phone number listed on the State Comptroller's check/warrant.

## ADDITIONAL BILLING INFORMATION

### **Billing for Credentialed Associate Providers:**

Early Intervention Providers must bill for any service listed on an IFSP that is actually provided by a credentialed associate provider whom they supervise. Both the specialist and the credentialed associate provider should appear on the IFSP as well as on the claim submitted to the EI-CBO. Never use an associate level provider who has not obtained an Early Intervention credential. All associate level providers must be credentialed by Early Intervention.

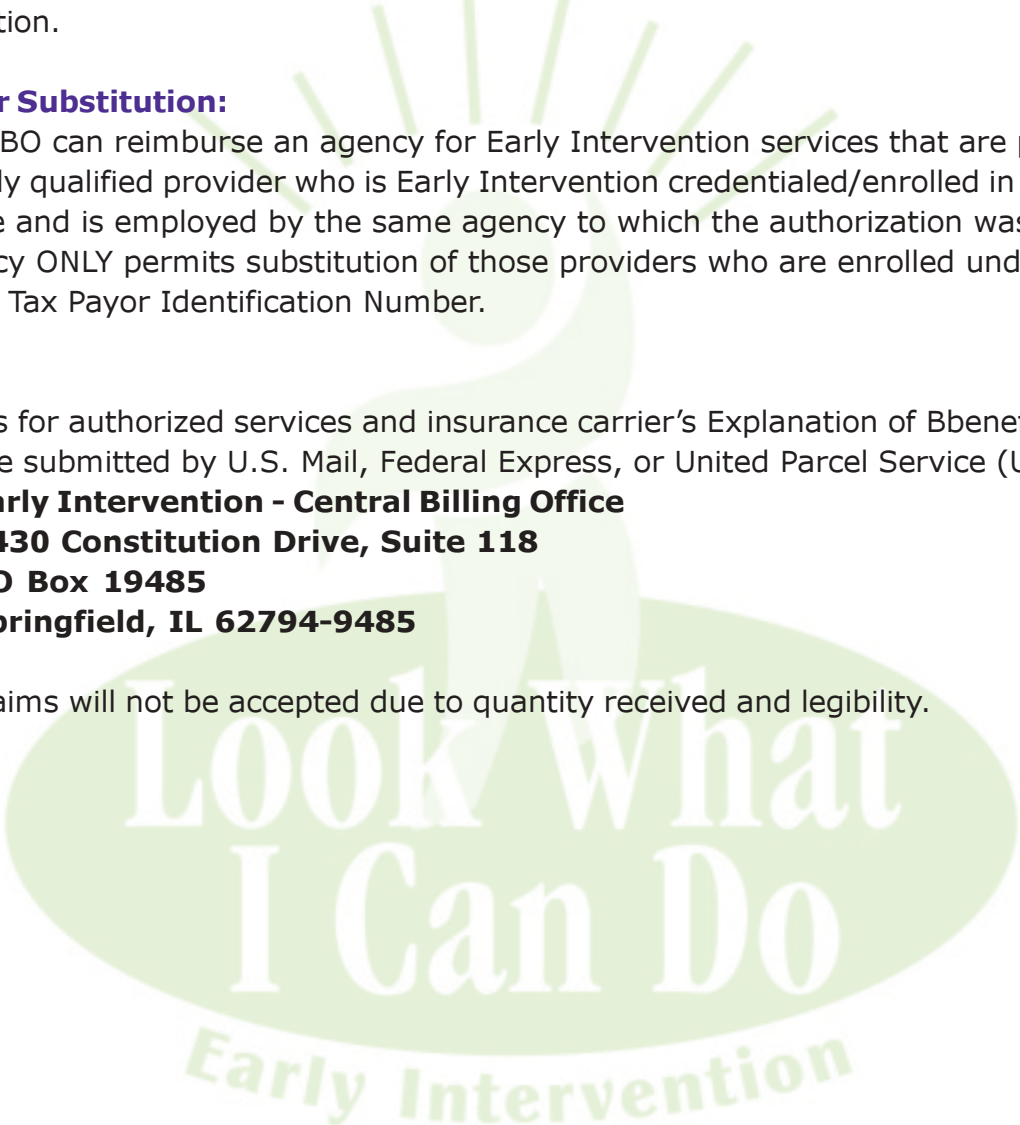
### **Provider Substitution:**

The EI-CBO can reimburse an agency for Early Intervention services that are provided by an equally qualified provider who is Early Intervention credentialed/enrolled in the same discipline and is employed by the same agency to which the authorization was issued. This policy ONLY permits substitution of those providers who are enrolled under the same agency's Tax Payor Identification Number.

All claims for authorized services and insurance carrier's Explanation of Benefits (EOB) should be submitted by U.S. Mail, Federal Express, or United Parcel Service (UPS) to:

**Early Intervention - Central Billing Office**  
**3430 Constitution Drive, Suite 118**  
**PO Box 19485**  
**Springfield, IL 62794-9485**

Faxed claims will not be accepted due to quantity received and legibility.



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## EXAMPLE: DHS Service Billing Form - FRONT

### Example of Direct Service

**DHSEARLYINTERVENTION  
SERVICE BILLING FORM**

Illinois Department of Human Services  
CENTRAL BILLING OFFICE  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO: 1-800-634-8540

**MUST COMPLETE ENTIRE FORM BEFORE SUBMITTING**

Child's Name: Doe, Child Payee Name: ABC Therapy Service  
 Address: 1234 East Street Address: 4321 South Street  
 City/State/Zip: Anytown, IL 60066 City/State/Zip: Anytown, IL 60055  
 EI # 155155 Payee Tax I.D. # 36-1234567  
 (See Authorization Form For Tax I.D. Plus Suffix)  
 Birth date: 02/24/2000

MUST BILL ONE DATE OF SERVICE PER LINE IN CHRONOLOGICAL ORDER AND ONLY ONE DISCIPLINE OF SERVICE PER BILLING FORM					
Date of Service MM-DD-YY	Procedure or Assistive Tech HCPCS Code	Service Description	*Location Code	Minutes or Quantity	Charge
08/15/01	W8735	Direct Svc Phys Therapy Off-site	1	60	\$70.44
08/17/01	W8735	Direct Svc Phys Therapy Off-site	1	60	\$70.44
08/20/01	W8735	Direct Svc Phys Therapy Off-site	1	60	\$70.44
08/23/01	W8756	Direct Svc PT IFSP	1	15	\$14.11
09/12/01	W7495	PT Eval Off-site	1	180	\$211.32
				Billed Charges	\$436.75
				Less Insurance	
				Total Charges	\$436.75

**Location Code (use Numerical code in column)**

- |  |   |
|--|---|
| 1. Home (offsite)                            | 4. Outpatient Service Facility (onsite) |
| 2. Family Day Care (offsite)                 | 5. Early Intervention Program (onsite)  |
| 3. Regular Nursery School/Day Care (offsite) | 6. Other Setting (offsite)              |

- This form can be used to bill for all Early Intervention services.
- Services must be provided by a credentialed enrolled provider.
- Must bill CBO no later than nine (9) months following completion of services.
- Incomplete billing forms will be returned to the provider.

I certify that I provided the services identified above, or a credentialed associate under my supervision provided the services.

**Ann Therapist**  
 \_\_\_\_\_  
 Name of Enrolled Provider (Print Legibly)

**10/01/01**  
 \_\_\_\_\_  
 Date

**Peggy Associate**  
 \_\_\_\_\_  
 Name of Associate who provided Direct Services (Print Legibly)

**10/01/01**  
 \_\_\_\_\_  
 Date



## EXAMPLE: DHS Service Billing Form - FRONT

### Example of Assistive Technology

**DHSEARLYINTERVENTION  
SERVICE BILLING FORM**

Illinois Department of Human Services  
CENTRAL BILLING OFFICE  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO: 1-800-634-8540

**MUST COMPLETE ENTIRE FORM BEFORE SUBMITTING**

Child's Name: Doe, Child

Payee Name: ABC Therapy Service

Address: 1234 East Street

Address: 1212 West Street

Suite 534

City/State/Zip: Anytown, IL 60066

City/State/Zip: Anytown, IL 60055

EI # 155155

Payee Tax I.D. # 36-7894561

(See Authorization Form For Tax I.D. Plus Suffix)

Birth date: 02/24/2000

MUST BILL ONE DATE OF SERVICE PER LINE IN CHRONOLOGICAL ORDER AND ONLY ONE DISCIPLINE OF SERVICE PER BILLING FORM					
Date of Service MM-DD-YY	Procedure or Assistive Tech HCPCS Code	Service Description	*Location Code	Minutes or Quantity	Charge
<b>05/26/02</b>	<b>W8666</b>	<b>Pediatric Floor Sitter</b>	<b>6</b>	<b>1</b>	<b>\$249.00</b>
<b>05/26/02</b>	<b>L3000</b>	<b>FT INS removable, mold, vcb typ</b>	<b>6</b>	<b>2</b>	<b>\$241.24</b>
				Billed Charges	<b>\$490.24</b>
				Less Insurance	
				Total Charges	<b>\$490.24</b>

**Location Code (use Numerical code in column)**

- |  |   |
|--|---|
| 1. Home (offsite)                            | 4. Outpatient Service Facility (onsite) |
| 2. Family Day Care (offsite)                 | 5. Early Intervention Program (onsite)  |
| 3. Regular Nursery School/Day Care (offsite) | 6. Other Setting (offsite)              |

- This form can be used to bill for all Early Intervention services.
- Services must be provided by a credentialed enrolled provider.
- Must bill CBO no later than nine (9) months following completion of services.
- Incomplete billing forms will be returned to the provider.

I certify that I provided the services identified above, or a credentialed associate under my supervision provided the services.

**Joe Equipment**  
Name of Enrolled Provider (Print Legibly)

**06/03/02**  
Date

Name of Associate who provided Direct Services (Print Legibly)

Date

## EXAMPLE: DHS Service Billing Form (Direct Service) - BACK

Please forward ALL billings and explanations of benefits pertaining to this authorization to:

*Illinois Department of Human Services*  
*Central Billing Office*  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO Phone Number: 1-800-634-8540

### BILLING INFORMATION

- Providers must have authorization in hand prior to providing or billing for Early Intervention services in order to ensure payment for service.
- Billings may be submitted to the Central Billing Office by completing the DHS Service or Transportation Billing forms or by completing the HCFA 1500, or UB92.
- The Central Billing Office requires all provider billings related to a child=s authorization be received no later than nine (9) months following the completion of the services, or receipt of third party payment or denial information.
- The Central Billing Office will not make payment for authorized services for children with insurance benefits until the child=s insurance carrier has paid or rejected the claim. A copy of the insurance carrier=s explanation of benefits must accompany the providers billing to the Central Billing Office. **Providers are not required to bill insurance first in the case of Transportation, Developmental Therapy, Service Coordination, Family Training and Support, and Medical Diagnostic Services. Providers may not bill insurance for Evaluation/Assessment, Service Coordination, Medical Diagnostic Services or IFSP Development Services.**
- Billings for equipment and supplies must be billed to the Central Billing Office using standard HCPCS Level II National Codes.
- Billings for all other authorized services must be billed using the Local HCPCS Procedure Codes, identified on the authorization.
- The authorization is limited to the time period, services, supplies or equipment specified on the authorization.
- The Central Billing Office uses a schedule of allowable fee reimbursement for all authorized services.
- By accepting the service authorization, the provider agrees not to seek further payment from the child or the child=s family for such authorized services beyond the amounts available from third party payors and/or the Central Billing Office.

### PARENTAL RIGHTS

For Early Intervention parents shall be informed in their native language or normal mode of communication that they have the right to:

- A timely, multidisciplinary evaluation and assessment;
- Appropriate early intervention services for the child and family if eligibility is determined;
- Refuse evaluations, assessments and services, and may decline such a service after first accepting it, without jeopardizing other early intervention services;
- Written prior notice before provider proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or the provision of services to the child or family;
- Confidentiality of personally identifiable information;
- Review and correct records relating to evaluations and assessments, eligibility determinations, development and implementation of Individual Family Service Plans, individual complaints dealing with their child, and any other area under these rules involving records about the child and child=s family;
- Use an advocate in any and all dealings with the early intervention system; and
- Use administrative and judicial processes to resolve complaints.

### STATE OF ILLINOIS CERTIFICATIONS

**Affirmative Action/Nondiscrimination:** The Provider/Vendor certifies they comply with all Federal and State nondiscriminatory equal opportunity affirmative action orders and regulations. The Provider/Vendor will not engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as a disabled veteran or veteran from the Vietnam era. This certification applies to admission, employment, access to and treatment in the Provider/Vendor programs and activities.

**Americans With Disabilities Act (ADA):** The Provider/Vendor certifies they are in compliance with Title I through V of the Americans With Disabilities Act signed into law July 26, 1990.

**Bribery Clause:** The Provider/Vendor certifies that they have not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has the Provider/Vendor made an admission of guilt of such conduct which is a matter of record.

**Drug Free Workplace Act:** The Provider/Vendor certifies that they are in compliance with Public Act 86-1459 and will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance.

**Educational Loans:** The Provider/Vendor certifies that they are not in default for six months or more and in the amount of \$600.00 or more on their payment of any education loan guaranteed by the Illinois Student Assistance Commission made by an Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.

**Health Care Professionals:** The Provider/Vendor certifies they are not involuntarily sanctioned from participating in and/or are not inappropriately being reimbursed under the Title XVII (Medicare) Program, the Title V (Maternal and Child Health) Program or any other section of the Social Security Act. Health care professionals excluded from programs of federal and state agencies shall also be excluded from participation in this program.

**Maintaining of Records:** The Provider/Vendor agrees to maintain and make available for a minimum of 5 years after completion of the contract adequate books, records and supporting documents related to the contract as provided in Public Act 87-991.

**Public Contracts Act:** The Provider/Vendor certifies that they are not barred from bidding as a result of a violation of either Section 33E-3 (Bid-Rigging) or Section 33E-4 (Bid-Rotating) of the 'Criminal Code of 1961'.

# EXAMPLE: HCFA 1500 Billing Form

APPROVED OMB 0938-0008

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA



CARRIER

## HEALTH INSURANCE CLAIM FORM

P/CA

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN (VA File #) <input type="checkbox"/> FECA BLK LUNG (SSN or ID) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) DOE, CHILD		3. PATIENT'S BIRTH DATE MM DD YY 2 24 00 M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) 1234 East Street		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY Anytown, IL		7. INSURED'S ADDRESS (No., Street)	
STATE IL		CITY	
ZIP CODE 60066		STATE	
TELEPHONE (Include Area Code) ( )		ZIP CODE	
TELEPHONE (INCLUDE AREA CODE) ( )		TELEPHONE (INCLUDE AREA CODE) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.  SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  SIGNED _____		a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>	
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY		b. EMPLOYER'S NAME OR SCHOOL NAME	
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY		c. INSURANCE PLAN NAME OR PROGRAM NAME	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		17a. I.D. NUMBER OF REFERRING PHYSICIAN	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. <u>3159</u> 3. _____ 2. _____ 4. _____		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
23. PRIOR AUTHORIZATION NUMBER		23. PRIOR AUTHORIZATION NUMBER	
24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT,HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSTD Family Plan I EMG J COB K RESERVED FOR LOCAL USE		24. A DATE(S) OF SERVICE From MM DD YY To MM DD YY B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT,HCPCS MODIFIER E DIAGNOSIS CODE F \$ CHARGES G DAYS OR UNITS H EPSTD Family Plan I EMG J COB K RESERVED FOR LOCAL USE	
1 8 15 01 1 W8735 70.44 4		1 8 15 01 1 W8735 70.44 4	
2 8 17 01 1 W8735 70.44 4		2 8 17 01 1 W8735 70.44 4	
3 8 20 01 1 W8735 70.44 4		3 8 20 01 1 W8735 70.44 4	
4 8 23 01 1 W8756 14.11 1		4 8 23 01 1 W8756 14.11 1	
5 9 12 01 1 W7495 211.32 12		5 9 12 01 1 W7495 211.32 12	
25. FEDERAL TAX I.D. NUMBER SSN EIN 36-1234567 <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO D-0101	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE 436.75	
29. AMOUNT PAID \$ 5		30. BALANCE DUE \$ 225.43	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ann Therapist Peggy Associate (Assoc) SIGNED _____ DATE _____		32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office) ABC THERAPY SERVICE 4321 South Street Anytown, IL 60055 PIN# _____ GRP# _____	
33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 3.88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (2-73)  
FORM CWCOP 1500 FORM RRB-1500

# EXAMPLE: UB92 Billing Form

ABC THERAPY SERVICES 4321 SOUTH STREET ANYTOWN, IL 60055 (312) 555-1313		2		3 PATIENT CONTROL NO. 23234-001		APPROVED OMB NO. 0938-0279 4 TYPE OF BILL																													
5 FED TAX NO. 36-1234567		6 STATEMENT COVERS PERIOD FROM 081501		7 COV D 082301		8 N-C D		9 C-I D		10 L-R D		11																							
12 PATIENT NAME DOE, CHILD				13 PATIENT ADDRESS 1234 EAST STREET ANYTOWN, IL 60066																															
14 BIRTHDATE 02242000		15 SEX F		16 MS S		17 DATE 081501		18 HR 09		19 TYPE I		20 SRC 23		21 D HR 01		22 STAT 01		23 MEDICAL RECORD NO. 0000112233		24		25		26		27		28		29		30		31	
32 OCCURRENCE CODE 02		33 OCCURRENCE DATE 081501		34 OCCURRENCE CODE 09		35 OCCURRENCE DATE 081501		36 OCCURRENCE SPAN FROM 081501		37 OCCURRENCE SPAN THROUGH 082301		38		39		40		41		42		43		44		45		46		47		48		49	
EARLY INTERVENTION CENTRAL BILLING OFFICE P.O. BOX 19485 SPRINGFIELD, IL 62794-9485										39 CODE		40 VALUE CODES AMOUNT		41 CODE		42 VALUE CODES AMOUNT																			
42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATES				45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
441										PEDS PHYSICAL THERAPY										W8735				081501		4		70 44							
441										PEDS PHYSICAL THERAPY										W8735				081701		4		70 44							
441										PEDS PHYSICAL THERAPY										W8735				082001		4		70 44							
441										PT IFSP DEVELOPMENT										W8756				082301		1		14 11							
441										PT Ther Eval Offsite										W7495				091201		12		211 32							
																										436.75									
50 PAYER EARLY INTERVENTION										51 PROVIDER NO.				52 REL. INFO		53 ASG BEN		54 PRIOR PAYMENTS		55 EST AMOUNT DUE 436.75		56													
										<b>DUE FROM PATIENT</b> ▶																									
57										58 INSURED'S NAME DOE, CHILD										59 P REL		60 CERT. - SSN - HIC - ID NO. EI 155155		61 GROUP NAME		62 INSURANCE GROUP NO.									
63 TREATMENT AUTHORIZATION CODES										64 ESC		65 EMPLOYER NAME				66 EMPLOYER LOCATION																			
67 PRIN. DIAG. CD. 3159		68 CODE		69 CODE		70 CODE		71 CODE		72 CODE		73 CODE		74 CODE		75 ADM. DIAG. CD.		76 E-CODE		77		78													
80 PRINCIPAL PROCEDURE CODE DATE		81 OTHER PROCEDURE CODE DATE		82 OTHER PROCEDURE CODE DATE		83 OTHER PROCEDURE CODE DATE		84 OTHER PROCEDURE CODE DATE		85 OTHER PROCEDURE CODE DATE		86 OTHER PROCEDURE CODE DATE		87 OTHER PROCEDURE CODE DATE		88 OTHER PROCEDURE CODE DATE		89 OTHER PROCEDURE CODE DATE		90 OTHER PROCEDURE CODE DATE		91 OTHER PROCEDURE CODE DATE													
92 REMARKS THERAPIST - ANN THERAPIST PEGGY ASSOCIATE (ASSOC)										93 ATTENDING PHYS. ID		94 OTHER PHYS. ID		95 OTHER PHYS. ID		96 OTHER PHYS. ID		97 OTHER PHYS. ID		98 OTHER PHYS. ID		99 OTHER PHYS. ID		100 OTHER PHYS. ID											
										101 PROVIDER REPRESENTATIVE X Billing Agent		102 DATE 8/31/01																							
103 HCFA-1450										OCR/ORIGINAL				I CERTIFY THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.																					

## EXAMPLE: DHS Transportation Billing Form - FRONT Example of Claim for Private Auto Milage (W8838)

**DHSEARLYINTERVENTION  
TRANSPORTATIONBILLINGFORM**

Illinois Department of Human Services  
CENTRAL BILLING OFFICE  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO: 1-800-634-8540

**MUST COMPLETE ENTIRE FORM BEFORE SUBMITTING**

Child's Name:   Doe, Child   Payee Name:   Jane Doe    
 Address:   1234 East Street   Address:   1234 East Street    
 City/State/Zip:   Anytown, IL 60066   City/State/Zip:   Anytown, IL 60066    
 EI #   155155   Payee Tax I.D. #   111-00-3333    
(See Authorization Form For Tax I.D. Plus Suffix)  
 Birth date:   02/24/2000   Vehicle License Plate #:   DOE 123  

Round  
trip  
mileage

MUST BILL ONE DATE OF SERVICE PER LINE IN CHRONOLOGICAL ORDER AND ONLY ONE DISCIPLINE OF SERVICE PER BILLING FORM					
Date of Service MM-DD-YY	Procedure Code	Departure Address Dep. Code / Dep. Time	Destination Address Dest. Code / Dest. Time	* Loaded Mileage	Charge
4/08/02	W8838	1234 East St., Anytown <b>K</b> <b>9:00 a.m.</b>	567 W. St., Ourtown <b>A</b> <b>10:00 a.m.</b>	100	\$25.00
				Billed Charges	\$25.00
				Total Charges	\$25.00

**Departure/Destination Code - (use Alpha code in column)**

A – Medical Care -or- K – Patient’s Home

- This form can be used to bill for Early Intervention transportation services only.
- Services must be provided by an enrolled transportation provider or driver employed by the transportation provider.
- Must bill CBO no later than nine (9) months following completion of services.
- Incomplete billing forms will be returned to the provider.
- \*Mileage to and from each location where Early Intervention services are provided while child is in the vehicle.

I certify that I provided the services identified above, or a driver employed under my supervision provided the services.

  Jane Doe     05/01/02  

Name of Enrolled Provider or Transportation Company (Print Legibly) Date



## EXAMPLE: DHS Transportation Billing Form - FRONT Example of Claim for Service Car & Taxi (W8854-W8856)

**DHSEARLYINTERVENTION  
TRANSPORTATIONBILLING FORM**

Illinois Department of Human Services  
CENTRAL BILLING OFFICE  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO: 1-800-634-8540

**MUST COMPLETE ENTIRE FORM BEFORE SUBMITTING**

Child's Name: Child Doe Payee Name: ABC Transportation Service  
 Address: 1234 East Street Address: 5678 West Street  
 City/State/Zip: Anytown, IL 60066 City/State/Zip: Anytown, IL 60055  
 EI # 155155 Payee Tax I.D. # 36-4567890  
 (See Authorization Form For Tax I.D. Plus Suffix)  
 Birth date: 02/24/2000 Vehicle License Plate #: ABC 123

MUST BILL ONE DATE OF SERVICE PER LINE IN CHRONOLOGICAL ORDER AND ONLY ONE DISCIPLINE OF SERVICE PER BILLING FORM							
Date of Service MM-DD-YY	Procedure Code	Departure Address Dep. Code / Dep. Time		Destination Address Dest. Code / Dest. Time		* Loaded Mileage	Charge
04/02/02	W8854	1234 East St., Anytown		4321 S. St., Anytown			\$7.98
		K	9:00 a.m.	A	9:30 a.m.		
04/02/02	W8856	1234 East St., Anytown		4321 S. St., Anytown		3	\$1.50
		K	9:00 a.m.	A	9:30 a.m.		
04/02/02	W8855	4321 S. St., Anytown		1234 East St., Anytown			\$7.98
		A	11:00 a.m.	K	11:30 a.m.		
04/02/02	W8856	4321 S. St., Anytown		1234 East St., Anytown		3	\$1.50
		A	11:00 a.m.	K	11:30 a.m.		
						Billed Charges	\$18.96
						Total Charges	\$18.96

**Departure/Destination Code - (use Alpha code in column)**

A – Medical Care -or- K – Patient’s Home

- This form can be used to bill for Early Intervention transportation services only.
- Services must be provided by an enrolled transportation provider or driver employed by the transportation provider.
- Must bill CBO no later than nine (9) months following completion of services.
- Incomplete billing forms will be returned to the provider.
- \*Mileage to and from each location where Early Intervention services are provided while child is in the vehicle.

I certify that I provided the services identified above, or a driver employed under my supervision provided the services.

**John Driver**

**04-05-02**

Name of Enrolled Provider or Transportation Company (Print Legibly)

Date

## EXAMPLE: DHS Transportation Billing Form - BACK

Please forward ALL billings and explanations of benefits pertaining to this authorization to:

*Illinois Department of Human Services  
Central Billing Office*  
3430 Constitution Drive, Suite 118  
P.O. Box 19485  
Springfield, IL 62794-9485  
CBO Phone Number: 1-800-634-8540

### BILLING/AUTHORIZATION INFORMATION

- Must have authorization in hand prior to providing billing for Early Intervention services in order to ensure payment for service.
- Billings may be submitted to the Central Billing Office by completing the DHS Transportation Billing form.
- The Central Billing Office requires all provider billings related to this authorization be received no later than nine (9) months following the completion of the services.
- Billings for authorized services must be billed using the Local HCPCS Procedure Codes.
- The authorization is limited to the time period, provider, services, supplies or equipment specified on the authorization.
- The Central Billing Office uses a schedule of allowable fee reimbursement for all authorized services.
- By accepting the service authorization, the provider agrees not to seek further payment from the child or the child=s family for such authorized services beyond the amounts available from the Central Billing Office.
- By accepting the service authorization, the provider agrees to maintain records which include at a minimum:
  - 1) client information including name, address and IDPA Recipient identification number and
  - 2) copy of transportation invoice, including type of vehicle used, license plate number and name of provider.

### PARENTAL RIGHTS

For Early Intervention parents shall be informed in their native language or normal mode of communication that they have the right to:

- A timely, multidisciplinary evaluation and assessment;
- Appropriate early intervention services for the child and family if eligibility is determined;
- Refuse evaluations, assessments and services, and may decline such a service after first accepting it, without jeopardizing other early intervention services;
- Written prior notice before provider proposes, or refuses, to initiate or change the identification, evaluation or placement of the child, or the provision of services to the child or family;
- Confidentiality of personally identifiable information;
- Review and correct records relating to evaluations and assessments, eligibility determinations, development and implementation of Individual Family Service Plans, individual complaints dealing with their child, and any other area under these rules involving records about the child and child=s family;
- Use an advocate in any and all dealings with the early intervention system; and
- Use administrative and judicial processes to resolve complaints.

### STATE OF ILLINOIS CERTIFICATIONS

**Affirmative Action/Nondiscrimination:** The Provider/Vendor certifies they comply with all Federal and State nondiscriminatory equal opportunity affirmative action orders and regulations. The Provider/Vendor will not engage in discrimination or harassment against any person because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as a disabled veteran or veteran from the Vietnam era. This certification applies to admission, employment, access to and treatment in the Provider/Vendor programs and activities.

**Americans With Disabilities Act (ADA):** The Provider/Vendor certifies they are in compliance with Title I through V of the Americans With Disabilities Act signed into law July 26, 1990.

**Bribery Clause:** The Provider/Vendor certifies that they have not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has the Provider/Vendor made an admission of guilt of such conduct which is a matter of record.

**Drug Free Workplace Act:** The Provider/Vendor certifies that they are in compliance with Public Act 86-1459 and will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance.

**Educational Loans:** The Provider/Vendor certifies that they are not in default for six months or more and in the amount of \$600.00 or more on their payment of any education loan guaranteed by the Illinois Student Assistance Commission made by an Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.

**Health Care Professionals:** The Provider/Vendor certifies they are not involuntarily sanctioned from participating in and/or are not inappropriately being reimbursed under the Title XVII (Medicare) Program, the Title V (Maternal and Child Health) Program or any other section of the Social Security Act. Health care professionals excluded from programs of federal and state agencies shall also be excluded from participation in this program.

**Maintaining of Records:** The Provider/Vendor agrees to maintain and make available for a minimum of 5 years after completion of the contract adequate books, records and supporting documents related to the contract as provided in Public Act 87-991.

**Public Contracts Act:** The Provider/Vendor certifies that they are not barred from bidding as a result of a violation of either Section 33E-3 (Bid-Rigging) or Section 33E-4 (Bid-Rotating) of the 'Criminal Code of 1961'.

## EXAMPLE: Returned Claim Form

### RETURNED CLAIM FORM

Early Intervention Central Billing Office  
P.O. Box 19485  
Springfield, IL 62794-9485  
1-800-634-8540

The attached bill is being returned because it does not include complete information as required by EI-CBO. Please provide additional details in the areas as marked below and resubmit the original claim with the corrections made, along with this CBO dated request sheet to the above address. Please re-review the entire claim for completeness before resubmission.

#### **Missing / Incomplete / Incorrect Information**

- Date(s) of service
- Child's 6-digit EI number
- Child's date of birth
- Child's address
- Length of session
- Provider name
- Provider address
- FEIN / Social Security #
- Place of service code (as shown on DHS billing form)
- Local HCPC / Procedure code
- Fee(s) charged for service

- Enrolled Provider supervising Associate
- Other Reason(s) for return**
- Child not known
- Description of equipment is needed on claim
- Therapist not known at this location
- Physician not known
- Use latest version of billing form (see DHS web site)
- Only 6 lines of service per claim (in chronological order)
- Services cannot be paid before they are rendered

- Illegible claim / provider name
- Provider not enrolled in EI system
- Associate level provider not EI credentialed
- Both providers on claim are EI credentialed. Identify provider who actually did services.
- Discrepancy with EI # / Child's name / Address. Please verify
- Only 1 discipline per claim
- Other – See CBO Comments

**CBO Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provider Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date Returned to Provider** \_\_\_\_\_ **Processor Initials** \_\_\_\_\_

## EXAMPLE: Provider Explanation of Benefits (EOB)

**PROVIDER EXPLANATION OF BENEFITS**

EARLY INTERVENTION  
 CENTRAL BILLING OFFICE  
 P.O. Box 19485  
 Springfield, Illinois 62794-9485  
 1-800-634-8540 FAX (877)364-8197



ABC THERAPY SERVICE  
 4321 SOUTH STREET  
 ANYTOWN, IL 60055

Invoice: 21011000

Date: 09/12/01  
 Page: 1  
 Provider: 36-1234567  
 ANN THERAPIST

The following is to notify you of the action taken on your claim(s). Checks are sent under separate cover by the State Comptroller's office. Please reference the Invoice number above with the Invoice Number shown on the State check.

CHILD/SERVICE INFORMATION	SERVICE DATE(S)	BILLED	NOT ALLOWED	REMARKS	BENEFITS ALLOWED
CHILD DOE					
Claim: 01255-82-001					
Physical Ther Ind Offsite	08/15/01 60 min	70.44			70.44
Physical Ther Ind Offsite	08/17/01 60 min	70.44			70.44
Physical Ther Ind Offsite	08/20/01 60 min	70.44			70.44
PT IFSP Devel Onsite	08/23/01 15 min	14.11			14.11
PT Ther Eval Offsite	09/12/01 180 min	211.32			
		436.75			
			211.32	06	.00
			211.32		225.43

06 Services were not authorized.

Total benefit payable: 225.43

## Description of Situation Codes (“Remarks”) from Provider Explanation of Benefits (EOB)

<u>Situation Code</u>	<u>Message on EOB</u>	<u>Meaning</u>	<u>What should I do?</u>
1	Child is not eligible on service dates	This means the child's IFSP dates do not cover the service date(s) being billed or the child is now three years of age. IFSPs and authorizations end the day before the child's third birthday.	If the child has not reached the age of 3, contact your CFC to verify IFSP dates. If the service date is the day prior to the child's third birthday or after the claim is not billable to the CBO.
4	Program benefit is limited to one medical diagnostic evaluation per child, per year.	Only one diagnostic evaluation is approved for a child one time per year.	Verify the date of service the last diagnostic evaluation was billed for.
6	Services are not authorized.	There is no authorization in the CBO system for the services being billed.	You should contact the Call Center if you have a printed copy of the authorization. If not, contact your CFC. Do not bill the CBO until you verify the authorization is in the CBO system.
7	Claim exceeds the 9 month filing limit. Contact Court of Claims for possible payment for authorized services.	The Central Billing Office requires all provider billings related to a child's authorization be received no later than 9 months following the completion of the services.	You should contact the Court of Claims to seek possible payment. Only authorized services will be considered.
16	Charges exceed the EI program allowable rate.	The CBO system cuts back any charges billed by the provider that is more than the EI rate or fee.	Verify you billed the CBO for the correct intensity and procedure code. Contact the Call Center if an error was made by the CBO. If you billed incorrectly, resubmit the claim with the correct information and write “corrected” on the claim. If there was no error, the balance should be written off and not billed to the family.
19	Insurance carrier's explanation of benefits was not received.	If an EOB is needed by the CBO a letter will be sent to the provider. The provider is given 90 days to send the EOB to the CBO or the claim will be denied.	Even after the initial denial the provider can still submit the claim to the CBO with the EOB attached.
20	Procedure code has not been authorized for these dates.	This means the procedure code billed by the provider is not authorized.	Check your authorization. The code on your authorization is what the provider should bill for. If the code is incorrect, you must contact your CFC immediately. Do not bill the CBO until the authorization is corrected or the claim will be denied again.
21	Authorized procedure limit has been exceeded. Please check your authorization for frequency/intensity of services.	This means there are no dollars/services left on the authorization.	Check your authorization for the intensity and frequency that DHS has agreed to pay.
27	Charges have been paid previously.	The CBO system automatically denies any charges that have already been paid.	Review the EOB and check your files for payment. If payment cannot be located and you cannot find the EOB, contact the Call Center who will request a copy of the COB Explanation of Benefits.
99	Freeform message.	This is a freeform message entered by a EI Claims processor. This is information only pertinent to a certain claim or provider.	Read the message carefully. Contact the Call Center for further explanation of message.



## EXAMPLE: Letter of Pending Claim

**EARLY INTERVENTION  
CENTRAL BILLING OFFICE**  
P.O. Box 19485  
Springfield, Illinois 62794-9485  
1-800-634-8540 FAX (217) 785-0188

April 17, 2002

MARY PROVIDER  
122 SOUTH MAPLE  
ANYTOWN, IL 60000

Claim #: 01111-12-123

RE: Participant: MARY DOE  
EI Number: 123456  
Patient Name: CHILD DOE  
Patient Acct: DOE1234  
Service Dates: 11/02/01 - 11/02/01  
Charge: 188.00

Dear Provider:

The Early Intervention Central Billing Office has received the above referenced claim. If a DHS Insurance Exemption or CFC Insurance Waiver has been granted, please contact the child's service coordinator. Otherwise please provide the following information:

A copy of the Insurance Carrier's Explanation of Benefits (EOB).

If we do not receive this information within ninety (90) days we have no choice but to deny this claim.

Your prompt cooperation will assist in the guarantee of payment for authorized services. Questions may be directed to the Early Intervention Central Billing Office at 1-800-634-8540.

**Refer to the "Explanation of 'Requests for Additional Information' from Letter of Pending Claim" on page 25 for more information.**

## Explanation of “Request for Additional Information” from Letter of Pending Claim

### Message on letter

A copy of the Insurance Carrier's Explanation of Benefits (EOB)

Amounts billed to insurance and the CBO must match. Please resubmit your claim once this correction has been made.

We require an explanation of the denial code listed on the Explanation Benefits. Please resubmit this information and claim.

The EOB attached does not match the claim submitted. Please resubmit the correct EOB and claim.

The information/EOB is insufficient to process payment without a Statutory Insurance Waiver Certification Form from your CFC.

This child has secondary insurance which requires an additional EOB to be submitted. Please contact your CFC if information is needed.

### Meaning

This means the family has insurance and the CBO must have a copy of the EOB to complete the claim.

**NOTE: Do not submit future claims to the CBO until you have received the EOB from the insurance company.**

The amount billed to insurance and the CBO have to match. The CBO cannot process your claims if the amounts are different.

This means an EOB was received but does not include the specific denial reason. The CBO must have the reason to complete the claim.

This means information on the claim does not match information on the EOB, such as, dates of service, service description, charge amounts or patients name.

This means the CBO cannot accept the information attached to process the claim.

This means the family has more than one insurance and the CBO needs EOBs from both companies to process the claim.

### What should I do?

The CBO will hold this claim in a pending status for 90 day before denying. You should submit the claim to the insurance company ASAP. Once the EOB is received, attach it to the request letter and send it to the CBO.

Correct the CBO claim, attach it along with the EOB, the CBO request letter and send it to the CBO. The CBO will hold this claim in a pending status for 30 days before denying.

The denial reasons for non payment are usually listed at the bottom of the insurance EOB or on the last page of the EOB. Attach this to the CBO request letter and return to the CBO. The CBO will hold this claim in a pending status for 30 days before denying.

Make the corrections and attach the claim and EOB to the CBO request letter and return to the CBO. The CBO will hold the claim in a pending status for 30 days before denying.

The provider will need to contact the CFC. The CBO will hold this claim in a pending status for 90 days before denying.

The provider will need to contact the child's service coordinator at the CFC for this information if necessary. Rebill the claim with both EOBs once received. The CBO will hold this claim in a pending status for 90 days before denying.

**EXAMPLE: Comptroller Check**

03955



AB [REDACTED]

**DANIEL W. HYNES**  
 COMPTROLLER - STATE OF ILLINOIS



ABC THERAPY SERVICE  
 4321 SOUTH STREET  
 ANYTOWN, IL 60055

Agency \* HUMAN SERVICES, DEPT OF  
 Warrant Number AB1234567  
 Warrant Amount \$225.43  
 Warrant Date 09/17/01  
 Voucher Number PV21011000

Vendor Number 36-1234567

Payment Description: Part C Early Intervention Services Grantee  
 Service Dates: 08/15/01-09/23/01  
 Department of Human Services 1300

Invoice Number	Inv. Date	Customer ID	Billing Account Number	Net Amount
21011000	091201			225.43

34624931

Payment of interest may be available if the State fails to comply with the Illinois Prompt Payment Act. (30 ILCS 540/1)  
 \* For questions, contact the HUMAN SERVICES, DEPT OF 800-804-3833

AB [REDACTED]  
 REFER TO THIS NUMBER

DRAWN BY **DANIEL W. HYNES** COMPTROLLER 70-2186  
 ON THE TREASURER OF THE STATE OF ILLINOIS 711

PAY THIS AMOUNT: **Two hundred twenty five\*\*\*\*\*43/100** **\$ 225.43**

VOID AFTER TWELVE MONTHS

DATE ISSUED: 09-17-2001  
 TO THE ORDER OF  
 ABC THERAPY SERVICES  
 4321 SOUTH STREET  
 ANYTOWN, IL 60055

AB [REDACTED]



COUNTERSIGNED AND REGISTERED  
*Judy Bear Topinka*  
 Judy Bear Topinka, Treasurer, State of Illinois

This document has a colored background and contains an artificial watermark on the reverse side.

GRANTED, DRAWN AND RECORDED  
*Daniel W. Hynes*  
 Daniel W. Hynes, Comptroller, State of Illinois

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## FOR ADDITIONAL HELP

### For problems or questions regarding...

...**child enrollment and authorizations**, contact the local Child and Family Connections office.

...**billing**, contact the Early Intervention - Central Billing Office (EI-CBO) Call Center at (800) 634-8540. The call center's hours of operation are Monday through Friday, 7:30 a.m. to 5:30 p.m.

...**provider enrollment and/or credentialing**, contact Provider Connections by telephone at (800) 701-0995, or by fax at (309) 298-2305. In addition, further information is also available at their web site at [www.wiu.edu/users/mimppc/providerconnections](http://www.wiu.edu/users/mimppc/providerconnections).

You can also visit the DHS Early Intervention Web Site at [www.state.il.us/agency/dhs/eisnp.html](http://www.state.il.us/agency/dhs/eisnp.html) for the latest Early Intervention program information.

