

EARLY INTERVENTION SERVICE DESCRIPTIONS, BILLING CODES AND RATES



**Illinois Department of Human Services
Community Health and Prevention
Bureau of Early Intervention**

March 2004

TABLE OF CONTENTS

INTRODUCTION	ii
IMPORTANT TIPS TO UNDERSTAND ABOUT EARLY INTERVENTION	iii
ASSISTIVE TECHNOLOGY (DURABLE MEDICAL EQUIPMENT AND SUPPLIES)	1
AUDIOLOGY, AURAL REHABILITATION AND OTHER RELATED SERVICES	3
DEVELOPMENTAL THERAPY	5
FAMILY TRAINING AND SUPPORT	7
HEALTH CONSULTATION	9
MEDICAL SERVICES (DIAGNOSTIC/EVALUATION PURPOSES ONLY)	10
NURSING	11
NUTRITION	13
OCCUPATIONAL THERAPY	14
PHYSICAL THERAPY	16
PSYCHOLOGICAL AND OTHER COUNSELING SERVICES	18
SERVICE COORDINATION	20
SOCIAL WORK AND OTHER COUNSELING SERVICES	22
SPEECH LANGUAGE THERAPY	24
TRANSPORTATION	26
VISION	27
DEFINITIONS	29
ATTACHMENT 1: EARLY INTERVENTION SERVICE REPORT GUIDELINES	34
ATTACHMENT 2: USE OF ASSOCIATE LEVEL PROVIDERS	38
ATTACHMENT 3: REQUIREMENTS FOR PROFESSIONAL AND ASSOCIATE LEVEL EARLY INTERVENTION CREDENTIALING AND ENROLLMENT TO BILL	41
ATTACHMENT 4: PROCEDURE TO ORDER EYEGASSES	52
ATTACHMENT 5: NON-BILLABLE ACTIVITIES	54
ATTACHMENT 6: ASSISTIVE TECHNOLOGY EQUIPMENT 09/03	57
ATTACHMENT 7: EARLY INTERVENTION PUBLIC AND PRIVATE INSURANCE USE DETERMINATION	65

Illinois Department of Human Services Early Intervention Service Descriptions, Billing Codes and Rates

Introduction

Thank you for your interest in becoming an enrolled provider with the Illinois Early Intervention (EI) Services System to serve eligible infants and toddlers under age three and their families. Following are service descriptions in alphabetical order showing billing codes, modifiers if required, and rates for your use. In addition, beginning on page 29 are definitions of several important terms used throughout the document. Additional references are in the attachments as outlined below. **Please read this document carefully and all of the attachments. If you do not fully understand this information, please contact the Bureau of Early Intervention at 217/782-1981 for technical assistance.**

Attachment 1: Early Intervention Service Report
Attachment 2: Use Of Associate Level Providers
Attachment 3: Requirements For Professional And Associate Level
Attachment 4: Procedure To Order Eyeglasses
Attachment 5: Non-Billable Activities
Attachment 6: Assistive Technology Equipment

The Early Intervention program utilizes many models of service delivery which range from segregated (one on one intensive therapy) to the most integrated. All services are based upon the unique needs of the child/family and focus on the coordination of developmental and therapeutic activities to ensure that all members of the team involved in a child's intervention are working together. The following philosophy applies to Early Intervention:

- \$ The family is viewed as the primary interventionist in a child's life and the expert in relation to the needs of the child and family.
- \$ The family and service providers involved in a child's intervention establish a working partnership based on an open exchange of information and expertise.
- \$ Developmental and therapeutic activities are incorporated into a child's everyday life to naturally emphasize the acquisition of functional skills.

If You Have Questions.....

Below are resources you may find useful if you have questions about the Early Intervention Services System.

DHS -Bureau of Early Intervention

The Department of Human Services, as the lead agency for Early Intervention in Illinois, has established the Bureau of Early Intervention to administer the statewide Early Intervention Services System. Questions concerning the system, or the service descriptions, billing codes and rates should be directed to the DHS Bureau of Early Intervention at **217/782-1981**. You should access the DHS Early Intervention website at www.dhs.state.il.us/ei for current information and documents that pertain to Early Intervention Policy and Procedures.

Provider Connections

Provider Connections is the credentialing/enrollment office for the Early Intervention Services System. The EI credentialing and Central Billing Office (CBO) enrollment processes begin at Provider Connections. If you need credentialing/enrollment forms or have questions regarding form completion, call Provider Connections at **800/701-0995** for assistance or access their web page at www.wiu.edu/providerconnections.

Illinois Early Intervention Training

The Illinois Early Intervention (EI) Training Program provides training and professional development opportunities to individuals and agencies who provide services to Illinois' birth to three early intervention population. Training is provided in both workshop and video formats. The EI Training Program co-sponsors and provides EI credentialing hours for additional training events held by other training entities, develops a quarterly training newsletter and maintains a training website at www.illinoiseittraining.org or you may contact the Illinois EI Training Program at **866/509-3867**, ext.23.

Department of Human Services Central Billing Office - Cornerstone Call Center

The Early Intervention Central Billing Office is supported by the Illinois Primary Health Care Association Cornerstone Call Center. The Call Center operates Monday through Friday from 7:30a.m. to 5:00p.m. Call Center staff, in conjunction with Central Billing Office staff, are trained to answer questions regarding the service authorization process as well as billing inquiries. Providers receive a packet of billing instructions and forms upon CBO enrollment and this packet will provide many of the answers to questions you might encounter. You can reach the Call Center at **800/634-8540**.

Illinois Early Childhood Intervention Clearinghouse

The Clearinghouse provides library and information services to residents of Illinois interested in early intervention issues. The project provides access to a large lending library of books, videos and articles and is a free resource to access information on health, educational, disability and developmental concerns of infants and young children. Other Illinois libraries are available through interlibrary loan. For more information contact the Clearinghouse toll-free at **800/852-4302** or visit the interactive web site at www.eiclearinghouse.org.

IMPORTANT TIPS TO UNDERSTAND ABOUT EARLY INTERVENTION

- Early Intervention (EI) is a developmental program serving children birth to three with developmental delays, disabilities and at-risk conditions.
- All services are pre-authorized. **Never provide services without an authorization in hand.** Services provided without a pre-approved authorization are not guaranteed for payment. The exception to this rule is the Individualized Family Service Plan (IFSP) meeting. Providers will receive authorization for IFSP meetings based upon attendance. Providers must attend the entire IFSP meeting in order to receive authorization for payment.
- Provisional EI services require prior approval from the Department.
- All providers of EI services, including associate level providers, must obtain an EI credential and enroll with the Central Billing Office **prior** to provision of services. Exceptions to the credential requirement are deaf mentors, interpreters, physicians, optometrists, ophthalmologists, and transportation providers. These disciplines are only required to enroll.
- Providers who bill and receive payment for services that are provided by a non-credential provider (if a credential is required) will be required to submit a refund for those services upon identification of this problem.
- Early Intervention does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.
- Evaluation and assessment services for the purpose of determining eligibility, participating in the development of an initial comprehensive IFSP, and adding new types of services to existing IFSPs must be provided by a provider with an active Evaluation/Assessment credential.
- All initial and ongoing evaluation and assessment reports must be submitted to the Child and Family Connections Office (CFC) in the most current DHS Evaluation/Assessment Report Format (see Attachment 1). Reports not submitted in the most current format will not be accepted by the CFC.
- All providers of EI services are required under their Early Intervention Service Provider Agreement to have access to the Internet. Providers should access the EI website at www.dhs.state.il.us/ei regularly for current information that may affect the provision of Early Intervention services or the billing and payment of those services (ex., billing forms, current Evaluation/Assessment format, EI policy).
- Utilization of private insurance benefits is mandatory to the extent allowed by EI Program policy and/or the insurance plan/policy.
- Providers must verify insurance company coverage of benefits and comply with insurance company requirements, including network enrollment and documentation requests as outlined in DHS policy, unless insurance use has been exempted by the Department or the service is required to be provided at public expense.
- Services that are provided at public expense include evaluation, assessment, and IFSP development time and should only be billed to the Early Intervention Central Billing Office (CBO).
- CFCs cannot generate/backdate an insurance waiver that would apply toward dates of service that have been previously provided to the child/family. Accepting waivers post service delivery is contrary to EI policy.
- Providers should not bill the family directly for any EI service, unless the insurance payment was paid to the family versus the provider and the provider has a copy of the signed "Child and Family Connections Insurance Affidavit, Assignment and Release Form" in hand. This form is signed by

the family and the CFC is responsible for making a copy of the signed form available to all providers identified on a child's IFSP.

- Providers must accept the insurance payment in full, unless the payment is less than the EI rate. If the insurance payment is less than the EI rate, submit a claim for payment to the CBO and attach a copy of the insurance Explanation of Benefit to your claim. The CBO will pay the difference between the insurance rate and the Early Intervention rate.
- Bill for attendance at a child's Multidisciplinary Conference (MDC) or Individualized Education Plan (IEP) meetings held prior to a child's third birthday using direct service procedure codes. MDC and IEP meetings are considered support to the family and fall under the family training, education and support component of **each** service description. These are not IFSP meetings and should **not** be billed as IFSP development time.
- All providers should review the definition of IFSP Development found in the definition section of this document. Do not bill for any type of service using IFSP development procedure codes unless that service is identified in this definition.
- All providers should review the definition of documentation found in the definition section of this document. Daily documentation is required to support the billing and payment of all EI services, including IFSP development time. In an audit or a compliance review documentation will be reviewed. A refund will be required for all dates of service for which a provider cannot produce supporting documentation. For EI documentation means daily record notes that summarize each date of service. **A weekly or monthly note is not acceptable.**
- Time in/time out sheets are not considered documentation, but are viewed as additional support to documentation, especially if the parent or care giver has signed this sheet.
- All providers are required to maintain documentation for a period of at least six years from a child's completion of EI services and permit access to those records by the entities identified in the definition of documentation found in the definition section of this document.
- Never ask a parent or care giver to sign blank case notes or time in/time out sheets for future dates of service. This is not an acceptable practice.
- Every time the CBO makes payment to a provider, both the family and the provider receive an Explanation of Benefit (EOB). The Parent EOB notifies the family of all dates of service billed and paid to each of their providers. Families are asked to review their EOB's and to call the CBO Call Center if a provider has been paid for a date of service that their child did not receive. EI Bureau staff investigate each of these complaints. If it is determined that the provider billed for a date of service that was not actually provided or that there is no documentation to support, the provider will be required to submit a refund to the CBO.
- That if a provider bills for one hour of therapy, the provider must have actually delivered that therapy. For EI, rounding up of time for billing purposes is not allowed.
- Once a provider accepts an authorization, the provider commits to provision of services based upon a frequency, intensity and duration that has been identified as a need on a child's IFSP.

ASSISTIVE TECHNOLOGY
(DURABLE MEDICAL EQUIPMENT AND SUPPLIES)

Service Description: Assistive technology device means any item, piece of equipment or product system, whether a vendor stock item, modified or customized, that is used to increase, maintain or improve the developmental capabilities of children with disabilities. Authorization to obtain assistive technology devices is based upon prior approval. The request for authorization to obtain an assistive technology device must be accompanied by: 1) a physician prescription and certification of medical/developmental necessity under the above conditions; and 2) an assistive technology evaluation by an occupational, physical, or speech therapist or audiologist indicating the child's needs, completed no earlier than six months prior to the request for the assistive technology and must be identified as a need in the family's Service Plan. It is recommended that lending libraries be utilized to meet the short-term needs of infants and toddlers eligible for this program for the purpose of acquiring/using toys and other equipment which may or may not be adapted for the child. Linking the provision of the device to an education benefit is not appropriate. Assistive technology devices are covered only if they relate to the developmental needs of the infants and toddlers served by the program. Early intervention does not cover provision of assistive technology devices to meet the medical, life sustaining, or routine daily needs of a child.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include 1) determining the durable medical equipment and supply needs of a child with a disability; 2) purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities; 3) selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; 4) coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing rehabilitation plans and programs; 5) training or technical assistance for a child with disabilities or, if appropriate, that child's family; and 6) training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of the child. Assistive technology services rendered by enrolled durable medical equipment and supplies providers are included in the cost of the device. Assistive technology evaluation services rendered by other qualified providers should be billed under the service description for their discipline.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff: Early Intervention System enrolled durable medical equipment and supplies providers. (See Attachment 3 for enrollment requirements and Attachment 6 for assistive technology codes and pricing information.)

Billable Activities With Authorization: Purchasing, leasing, or otherwise providing the acquisition of assistive technology devices and providing related assistive technology services.

ASSISTIVE TECHNOLOGY - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Unit of Service	Description	Customary Review Parameters	Rate
Bill using HCPCS National Level II codes for assistive technology devices at quantity and rate posted on prior approval. (See Attachment 6)				

AUDIOLOGY, AURAL REHABILITATION AND OTHER RELATED SERVICES

Service Description: Audiology, aural rehabilitation, and other related services include: 1) identification of children with hearing loss using appropriate audiologic screening techniques; 2) determination of the range, nature and degree of hearing loss and communication functions by use of audiological evaluation procedures; 3) referral for medical testing and other services necessary for the habilitation or rehabilitation of children with hearing loss; 4) IFSP development; 5) provision of auditory training, aural rehabilitation, speech reading and listening device orientation/training and other related services; and 6) determination of the child's need for individual amplification including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those assistive technology devices.

Family training, education, and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to audiology and aural rehabilitation services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: Early Intervention does **not** pay for therapeutic services required for a child to recover from medical procedures such as surgery, etc., or for pre-surgery therapeutic services required by a physician to prepare a child for surgery.

Qualified Staff: Early Intervention Specialists credentialed as 1) a Licensed Audiologist, 2) Licensed Speech/Language Pathologist, 3) School Speech/Language Therapist employed by a school district, or 4) Developmental Therapist/Hearing (See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Audiological examination, hearing aid assessment, aural rehabilitation (A/R) and other related services, IFSP development (see page 31 for definition) and direct services.

NOTE: Bill for time required to develop assistive technology requests using IFSP development code.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Unit of Service	Description	Rate
For use by Licensed Audiologists.			
V5008	n/a	Examination by an audiologist	\$55.62
V5010	n/a	Hearing aid assessment	\$66.69

AUDIOLOGY, AURAL REHABILITATION AND OTHER RELATED SERVICES - cont.

Procedure Codes	Modifier	Unit of Service	Description	Rate
For use by Audiologists, Speech Therapists, School Speech Therapists and Developmental Therapists/Hearing. (must have authorization to provide Aural Rehabilitation services to bill the codes listed below.)				
92506	TL	15 minutes	A/R assessment - onsite	\$14.11
92506	TL	15 minutes	A/R assessment - offsite	\$17.61
99271	TL	15 minutes	A/R IFSP development	\$14.11
99271	TL	15 minutes	A/R IFSP meeting	\$17.61
92507	TL	15 minutes	A/R services - onsite	\$14.11
92507	TL	15 minutes	A/R services - offsite	\$17.61
92508	TL	15 minutes	Group A/R services (multiple families or group not to exceed 4 children)	\$ 7.65

DEVELOPMENTAL THERAPY

Service Description: Developmental therapy (DT) includes evaluation and assessment, IFSP development (see definition of IFSP development) and individual or group therapy services. Developmental Therapy may also be called Special Instruction and includes the design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, and provision of information and support related to enhancing the skill development of the child that enables the child to attain maximum functional level. These activities are coordinated with all other services in the plan and provide assistance with acquisition, retention or improvement in skills related to activities of daily living such as feeding and dressing, communicating with care givers, and the social and adaptive skills to enable the child to reside in his/her home or non-institutional community setting.

Family training, education, and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to developmental therapy services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Aural Rehabilitation services for Early Intervention are defined on page 3. To provide and bill Aural Rehabilitation services the provider must be credentialed and enrolled as a Developmental Therapist/Hearing and have an authorization for Aural Rehabilitation services.

Vision services for Early Intervention are defined on page 27. To provide and bill for Vision Services the provider must be credentialed and enrolled as a Developmental Therapist/Vision and have a authorization for Vision services.

Services must be consistent with the provider's training and qualifications.

NOTE: Early Intervention does **not** pay for therapeutic services required for a child to recover from medical procedures such as surgery, etc., or for pre-surgery therapeutic services required by a physician to prepare a child for surgery.

Qualified Staff: 1) Enrolled Specialist credentialed as a Developmental Therapist or 2) a non-enrolled Associate credentialed as a Developmental Therapy Assistant. Developmental Therapy Assistants must work under the supervision of an enrolled Developmental Therapist. (See IFSP definition on page 31 and Attachment 2, Use of Associate Level Providers for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Global evaluation, assessment, IFSP development, (see definition on page 31) and direct service.

DEVELOPMENTAL THERAPY - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
96111		15 minutes	Evaluation/Assessment - onsite	\$10.71
96111		15 minutes	Evaluation/Assessment - offsite	\$13.50
T1024		15 minutes	IFSP Development	\$10.71
T1024		15 minutes	IFSP Meeting	\$13.50
T1027		15 minutes	Individual DT - onsite	\$10.71
T1027		15 minutes	Individual DT - offsite	\$13.50
T1027	HQ	15 minutes	Group DT (multiple families or group not to exceed 4 children)	\$ 2.68
Billing codes for Vision Services for Early Intervention are listed on page 27. Billing codes for Aural Rehabilitation and related services for Early Intervention are listed on page 4.				

FAMILY TRAINING AND SUPPORT

Service Description: Family training and support means family training, education and support services provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the providers specific discipline and enhancing the child's development. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training for the family.

Parent Liaison

The role of the parent liaison as a direct service provider is to draw from his/her knowledge and personal experience to bring sensitivity, emotional support, and a peer perspective to families as they learn about the Early Intervention Program and to develop and coordinate parent-to-parent linkages. Services may be provided on an individual basis or as a leader/co-leader of a parent support group. Services are based upon the individual needs of the child/family as determined by the child's multidisciplinary team and identified on the Service Plan.

Interpreter

Bilingual interpreter services necessary during the rendering of other Early Intervention services in order to communicate with the child and family and written translation of Early Intervention documents into the child/family's native language are billable under this service. If the interpreter is authorized to interpret service sessions for a provider/family, the interpreter may assist that provider in scheduling service appointments for that family. Does not include bilingual interpreter services that would otherwise be provided at no charge to the family or bilingual interpreter services by the same person rendering the service. (See Attachment 5: Non-Billable Activities)

Deaf Mentor

Deaf Mentor Services provided by a language mentor for the deaf who interacts with the child by modeling language in the chosen communication mode, shares information about deaf culture and provides firsthand knowledge of deafness with the family and introduces the family to the local deaf community.

Parent Liaisons, Interpreters and Deaf Mentors do not provide evaluation/assessment services to determine a child's eligibility for services.

Services must be consistent with the provider's qualifications. Family Training and Support does not include services that require a license, such as counseling services that must be provided by a licensed social worker, clinical psychologist, marriage and family therapist, etc. or discussion of non-Early Intervention related activities with the family over the phone.

Qualified Staff: Enrolled individual credentialed as a Parent Liaison, or an enrolled Interpreter or enrolled Deaf Mentor. (See Definitions for more detail. See Attachment 3 for credentialing and enrollment requirements.)

FAMILY TRAINING AND SUPPORT - cont.

Billable Activities IFSP development (see page 31 for definition) and family training,
 With Authorization: education and support that is not billable under other Early Intervention services.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

CODES FOR USE BY PARENT LIAISONS AND DEAF MENTORS, ONLY				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1024	TL	15 minutes	IFSP development	\$10.71
T1024	TL	15 minutes	IFSP Meeting	\$13.50
T1027	TL	15 minutes	Family training and support - onsite (one family)	\$10.71
T1027	TL	15 minutes	Family training and support - offsite	\$13.50
T1027	TL, HQ	15 minutes	Group family training and support (multiple families)	\$ 2.68

CODES FOR USE BY INTERPRETERS, ONLY				
Procedure Codes	Modifiers	Unit of Service	Description	Rate
T1013		15 minutes	Family training and support –onsite	\$10.71
T1013		15 minutes	Family training and support - offsite	\$13.50
T1013	HQ	15 minutes	Group family training and support	\$ 2.68

HEALTH CONSULTATION

Service Description: Health consultation is consultation by a licensed physician, as defined in the Service Plan, who has provided medical treatment to the child within the past year with members of the child's service team who are identified in the child's Service Plan or the child's family concerning the impact of special health care needs of an eligible child on the provision of services.

Consultation services must be consistent with the provider's qualifications and licensure.

Qualified Staff: System enrolled Physician licensed in the state where he or she provides services to Illinois children. (Physicians are not required to obtain a credential but must be enrolled to provide EI services.)

Billable Activities With Authorization: Physician consultation regarding impact of the child's medical status on provision of EI services.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Unit of Service	Description	Rate
99371	N/A	Health/Physician to EI Provider	\$35.02
99372	N/A	Health/Physician to EI eligible Family	\$35.02

MEDICAL SERVICES

(DIAGNOSTIC/EVALUATION PURPOSES ONLY FOR EARLY INTERVENTION)

Service Description: Medical services only for diagnostic and evaluation purposes means services provided by a licensed physician or a multidisciplinary team (if needed) under the direction of a licensed physician to determine a child's developmental status and need for services. Medical diagnostic services may be appropriate when 1) the child's record documents that other evaluations have failed to determine the child's eligibility for services and the child is likely to be determined eligible if additional developmental diagnostic services are provided, or 2) to establish a diagnosis which would potentially meet the eligibility parameters for services. Medical referrals may be required if the need for medical testing is identified. Consultation with other medical providers, if needed, is considered a part of the diagnostic evaluation and should not be billed separately. The evaluation report must conform to the Service Report Guidelines (see Attachment 1) which require in part a statement of the child's eligibility, developmental status, and intervention recommendations for use in development of the Plan.

Services must be consistent with the provider's qualifications and licensure. Team members must be individually enrolled to provide Early Intervention Services under their respective disciplines and have an authorization under their discipline to provide and bill for this service. Team members should use the codes found under their respective disciplines for billing purposes.

The only other medical or health-related services which are covered by EI (other than the above diagnostic/evaluation medical services) are defined under "Nursing" and "Health Consultation". Medical and health services do not include the following:

- (1) services that are-
 - (i) Surgical in nature (such as cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus); or
 - (ii) Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose).
- (2) Devices necessary to control or treat a medical condition.
- (3) Medical-health services (such as immunizations and regular "well-baby" care) that are routinely recommended for all children.

Qualified Staff: A system enrolled Physician licensed by the state in which he or she provides EI services to Illinois children. (See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Evaluation to determine the child's developmental status and need for EI services. Early Intervention will pay for one (1) medical Diagnostic Evaluation prior to the initial service plan or one (1) encounter during the initial Service Plan. Early Intervention will pay for one (1) Medical Diagnostic Evaluation prior to each annual Service Plan after the expiration of the initial Service Plan.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Unit of Service	Description	Rate
99274	N/A	Medical Diagnostic Evaluation	\$201.46

NURSING

Service Description: Nursing services for the purposes of:

- 1) Global evaluation to determine a child's developmental status and need for early intervention services (See definition on pages 31 and 32);
- 2) Assessment to determine a child's health status, including the identification of patterns of human response to actual or potential health problems and the identification of the need for medical referrals;
- 3) Provision of nursing care during the time the child is receiving other early intervention services, as required to allow the child to participate in EI services, such as:
 - administration of medications, treatments, and regimens prescribed by a licensed physician; and
 - clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services as required to allow the child to participate in EI services.
- 4) Does not include hospital or home health nursing care required due to surgical or medical intervention, or an injury, or medical-health services such as immunizations and regular well-baby care that are routinely recommended for all children.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to nursing services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff: System enrolled Specialist credentialed as a Licensed Registered Nurse. (See definitions for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Evaluation / assessment, IFSP development (See page 31 for definition) and direct service.

NURSING - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
T1001		15 minutes	Evaluation / Assessment- onsite	\$11.39
T1001		15 minutes	Evaluation / Assessment - offsite	\$14.36
99272		15 minutes	IFSP development	\$11.39
99272		15 minutes	IFSP meeting	\$14.36
T1002		15 minutes	Nursing services - onsite	\$11.39
T1002		15 minutes	Nursing services - offsite	\$14.36
T1002	HQ	15 minutes	Group Nursing services (multiple families or group not to exceed 4 children)	\$ 2.85

See "Nutrition" for additional service activities and billing codes.

NUTRITION

Service Description: Nutrition services for the purposes of:

- 1) Conducting individual assessments in nutritional history and dietary intake, anthropometric, biochemical and clinical variables, feeding skills and feeding problems, and food habits and food preferences;
- 2) Developing and monitoring appropriate plans to address the nutritional needs of eligible children based upon individual assessment; and
- 3) Making referrals to appropriate community resources to achieve individual planned nutrition outcomes.

Family training, education and support provided to assist the family of a child eligible for EI services in understanding the special needs of the child as related to nutritional services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Nutrition providers do not provide evaluation/assessment services to determine eligibility for the Early Intervention program.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff: System enrolled Specialist credentialed as 1) a Licensed Dietitian, 2) Licensed Nutrition Counselor or 3) Licensed Registered Nurse. (See definitions for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Assessment, IFSP development (see page 31 for definition) and direct service.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
97802		15 minutes	Assessment - onsite	\$21.29
97802		15 minutes	Assessment - offsite	\$26.27
T1023		15 minutes	IFSP development	\$21.29
T1023		15 minutes	IFSP meeting	\$26.27
97803		15 minutes	Nutrition services - onsite	\$21.29
97803		15 minutes	Nutrition services - offsite	\$26.27
97804		15 minutes	Group Nutrition services (multiple families or group not to exceed 4 children)	\$ 5.31

OCCUPATIONAL THERAPY

Service Description: Occupational therapy includes services to address the functional needs of a child related to adaptive development; adaptive behavior, restoration, and play; and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, school, and community settings and include:

- 1) Evaluation, assessment, and intervention; (global evaluation not acceptable)
- 2) Adaptation of the environment and selection, design and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- 3) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

Activities also include IFSP development, assistive technology assessment if needed, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to occupational therapy services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: Early Intervention does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff: 1) System enrolled Specialist credentialed as a Licensed Occupational Therapist or 2) a non-enrolled Associate credentialed as a Licensed Certified Occupational Therapy Assistant. Assistants must work under the supervision of an enrolled Licensed Occupational Therapist. (See Definitions and Attachment 2 Use of Associate Level Providers for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Evaluation / assessment, IFSP development,(see page 31 for definition) and direct services.

NOTE: Bill for time required to develop assistive technology requests using IFSP development code.

OCCUPATIONAL THERAPY - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifiers	Unit of Service	Description	Rate
97003		15 minutes	Evaluation/Assessment - onsite	\$14.11
97003		15 minutes	Evaluation/Assessment - offsite	\$17.61
99271	SC	15 minutes	IFSP development	\$14.11
99271	SC	15 minutes	IFSP meeting	\$17.61
97530		15 minutes	Individual therapy - onsite	\$14.11
97530		15 minutes	Individual therapy - offsite	\$17.61
97150	SC	15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$ 7.65

PHYSICAL THERAPY

Service Description: Physical therapy services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

- 1) Evaluation and assessment of infants and toddlers to identify movement dysfunction; (global evaluation not acceptable)
- 2) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- 3) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

Activities also include IFSP development and assistive technology assessment, if needed, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to physical therapy services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: Early Intervention does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff: 1) System enrolled Specialist credentialed as a Licensed Physical Therapist or 2) a non-enrolled Associate credentialed as a Licensed Physical Therapy Assistant. Assistants must work under the supervision of an enrolled Licensed Physical Therapist. (See Definitions and Attachment 2 Use of Associate Level Providers for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Evaluation / assessment, IFSP development, (see page 31 for definition) and direct services.

NOTE: Bill for time required to develop assistive technology requests using IFSP development code.

PHYSICAL THERAPY - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
97001		15 minutes	Evaluation / Assessment - onsite	\$14.11
97001		15 minutes	Evaluation / Assessment - offsite	\$17.61
99271	SE	15 minutes	IFSP development	\$14.11
99271	SE	15 minutes	IFSP meeting	\$17.61
97110		15 minutes	Individual therapy - onsite	\$14.11
97110		15 minutes	Individual therapy - offsite	\$17.61
97150	SE	15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$ 7.65

PSYCHOLOGICAL AND OTHER COUNSELING SERVICES

Service Description: Psychological and other counseling services are diagnostic or active treatments as required by the child's Service Plan provided with the intent to reasonably improve the child's physical or mental conditions. Services include:

- 1) Global evaluation to determine a child's developmental status and need for early intervention services (See definition on pages 31 and 32);
- 2) Administering psychological or developmental tests and other assessment procedures to determine the need for psychological or other counseling services;
- 3) Interpreting assessment results;
- 4) Obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development; and
- 5) Planning and managing a program of psychological or other counseling services, including psychological or other counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the services that the provider is licensed to provide and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff: 1) System enrolled Specialist credentialed as a) a Licensed Clinical Psychologist, b) Licensed Clinical Professional Counselor, c) Licensed Marriage and Family Therapist, d) Licensed Clinical Social Worker, or e) School Psychologist employed by a school district, or 2) a non-enrolled Associate credentialed as a Psychology Intern. Interns must be under the direction of their internship supervisor, who must be an enrolled Specialist in one of the above licensed fields. (See Definitions and Attachment 2 for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities Authorization: Evaluation, assessment, IFSP development (see page 31 for definition) and direct services.

PSYCHOLOGICAL AND OTHER COUNSELING SERVICES - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
96150		15 minutes	Evaluation / Assessment - onsite	\$16.87
96150		15 minutes	Evaluation / Assessment - offsite	\$20.94
99273		15 minutes	IFSP development	\$16.87
99273		15 minutes	IFSP meeting	\$20.94
96152		15 minutes	Individual treatment - onsite	\$16.87
96152		15 minutes	Individual treatment - offsite	\$20.94
96153		15 minutes	Group treatment (multiple families or group not to exceed 4 children)	\$ 4.21

SERVICE COORDINATION

Service Description: Service coordination services carried out by a Service Coordinator to assist and enable an eligible child and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided through the State's Early Intervention program. The responsibilities of a Service Coordinator include, but are not limited to:

- 1) Contact with the Early intervention enrolled child/family at least one time per month;
- 2) Coordinating the activities for implementation of the service plan;
- 3) Coordinating the performance of initial & annual evaluations/assessments;
- 4) Facilitating and participating in the development, review and evaluation of the Service Plan. This includes Service Plan updates, six (6) month reviews and the annual evaluation of the Service Plan;
- 5) Assisting families in identifying credentialed/enrolled/available service providers;
- 6) Coordinating and monitoring the delivery of services identified in the child's Service Plan;
- 7) Informing families of their rights and the availability of advocacy services;
- 8) Helping families to access other needed services such as WIC, housing, etc;
- 9) Coordinating with medical and health providers, including requests for medical records and other medical documentation from physicians, hospitals, nurses, etc.
- 10) Facilitating the development and implementation of a transition plan to preschool or other services, if appropriate; and
- 11) Maintenance of the child's comprehensive permanent record at the Child and Family Connections office. Maintenance includes:
 - Evaluation/Assessment and six month summary reports from all providers who participate as a member of each child's service team;
 - Notes on the progress of the child's transition plan implementation which is to begin at age two (2) years, six (6) months.
 - Service Plan updates; and
 - Any other documentation required to keep the child's permanent record updated.

SERVICE COORDINATION, cont.

Service coordinators do not provide evaluation/assessment services to determine a child's eligibility for services, but are integral members of the service team. Services must be consistent with the provider's qualifications.

Service Coordinators are required to follow written procedures that are outlined in the "Child and Family Connections Procedure Manual" and to implement policy as set forth by the DHS – Bureau of Early Intervention.

Qualified Staff: System enrolled individual credentialed as a Service Coordinator. (See Attachment 3 for credentialing and enrollment requirements.)

Effective 8/31/00: Service Coordination services are provided by service coordinators who are employed by a Child and Family Connections office. Services are funded by grants to the Child and Family Connection offices and are not billed fee-for-service.

NOTE: There is no Associate level service coordination credential. The credentialed/enrolled service coordinator is responsible for personally providing services to a child/family.

SOCIAL WORK AND OTHER COUNSELING SERVICES

Service Descriptions: Social work and other counseling services are diagnostic or active clinical treatments provided with the intent to reasonably improve the child's physical or mental condition or functioning. Social work and other counseling services include:

- 1) Global evaluation to determine a child's developmental status and need for early intervention services (See definition on pages 31 and 32);
- 2) Making home visits to assess a child's living conditions and patterns of parent-child interaction to determine the need for social work or other counseling services;
- 3) Preparing a social or emotional developmental assessment of the child within the family context to determine the need for social work or other counseling services;
- 4) Providing individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- 5) Working with issues in the child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- 6) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to the services that the provider is licensed to provide and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff:

- 1) System enrolled Specialist credentialed as a) a *Licensed Clinical Social Worker, b) Licensed Social Worker, c) Licensed Professional Counselor d) School Social Worker employed by a school district, e) Advance Practice Nurses who are masters prepared psychiatric-mental health clinical nurse specialists; or 2) a non-enrolled Associate credentialed as a Social Work Intern. Interns must be under the direction of their internship supervisor, who must be an enrolled Specialist in one of the above licensed fields. (See Definitions and Attachment 2 for more detail. See Attachment 3 for credentialing and enrollment requirements.)

SOCIAL WORK AND OTHER COUNSELING SERVICES - cont.

Billable Activities Evaluation / assessment, IFSP development (see page 31 for definition)
 With Authorization: and direct service.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
*Licensed Clinical Social Workers bill using Procedure Codes and Rates on page 23.				
90802		15 minutes	Evaluation / Assessment – onsite	\$11.25
90802		15 minutes	Evaluation / Assessment - offsite	\$13.54
99275		15 minutes	IFSP development	\$11.25
99275		15 minutes	IFSP meeting	\$13.54
H0004		15 minutes	Individual treatment - onsite	\$11.25
H0004		15 minutes	Individual treatment - offsite	\$13.54
H0004	HQ	15 minutes	Group treatment (multiple families or group not to exceed 4 children)	\$ 2.81

SPEECH LANGUAGE THERAPY

Service Description: Speech language therapy services include: 1) evaluation / assessment activities to identify communication or swallowing disorders and delays in the development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; 2) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in the development of communication skills; 3) IFSP development, and 4) treatment programs provided as a result of a medical referral by a licensed physician to improve the child's functional ability to communicate at home and in other environments. Activities for Early Intervention also include assistive technology assessment and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child are incorporated.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child as related to speech language services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: Early Intervention does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff: 1) System enrolled Specialist credentialed as a) a Licensed Speech/Language Pathologist, b) a School Speech/Language Pathologist employed by a school district, or 2) a non-enrolled Associate credentialed as a Speech/Language Therapy Assistant. Assistants must be under the direction of an enrolled Specialist in one of the above fields. (See Definitions and Attachment 2 for more detail. See Attachment 3 for credentialing and enrollment requirements.)

Billable Activities With Authorization: Evaluation / assessment, IFSP development, (See page 31 for definition) and direct services.

NOTE: Bill for the time required to develop Assistive Technology requests using IFSP development code.

SPEECH LANGUAGE THERAPY - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifiers	Unit of Service	Description	Rate
92506		15 minutes	Evaluation / Assessment - onsite	\$14.11
92506		15 minutes	Evaluation / Assessment - offsite	\$17.61
99271		15 minutes	IFSP development	\$14.11
99271		15 minutes	IFSP meeting	\$17.61
92507		15 minutes	Individual therapy.- onsite	\$14.11
92507		15 minutes	Individual therapy - offsite	\$17.61
92508		15 minutes	Group therapy (multiple families or group not to exceed 4 children)	\$ 7.65
See "Audiology, Aural Rehabilitation and Other Related Services" for additional service activities and billing codes for Early Intervention. MUST have authorization prior to billing those codes.				

TRANSPORTATION

Service Description: Transportation services as defined in the Service Plan that are necessary to enable an eligible child and a member of the child's family (if accompanying the child) to travel to and from the location where another Early Intervention service is to be provided. Transportation services include transportation by taxicab, service car or private automobile. The prior approval requirement for Medicaid eligible children, for Transportation to and from Early Intervention Services only, is satisfied by enrollment in the EI Services System and by denoting the necessity of the service in the Service Plan.

Services must be consistent with the provider's qualifications and licensure.

Qualified Staff: System enrolled transportation provider. Providers may include parents, guardians and other responsible adults. (See Attachment 3 for enrollment requirements.)

Billable Activities with Authorization: Transportation for child and family member to and from the location where Early Intervention services are provided.

(Must be by most economical means appropriate for the child. Transportation codes can only be billed for loaded mileage. **Loaded mileage** means that the child is in the vehicle and is being transported to and from an EI Service.)

Rate: Established individually based on Medicaid rates.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description
A0120		N/A	Service car, base rate *
A0120		N/A	Service car, return *
A0425		N/A	Service car, mileage *
A0100		N/A	Taxi, base rate **
A0100		N/A	Taxi, return **
A0425		N/A	Taxi, mileage **
A0090		N/A	Private auto mileage
Transportation codes can only be billed for loaded mileage. Loaded mileage means that the child is in the vehicle and is being transported to and from a EI service.			

* Service Car - Base rate and return rate include up to first ten (10) miles. Only bill mileage if base rate and return rate are more than ten miles each.

** Taxi - Bill base rate and return rate plus mileage.

VISION

Service Description: Vision services include evaluation and assessment of visual functioning; diagnosis and appraisal of specific visual disorders, delays and abilities; dispensing of eyeglasses and referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders.

Vision services, also include 1) services related to visual functioning, 2) orientation and mobility training for all environments, 3) communication skills training, 4) visual training, 5) independent living skills training and 6) additional training necessary to activate visual motor abilities.

Family training, education and support provided to assist the family of a child eligible for services in understanding the special needs of the child related to vision services and enhancing the child's development are integral to this service. Eligible child is not required to be present but may be if appropriate. May include such services as support groups, individual support and other training or education for the family.

Services must be consistent with the provider's qualifications and licensure.

NOTE: Early Intervention does **not** pay for therapeutic services required due to, or as part of, a medical procedure, a medical intervention or an injury. Acute rehabilitative therapy and therapy required as part of a medical procedure, medical intervention or injury, is not developmentally-based but is medically-based. Once the condition has become chronic or sub-acute the therapy for the on-going developmental delay can be provided by EI.

Qualified Staff: 1) System enrolled Licensed Registered Optometrist or licensed Ophthalmologist, and 2) System enrolled specialist credentialed as a Developmental Therapist/Vision. (See definitions for more detail. See Attachment 3 for enrollment requirements.).

Billable Activities With Authorization: Optometric examination, dispensing fee, assessment, IFSP development (see definition on page 31) and direct services.

VISON - cont.

Do not provide services without having an authorization in hand. Services provided without a pre-approved authorization are not guaranteed for payment.

Procedure Codes	Modifier	Unit of Service	Description	Rate
Procedure codes listed below are for use to determine the need for eyeglasses, to dispense eyeglasses and to make a referral to a medical doctor for medical testing, if the need is identified.				
92015		n/a	Optometric examination	\$29.27
92340		n/a	Dispensing fee	\$12.33
Procedure Codes listed below are for use by Illinois Department of Corrections only.				
V2020 V2025		n/a	Frame	varies
varies		n/a	Pair of lenses (same Rx)	varies
varies		n/a	Right lens (different Rx)	varies
varies		n/a	Left lens (different Rx)	varies

NOTE: Prescriptions for eyeglasses must be submitted to the CBO along with the bill for the Optometric examination and the dispensing fee using “optical prescription order forms” from the Illinois Department of Corrections. The CBO will make arrangements to fill the prescription as ordered (See Attachment 4 for procedure and form information).

Procedure Codes	Modifier	Unit of Service	Description	Rate
Procedure Codes listed below are for Vision Services				
99173		15 minutes	Assessment - onsite	\$10.71
99173		15 minutes	Assessment - offsite	\$13.50
T1024	SE	15 minutes	IFSP development	\$10.71
T1024	SE	15 minutes	IFSP meeting	\$13.50
V2799		15 minutes	Vision services - onsite	\$10.71
V2799		15 minutes	Vision services - offsite	\$13.50
V2799	HQ	15 minutes	Group vision services (multiple families or group not to exceed 4 children)	\$2.68

DEFINITIONS

“Authorization”	Prior approval required before any service can be rendered. The exception to this rule is the initial IFSP meeting. Authorizations will be based upon attendance at the IFSP meeting.
“Concerns”	What the family members identify as needs, issues, or problems they want to address as part of the IFSP process.
“Co-treatment”	The integration of treatment by two disciplines in order to maximize therapy benefits while working towards the achievement of immediate and long term goals. If it is determined at the initial IFSP meeting that co-treatment is a need, the providers who will partner to provide such services should consult to develop the written justification of need and the intervention plan. The written justification of need must be based upon the child’s needs and not provider logistics.
“Direct Service”	Treatment services provided directly to an eligible child or an eligible child’s family in accordance with their Service Plan.
“Documentation”	<p>You are required to maintain documentation to support each date of service and each procedure code that you bill to the EI-CBO for a period of at least six years from the child’s completion of EI services, and permit access to these records by the local CFC and DHS, or if they are Medicaid reimbursable services the Illinois Department of Public Aid and the Centers for Medicare/Medicaid Services (CMMS), and the United States Department of Education.</p> <p>If there are outstanding audit exceptions, records shall be retained until such exceptions are closed out to the satisfaction of DHS. If there is active or pending legal action, records shall be retained until a final written resolution is achieved. The Provider shall also make himself/herself available, as required, for mediation, impartial administrative proceedings or other legal proceedings.</p> <p>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:</p> <ol style="list-style-type: none">1. Physician authorization/order2. Documentation of evaluation/assessment results (reports)3. Daily documentation of the services provided, including date and length of time of service billed, 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.4. Progress documentation5. Documentation of continued physician authorization6. Documentation of discharge from treatment7. 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.

“Documentation” –
cont.

Transportation providers’ documentation should include.

1. A travel log that documents all trips billed, including mileage, departure and destination information.

Interpreter’s documentation should include:

1. Daily documentation of services provided, including date of service, discipline for which you have interpreted services and time in/out. Daily documentation should be signed by you as the provider who wrote the documentation.
2. Type of interpretation: verbal, sign, or written translation
3. If written translation, type of document translated (ex: IFSP)
4. Copy of the document to translate and copy of the final document after translation.

In addition, providers should also keep the following:

1. Copies of all authorizations under which you have billed for services.
2. A copy of the child’s current IFSP.
3. Copies of all claims submitted to insurance and to the EI-CBO,
4. Copies of all Explanation’s of Benefit received from insurance and the EI-CBO,
5. Any correspondence sent or received on behalf of the child,

PLEASE NOTE: Providers who are not enrolled with the EI CBO 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 unless approved through a provisional authorization.

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

“Evaluation/
Assessment”

Evaluation and assessment services are for the purpose of determining initial eligibility, participating in the development of an initial comprehensive IFSP and adding new types of services to an existing IFSP and must be provided by a provider with a credential for Evaluation and Assessment. Upon completion of an evaluation or assessment, a written report of findings is required and must be submitted in the “Early Intervention Evaluation/Assessment Report Format” to the Child and Family Connections office that is working with the child/family. Providers must complete the entire report within 14 days of the receipt of a request, including those for initial and ongoing evaluation and assessments. Incomplete reports are not acceptable and will be returned to the provider (See Attachment 1 for Report Format).

NOTE: Providers must accept evaluations and assessments that have been completed prior to the initial IFSP meeting when beginning direct services.

Early Intervention will not pay for the direct service provider to duplicate initial evaluations and assessments.

“Functional Outcomes” Outcomes that are written as functional skills related to a child’s development. Functional outcomes must provide a clear focus, direction and end point for the recommended EI services. The outcome must be related to a necessary skill and should state a process and a product.

“Global Evaluation” Developmental testing, based upon the mean of a child’s age equivalent peers, to determine a child’s status in each of the following developmental domains using standardized testing instruments approved for use by the Bureau of Early Intervention.

- 1) physical development, including vision and hearing;
- 2) cognitive development;
- 3) communication development, including language and speech;
- 4) Psychosocial or emotional development; and
- 5) adaptive development/self-help skills.

“IFSP Development” All IFSP development activities identified below must be completed by the credentialed, enrolled provider, with the exception described below (see number 3 for exception.) Plan development includes attendance of the initial/annual Individualized Family Service Plan (IFSP) meeting as a member of a child/family’s service team to assist in the completion of a written document on the statewide Service Plan form detailing individualized outcomes for the child and family, services based upon the unique needs of the child and family, and transition strategies. Provider can attend the meeting in person or be present by conference call. After the initial service plan is implemented, IFSP development includes:

- 1) Periodic review of a child’s IFSP every six months or more frequently if conditions warrant, or if the family requests such a review, to determine if adjustment of the IFSP is needed. Periodic reviews must be conducted as defined in 34 CFR Parts 303.342 and 303.343. At a minimum, the child’s parent(s), other family members as requested by the child’s parent(s), an advocate or person outside of the family if requested by the parent(s) and the child/family’s service coordinator must be present at each periodic review. Meeting arrangements and written prior notice for each periodic review must be made to the family and other participants early enough before the meeting date to ensure that the participants will be able to attend. Meetings must be held in settings and at times that are convenient to the family and in the family’s native language or other mode of communication used by the family, unless it is clearly not feasible to do so.
- 2) Attendance at the transition meeting, if required.
- 3) The development of a direct service report required for the six-month review, or more frequently if conditions warrant a periodic review at a time other than at six months or if a review is requested by the family. This report would be a summary of a provider’s record notes.

Effective February 2004, an exception to the requirement that all IFSP Development activities be provided by the credentialed, enrolled provider. If direct services are provided by an associate level provider under the supervision of a credentialed, enrolled professional, the associate level provider may summarize his/her record notes and

“IFSP Development” –
cont.

develop the direct service report required for the six-month review if licensing laws that govern the supervisor’s discipline allows. However, the credentialed, enrolled provider who supervises the associate must document that he/she has reviewed and agrees with the report and must sign the report as the Associate’s Supervisor.

Early Intervention has always required that all evaluations and assessments be completed by a credentialed, enrolled provider. Evaluation/ assessment reports are billed under the evaluation/ assessment procedure codes and must be completed by the credentialed, enrolled provider who actually provided that service.

- 4) The development of a discharge report by the credentialed, enrolled provider. (evaluation/assessment reports are billed under the evaluation/assessment procedure code)
- 5) Time to prepare an assistive technology request to submit to DHS for prior approval. All requests for assistive technology must include all required information.
- 6) Provider to provider consultation performed by the credentialed, enrolled provider among members of the child’s service team who are identified on the service plan and the child’s physician concerning the child’s developmental needs or the impact of special health care needs on services.

IFSP Development does not include supervisory, or other routine preparatory activities, such as time spent packing or washing toys, review of record notes or development of lesson plans or activity plans prior to each incident of service or family training, education and support which is an activity identified under each service description where appropriate. The activity “Family Training, Education, and Support” is built in to all services and is only billable under individual treatment and group procedure codes, not IFSP Development codes. (see Attachment 5, non-billable activities.)

Providers are required to maintain daily documentation for all IFSP Development time billed to the Central Billing Office.

NOTE: Bill for attendance at MDC and IEP meetings held prior to a child’s third birthday using direct service procedure codes, **not as IFSP development time**. This time is considered support to the family.

“Need”	A condition or situation in which something is essential, necessary or required.
“Outcome”	A statement of the changes the multidisciplinary team expects for the family. Outcomes are discipline-free. (see definition of functional outcomes on page 31.)
“Priorities”	A family’s choices and agenda for how Early Intervention will be involved in the family life.
“Resources”	The strengths, abilities, and formal or informal supports that can be mobilized to meet the family’s concerns, needs, or outcomes.

“Strengths”	Individual characteristics that can be used as a resource.
“Want”	A preference or end result that is not essential, necessary or required.
“Written justification of need”	A written justification of need should be written in narrative form and must clearly state the developmental needs that drive the recommendation for services(s) and how each recommended service is required and designed to meet the functional outcomes that have been identified in the child/family’s service plan. Each child/family’s unique strengths/developmental needs should be reflected in the written justification of need. A written justification of need is not a form letter.
“Under the supervision of”	Work performed under the guidance and direction of a supervisor who is responsible for supervision of the work, who plans work and methods, who is available on short notice to answer questions and deal with problems that are not strictly routine, who regularly reviews the work performed, and who is accountable for the results. See supervision detail in Attachment 2. Supervisory time is non-billable time and is considered to be administrative time that is included in the rate paid for direct service.

EARLY INTERVENTION SERVICE REPORT GUIDELINES

**Illinois Department of Human Services
Bureau of Early Intervention**

Evaluation and assessment includes initial and ongoing procedures such as tests or observation or review of existing documentation used by appropriate qualified personnel to determine a child's initial and ongoing eligibility and to assist in the development of the Individualized Family Service Plan (IFSP). Upon completion of an evaluation or assessment, a written report of findings is required and must be submitted in the "Early Intervention Evaluation/ Assessment Report Format" to the Child and Family Connections office that is working with the child/family. Providers must complete the entire report prior to submission. Incomplete reports are not acceptable and will be returned to the provider (See example of Evaluation/Assessment Report Format below).

NOTE: Providers must accept evaluations and assessments that have been completed prior to the initial IFSP meeting when beginning direct services. Early Intervention will not pay for the direct service provider to duplicate initial evaluations and assessments.

EXAMPLE, ONLY--EVALUATION/ASSESSMENT REPORT FORMAT

Name: _____ EI #: _____

Evaluation/Assessment Date: _____ Date of Birth: _____

Age: _____ Adjusted Age: _____

Evaluation/Assessment: OT _____ PT _____ DT _____ SLP _____ SW _____ Other _____

Evaluator: _____ Service Coordinator: _____

Child is being observed in _____home _____daycare _____clinic _____other

A.) Diagnosis/Reason for Referral:

B.) Concerns expressed by parents in regard to their child' s development:

C.) Medical History/Reports:

D.) Behavioral Observation: (description of child during the assessment)

E.) Clinical Observation:

F.) <u>Tests Conducted</u> (standardized assessment tools)	<u>Score</u>	<u>Age Equivalent</u>	<u>Percent of Delay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G.) Clinical Narrative of Developmental Domains Evaluated (should address typical/atypical development, specific areas of concern, functional skills & strengths, etc.)

H.) Further assessments recommended: (including assistive technology, family training, health consultation, diagnostic services, nursing, nutrition, psychological, and vision/hearing screening) (please state reason)

(For A through H use additional pages as necessary)

RESULTS/IMPLICATIONS:

Based on EI criteria, this child may be eligible for Early Intervention Services in the State of Illinois due to: (please check one)

- _____ diagnosis of qualifying medical condition
- _____ 30% or more delay in one or more area of development
- _____ At risk for developmental delay due to 3 or more qualifying risk factors as stated by DHS.
- _____ Further assessments/evaluations are needed in order to determine eligibility.
- _____ This child has not met the eligibility criteria for Early Intervention services in Illinois.

Recommendations for areas that intervention is needed: (please mark all that apply)

- _____ cognitive development
- _____ physical development, including vision and hearing
- _____ language, speech and communication development
- _____ social-emotional development
- _____ adaptive self-help skills development

ATTACHMENT 1 – cont.

RECOMMENDATIONS FOR GOALS, OUTCOMES, & STRATEGIES FOR SERVICES, WITH FREQUENCY, INTENSITY, AND DURATION WILL BE DETERMINED AT THE IFSP MEETING IN COLLABORATION WITH THE CHILD'S FAMILY BASED ON THEIR IDENTIFIED PRIORITIES.

Evaluator Signature

Date

Printed Name

Phone Number

NOTES:

- Bill for evaluation/assessment report writing time using the evaluation/assessment code identified under your credentialed/enrolled profession.
- Bill for the time to write direct service reports which require no testing procedure using the IFSP Development code identified under your credentialed / enrolled profession.

USE OF ASSOCIATE LEVEL PROVIDERS

Please monitor the EI website at www.dhs.state.il.us/ei for changes to the use of associate level providers.

USE OF ASSOCIATE LEVEL PROVIDERS

POLICY:

No individual shall exempt from compliance with any and all State licensing requirements and/or supervisory requirements pertinent to the individual's delivery of services.

In order to enlist the widest pool of qualified service providers, Early Intervention supports the appropriate use of credentialed, non-enrolled associate level providers who function under the guidelines which follow and whose services are billed for by their credentialed, enrolled supervisor.

GUIDELINES:

- 1) Each credentialed associate level provider shall be supervised by a Specialist credentialed/enrolled in the same discipline. (Attachment 3 identifies the requirements for professional and associate level credentialing and enrollment.)
- 2) The credentialed/enrolled specialist shall:
 - a) evaluate/assess the child, develop the plan for intervention services required to accomplish Service Plan outcomes and submit evaluation/assessment report prior to Service Plan development/update/review;
 - b) instruct the associate level provider about the intervention services to be provided;
 - c) reassess the child as determined by the child's Service Plan and any licensure requirement for the enrolled specialist or associate level staff at least prior to each Service Plan update/review;
 - d) revise the intervention activities as needed;
 - e) approve all methods and materials selected to implement the intervention plan;
 - f) for each child to which an associate level provider provides intervention services, conduct direct supervision during client services at a minimum of once each month;
 - g) submit direct service report prior to each Service Plan update/review and more often if the child's progress/lack of progress warrants;
 - h) submit bills for services provided by the associate level provider;
 - i) participate in Service Plan development/update/review; and
 - j) follow supervision requirements as set forth in his/her licensure or other certification standards.
 - k) Under IFSP development requirements, consult with other members of the child's team and the child's physician concerning the child's developmental needs or the impact of special health care needs on services.
- 3) The credentialed associate level provider shall:
 - a) provide services only as instructed by the supervising Specialist, who is credentialed/enrolled in the same discipline;
 - b) record all early intervention services provided, including time in/time out;
 - c) report all changes in a child's condition to the supervising specialist;
 - d) check authorization to make sure you are identified in the comment field as the provider of direct service under your supervisor; and

ATTACHMENT 2 – cont.

- e) if the associate's name does not appear in the comment field of the authorization, contact the child's service coordinator to correct the oversight.
- 4) The credentialed associate level Audiologist or Speech-Language Pathologist in his/her supervised professional experience shall:
- a) provide services only as instructed by the supervising Specialist who is credentialed/ enrolled in the same discipline;
 - b) provide services consistent with the "Illinois Speech-Language Pathology and Audiology Practice Act" which includes evaluation / assessment and service plan development; and
 - c) follow the guidelines as listed in 1, 2, and 3 above, except the restriction in (2)(a) that does not allow the associate to provide evaluation / assessment or service plan development.

NOTES: Supervisory time is non-billable time and is considered to be administrative time that is part of the rate paid. Evaluation, Assessment and IFSP Development time as defined in this document is billable by the credentialed, enrolled provider only, unless otherwise stated.

**REQUIREMENTS FOR
PROFESSIONAL AND
ASSOCIATE LEVEL
EARLY INTERVENTION
CREDENTIALING AND ENROLLMENT
TO BILL**

Please monitor the EI website at www.dhs.state.il.us/ei for changes to Credentialing and Enrollment Procedures.

REQUIREMENTS FOR PROFESSIONAL AND ASSOCIATE LEVEL EARLY INTERVENTION (EI) CREDENTIALING AND ENROLLMENT TO BILL

EI SERVICE	QUALIFIED STAFF
Assistive Technology	Durable medical equipment and supplies; providers may enroll to bill. No credential required.
Audiology, Aural Rehabilitation/Other Related Services	<p data-bbox="609 506 1396 726">Audiologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Audiologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* (Provider is automatically enrolled under assistive technology and aural rehabilitation categories.)</p> <p data-bbox="609 758 1396 978">Unlicensed individuals with a master’s degree in audiology who are participating in a supervised professional experience may apply for an EI Associate: Audiologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*</p> <p data-bbox="609 1010 1388 1272">Speech/Language Pathologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Speech/Language Pathologist credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* (Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)</p> <p data-bbox="609 1304 1380 1566">Unlicensed individuals with a master’s degree in speech-language pathology who are participating in a supervised professional experience may apply for an EI Associate: Speech/Language Pathologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.</p> <p data-bbox="609 1598 1388 1806">Unlicensed individuals employed by school districts as School Speech/Language Therapists who will only be providing services through their school employment may apply for an EI Specialist: School Speech/Language Therapist credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*</p>

EI SERVICE

Audiology, Aural Rehabilitation/Other Related Services – cont.

QUALIFIED STAFF

(Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)

Individuals with a current Special Education for Deaf and Hard of Hearing teaching certificate may apply for an EI Specialist: Developmental Therapist/Hearing credential and enroll to bill for aural rehabilitation services. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* May also provide Developmental Therapy Services. (Provider is automatically enrolled under aural rehabilitation category.)

Clinical Assessment, Counseling, and Other Therapeutic Services

Clinical Psychologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Psychologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Clinical Professional Counselors with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Professional Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Marriage and Family Therapists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Marriage and Family Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Clinical Social Workers with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Clinical Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Unlicensed individuals employed by school districts as School Psychologists who will only be providing services through their school employment may apply for an EI Specialist: School Psychologist credential. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Graduate students in psychology who submit a letter from the graduate school verifying that they are providing

EI SERVICE

Clinical Assessment, Counseling,
and Other Therapeutic Services
– cont.

Developmental Therapy

QUALIFIED STAFF

psychological services in a supervised internship setting in order to complete a comprehensive, culminating training experience prior to granting of a graduate degree in psychology may apply for an EI Associate: Psychology Intern credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

Individuals with an EI Specialist Developmental Therapist credential on January 1, 2004 or who are applying for an EI Specialist Developmental Therapist credential prior to January 1, 2004 must have (1) a minimum of Teacher Endorsement in Early Childhood Education (ECE) or Special Education or bachelors degree in ECE, Early Childhood Special Education, Special Education, or human service field with one year of experience working hands on with children birth to 3 with developmental disabilities (Persons with a degree in a human service field must submit proof of training on the use of a formal assessment tool that would allow the provider to perform global evaluations/assessments.); or (2) a current license in art, music, recreation, or other type of therapy, rehabilitative or habilitative in nature, in the state where they provide services to Illinois children may apply for credential renewal or, prior to January 1, 2004, may apply for an EI Specialist Developmental Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.

Individuals who do not hold an EI Specialist Developmental Therapist credential on January 1, 2004 must have a bachelors degree or higher and, when applicable, a teaching certificate in Early Childhood Education (Type 04), Early Childhood Special Education (Type 04), Special Education (LBS-1 or LBS-2), Special Education: Deaf/Hard of Hearing or Blind/Partially Sighted (3-21), Child Development Elementary Education, Developmental Psychology, or Social Work and when applicable a teaching certificate; or with a bachelors degree or higher and a full specialist credential in the Early Intervention program; or a current license in art, music, recreation, or other type of therapy, rehabilitative or habilitative in nature, in the state where they provide services to Illinois children; and can document the completion of educational experiences as approved by the Department that include at least 2 semester college hours or the equivalent (30 clock hours or CEU credit hours) in each of the following EI core knowledge content areas: the Development of Young Children; Typical and Atypical; Working with Families of Young Children with Disabilities; Intervention Strategies for Young Children with Special Needs; and Assessment of Young

EI SERVICE

QUALIFIED STAFF

Developmental Therapy – cont.

Children with Special Needs; and can submit proof of training on the use of a formal assessment tool that would allow the provider to perform global evaluations/assessments may apply for an EI Specialist: Developmental Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

An emergency waiver of educational requirements for developmental therapists may be applied for and must be accompanied by the recommendation of a regional intake entity manager documenting the need for developmental therapy services in the service area. A bachelors degree or higher is required. If approved, the resulting temporary credential will be reviewed at 6-month intervals for a maximum of 18 months. A training plan toward qualification for full credential status must be submitted with the emergency waiver application. Additional training is required within 6 months for continued enrollment.*

Individuals with a current Special Education for Deaf and Hard of Hearing teaching certificate may apply for an EI Specialist: Developmental Therapist/Hearing credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* They may also provide aural rehabilitation services based on their qualifications and experience. (Provider is automatically enrolled under aural rehabilitation category.)

Individuals with (1) a bachelors degree or higher in Orientation and Mobility or (2) a current Special Education for Blind and Partially Seeing teaching certificate may apply for an EI Specialist: Developmental Therapist/Vision credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* They may provide Developmental and/or Vision Therapy services related to visual functioning based on their qualifications and experience. (Provider is automatically enrolled under the vision category.)

Individuals with an associates degree in early childhood education or child development who have an EI Associate: Developmental Therapy Assistant temporary credential on July 1, 2003 may apply for full associate credential status if additional training requirements are met.* No other new temporary or full associate credentials for Developmental Therapy Assistants will be issued. Individuals who have an associate credential will be allowed to submit an application to have their credential renewed no more than two times after July 1, 2003. Associate services are billed under the enrolled supervisor's name.

EI SERVICE

Evaluation/Assessment

QUALIFIED STAFF

Individuals with a current Early Intervention Specialist credential and who also meet all the following requirements may apply for an Evaluation/Assessment credential:

Documentation of a minimum of three years (full time equivalent) pediatric experience within the Early Intervention Specialist credentialed discipline is required with no less than 20% of that experience related to infants and toddlers between birth and three years of age or the equivalent, with a minimum of one year (full time equivalent) pediatric experience within the Early Intervention Specialist credentialed discipline with no less than 60% of that experience related to infants and toddlers;

Documentation of a minimum of six months pediatric post degree supervision;

Demonstration of competency in using and interpreting a variety of approved assessment tools related to his/her discipline by participating in evaluator specific training;

Demonstration of past work as a member of a service team and agreement to work with the service coordinator, other evaluators, and the family as an effective team member;

Agreement to participate in IFSP meetings as specified in this Part; Agreement to perform evaluation/assessments and present recommendations thereon, that are consistent with DHS therapy guidelines and early intervention philosophy, and to provide adequate justification for recommendations;

Agreement to participate in routine quality assurance and/or early intervention monitoring activities conducted by the Department or its Designee, or the U.S. Department of Education, Office of Special Education Programs;

Agreement to comply with all applicable federal and/or State laws, rules, regulations, policies, provider agreement and procedure and guidelines.

Documentation of attendance at Evaluation/Assessment training as required and provided by the Department.

The expiration date of an Evaluation/Assessment credential will coincide with the Early Intervention Specialist discipline specific credential. Renewal of the Evaluation/Assessment credential is contingent on the successful renewal of the Early Intervention Specialist discipline specific credential.

EI SERVICE

QUALIFIED STAFF

Family Training and Support

Individuals with a high school diploma or equivalent who are the parent or guardian of a child with special needs and are employed by an entity such as an agency or hospital that provides early intervention services as a Parent Liaison may apply for an EI Parent Liaison credential and enroll to bill. Completion of Parent Liaison Training is required within 90 days after being issued a temporary credential for full credential status and continued enrollment.

Individuals who are bilingual or an interpreter for the deaf may enroll to bill as an interpreter. Upon application for enrollment, the bilingual applicant must identify the languages for which he/she is applying to interpret and his/her proficiency in reading, writing or speaking the languages and submit 2 letters of professional reference from non-family members attesting to the applicant's competency in the specified language areas. Interpreters for the deaf must meet the requirements set forth in 225 ILCS 442. Additional training is required within 6 months for continued enrollment.* Interpreters are not required to obtain a credential. Deaf adults who have been certified by Hearing and Vision Connections as a language mentor for the deaf may enroll to bill. Language mentors are not required to obtain a credential.

Health Consultation

Physicians with a current license in the state where they provide services to Illinois children may enroll to bill. Physicians are not required to obtain a credential.

Medical Services (Diagnostic/Evaluation Purposes Only)

Physicians with a current license in the state where they provide services to Illinois children may enroll to bill. Physicians are not required to obtain a credential.

Individuals on the physician's service team should refer to the service area appropriate to their discipline for credentialing requirements.

Nursing

Registered Nurses with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Registered Nurse credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* (Provider is automatically enrolled under nutrition category.)

Nutrition

Licensed Dietitians with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Dietitian credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

EI SERVICE

QUALIFIED STAFF

Nutrition – cont.

Licensed Nutrition Counselors with a current license in the state where they provide EI services to Illinois children may apply for an EI Specialist: Licensed Nutrition Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Persons who credential and enroll under the nursing requirements stated on page 49 are automatically enrolled to provide nutrition services.

Occupational Therapy

Occupational Therapists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Occupational Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Certified Occupational Therapy Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Licensed Certified Occupational Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

Physical Therapy

Physical Therapists with a current license in the state where they provide EI service to Illinois children may apply for an EI Specialist: Licensed Physical Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

Physical Therapy Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Licensed Physical Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

Service Coordination

Individuals with an EI Service Coordination credential on

January 1, 2003 and: (1) an EI Specialist credential of any type, (2) a bachelors degree or higher in human services, behavioral science, social science or health related field, (3) a current license as a Registered Nurse, (4) current employment as a service coordinator in a Family Case Management Agency, or (5) an associates degree in human services, education, behavioral science, social science, or health related field plus 2 years of experience working with children birth to 5 to provide intervention services or service coordination in a community

EI SERVICE

QUALIFIED STAFF

Service Coordination – cont.

agency serving children and families, may apply for renewal of their credential.

Individuals who do not hold an EI Coordination credential on January 1, 2003 and with a bachelors degree or higher in human services, behavioral science, social science or health related field or a current license as a Registered Nurse may apply for an EI Service Coordination Credential and enroll as an employee of a Child and Family Connections office.

Additional training is required within 90 days after being issued a temporary credential for full credential status and continued enrollment.

Social Services

Social Workers with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Professional Counselors with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Professional Counselor credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Registered Nurses/Advanced Practice Nurses who are masters prepared Psychiatric-Mental Health Clinical Nurse Specialists with a current license in the state where they provide services may apply for an EI Specialist: Licensed Registered Nurse/Advanced Practice Nurse credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.* The Advanced Practice Nurse must provide a collaborative agreement with a collaborating physician who provides services to children birth to 3. The written collaborative agreement shall describe the working relationship of the Advanced Practice Nurse with the collaborating physician and shall authorize the categories of care, treatment, or procedures to be performed by the Advanced Practice Nurse, including early intervention services to be provided.

Unlicensed individuals employed by school districts as School Social Workers who will only be providing services through their school employment may apply for an EI Specialist: School

EI SERVICE

QUALIFIED STAFF

Social Services – cont.

Social Worker credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Graduate students in social work who submit a letter from their graduate school verifying that they are providing social work services in a supervised internship setting in order to complete a comprehensive, culminating training experience prior to granting of a graduate degree in social work may apply for an EI Associate: Social Work Intern credential.

Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

Speech Therapy

Speech/Language Pathologists with a current license in the state where they provide services to Illinois children may apply for an EI Specialist: Licensed Speech/Language Pathologist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* (Provider is automatically enrolled under aural rehabilitation and speech therapy categories.)

Unlicensed individuals employed by school districts as School Speech/Language Therapists who will only be providing services through their school employment may apply for an EI Specialist: School Speech/Language Therapist credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.*

Unlicensed individuals with a masters in speech-language pathology who are participating in a supervised professional experience may apply for an EI Associate: Speech/Language Pathologist in supervised professional experience credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months for full associate credential status.*

Speech/Language Pathology Assistants with a current license in the state where they provide services to Illinois children may apply for an EI Associate: Speech/Language Therapy Assistant credential. Associate services are billed under the enrolled supervisor's name. Additional training is required within 6 months after being issued a temporary credential for full associate credential status.*

EI SERVICE

QUALIFIED STAFF

Transportation

Individuals with an appropriate vehicle registration number, insurance and current driver's license may enroll to bill. Not required to obtain a credential.

Vision

Optometrists or Ophthalmologists with a current license in the state where they provide services to Illinois children may enroll to bill. Not required to obtain a credential.

Individuals with (1) a bachelors degree or higher in Orientation and Mobility or (2) a current Special Education for Blind and Partially Seeing teaching certificate may apply for an EI Specialist: Developmental Therapist/Vision credential and enroll to bill. Additional training is required within 6 months after being issued a temporary credential for full credential status and continued enrollment.* They may provide Developmental and/or Vision Therapy services related to visual functioning based on their qualification and experience.

**See Early Intervention Rule - Part 500, Section 500.60(f) for additional training requirements.

PROCEDURE TO ORDER EYEGLASSES

Please monitor the EI website at www.dhs.state.il.us/ei for changes to procedures to order eyeglasses.

PROCEDURE TO ORDER EYEGLASSES

Child and Family Connections

All families enter the system through one of 25 statewide intake points which are known as “Child and Family Connections” (CFCs). Upon determination of eligibility, the family will be assigned a CFC Service Coordinator for direct service. If it is determined that a child needs an Optometric examination, the referral will come to the provider from the child/family’s Service Coordinator at the CFC. All services are pre-authorized. If the provider accepts the referral, the Service Coordinator will generate an authorization for vision services. The provider will receive the authorization by mail, fax or both. The authorization will allow the provider to bill the Central Billing Office (CBO) for the following:

- Optometric examination
- Dispensing fee if it was determined that a child requires eyeglasses.

Providers

Eyeglasses for eligible children are purchased through the Illinois Department of Corrections (IDOC). Upon conformation of enrollment the provider should contact IDOC at 800/523-1487 to request the frame kit and optical prescription order forms. The provider is responsible for paying the deposit to IDOC for the frame kit. If the provider determines that a child needs eyeglasses the provider must use the following procedure to place the order.

- Show the frame kit to the family and help them choose a frame for their child.
- Complete the optical prescription order form and attach the order form to the claim form.
- Submit the claim form, along with the order form to the CBO.
- The CBO will generate the authorization for eyeglasses and fax/mail the authorization and order form to IDOC.
- IDOC will make the eyeglasses and send them directly to the provider to fit the child.
- The CBO will send a copy of the IDOC authorization and order form to the CFC to update the child’s permanent record.

Early Intervention will pay for the following:

- Frames chosen from the Early Intervention frame kit
- Lenses - single vision - spheres and compounds (either plastic or glass)
- Special lenses (myodisc, lenticular nonaspheric, lenticular aspheric, and not otherwise classified)
- Bifocals - spheres and compounds
- Single vision polycarbonate lenses (medically required)
- Bifocal polycarbonate lenses (medically required)
- Photogray (medically required)

If you have questions about the process to order eyeglasses, please contact the Bureau of Early Intervention at 217/782-1981.

NON-BILLABLE ACTIVITIES

Please monitor the EI website at www.dhs.state.il.us/ei for changes to Non-Billable Activities.

NON - BILLABLE ACTIVITIES

- Unauthorized services - All early Intervention services are pre-authorized. Providers should never provide services without an authorization in hand. Services provided prior to receipt of the authorization are not guaranteed for payment. Services provided prior to the begin date and after the end date of the authorization are considered non-authorized services and will not be paid by the Early Intervention CBO.
- Weekly or daily preparatory activities for direct service sessions. This is considered to be administrative time that is built into the rate.
- Preparing claims to submit to the Central Billing Office (CBO);
- No shows;
- For Specialists who are not licensed counselors: Time spent on the phone with a parent who feels the need to talk about non Early Intervention related issues (family may need to be referred to a counselor to deal with social-emotional issues);
- For Specialists: Time spent helping the family to identify/access other services/resources that Early Intervention does not pay for (ex., housing, SSI). This service falls under the role/responsibility of the service coordinator. Notify the service coordinator of the family's needs;
- For Specialists: Services over the frequency/intensity that has been identified as a need in the child's Service Plan. If service needs require an increase in time over the authorized frequency/intensity identified on the Service Plan, adjustments must be made to the Service Plan and authorization prior to billing;
- Services that fall within the frequency/intensity identified on a child's Plan, but were never documented or provided;
- Time to attend a medical appointment with the family;
- Time to collect medical documents or other written medical information from physicians, hospitals, nurses, etc. This is the responsibility of the service coordinator.
- Time to attend an appointment with another Early Intervention provider unless you are the interpreter for the provider/family or co-treatment has been identified as a need and has been written into the child's service plan;
- Verbal interpretation for non Early Intervention services;
- Written translation of non Early Intervention documents such as SSI applications, WIC applications, Medicaid applications, car seat applications, medical records, insurance explanation of benefits, etc.;
- Clerical duties such as scheduling/canceling appointments and notifying the provider of such, (the exception to this rule are services provided by an interpreter) accessing voice mail, leaving voice mails messages, etc.
- Transporting the family to a medical service. Early Intervention pays for authorized transportation services, by enrolled transportation providers only, to and from authorized Early Intervention Services only.

ATTACHMENT 5 – cont.

- For Transportation providers: Non loaded mileage - Transportation procedure codes can only be billed for loaded mileage. Loaded mileage means that the child is in the vehicle and is being transported to or from a Early Intervention service;
- Lunch/snack time;
- Nap time;
- Loading a child into a vehicle to transport;
- Rounding up units of service (ex., provided 50 minutes of service but billed for 60 minutes.);
- Time spent to read an article that will be discussed at an agency staff meeting;
- Time spent to discuss an article that has been read prior to an agency staff meeting;
- Attendance at an agency staff meeting - Early Intervention only pays for attendance at IFSP meetings, six month IFSP reviews or more frequent reviews called by the service coordinator if required, transition meetings, multidisciplinary conference (MDC) meetings as a member of a child's service team which has been identified on a child's Plan, and IEP meetings that occur prior to a child's third birthday;
- Supervisory Time;
- Provider travel time to or from an offsite location, and
- Anything not listed as a billable service in the document entitled "Early Intervention Service Descriptions, Billing Codes and Rates.

ASSISTIVE TECHNOLOGY BILLING CODES

Please monitor the EI website at www.dhs.state.il.us/ei for changes to the Assistive Technology Code Table.

ASSISTIVE TECHNOLOGY BILLING CODES

CODE	CODE DESCRIPTION
A4636	Replacement, handgrip, cane, crutch, or walker, each
A4637	Replacement, tip, cane, crutch, walker, each
A9300	Exercise equipment, (i.e., therapy ball, roll, bolster, any size)
A9900	Computer access, software
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code (i.e. Weighted vest, any type)
A9900	Switch activated device
A9900	Switch, battery adapter
A9900	Weighted blanket, any size
A9900	Weights, miscellaneous
E0110	Crutches, forearm, includes crutches of various materials, adj or fixed, pair, complete
E0111	Crutch, forearm, includes crutches of various materials, adj or fixed, each, complete
E0130	Walker, rigid pickup, adjustable/fixed, each
E0135	Walker, folding (pickup), adj or fixed height
E0141	Walker, rigid wheeled without seat
E0142	Rigid walker, wheeled, with seat
E0143	Folding walker, wheeled, without seat
E0144	Enclosed, framed folding walker, wheeled with posterior seat
E0146	Folding walker, wheeled, with seat
E0153	Platform attachment, forearm crutch, each
E0154	Platform attachment, walker, each
E0155	Wheel attachment, rigid pickup walker, per pair
E0158	Leg extensions for walker, per set of four (4)
E0247 E0248	Tub stool or bench
E1399	Temporary code (feeder seats, positioning chairs)
E1399	AFO, addition, foot/calf strap, each (therapeutic listening programs)
E1399	Durable Medical Equipment, NEC
E1399	Posture control seat for floor sitting and feeding, any size
E1399	Walker, pelvic stabilizer attachment
E1399	Wedge, floor therapy
E1802	Dynamic adjustable forearm, pronation/supination device, includes soft interface material
E1902	Communication board, non-electronic augmentative or alternative communication device (PECS, eye-comm. board, boardmaker)
K0113	Trunk support device, vest type, without inner frame, prefabricated, Benik, only
K0541	Speech generating device, digitized speech, prerecorded messages, <=8 min recording time (Twin talk)

CODE	CODE DESCRIPTION
K0542	Speech generating device, digitized speech, prerecorded messages, >8 min recording time (Dynavox, Macaw, Step by Step, E-talk)
K0544	Speech generating device, synthesized speech, permitting multi methods of message formation and multi methods of device access
K0546	Accessory for speech generating device, mounting system
K0547	Accessory for speech generating device, NOC (overlay, keyguard)
L0120	Collar, flexible, nonadjustable (foam collar)
L0984	Spinal orthosis, protective body sock
L1500	THKAO, mobility frame (Newington, parapodium types)
L1510	THKAO, standing frame, with or without tray and accessories
L1520	THKAO, swivel walker
L1600	HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, F&A
L1610	HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, F&A
L1620	HO, abduction control of hip joints, semi-flexible, (Pavlik harness), prefabricated, F&A
L1630	HO, abduction control of hip joints, semi-flexible, (Von Rosen type), custom fabricated
L1640	HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated
L1650	HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, F&A
L1660	HO, abduction control of hip joints, static, plastic, prefabricated, F&A
L1680	HO, abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Ranch hip action type), custom fabricated
L1690	Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, F&A (SWASH)
L1800	KO, elastic with stays, prefabricated, F&A
L1810	KO, elastic with joints, prefabricated, F&A
L1830	KO, immobilizer, canvas longitudinal, prefabricated, F&A
L1860	KO, modification of supracondylar prosthetic socket, custom fabricated
L1901	Ankle orthosis, elastic, prefabricated, F&A (e.g., neoprene, lycra)
L1902	AFO, ankle gauntlet, prefabricated, F&A
L1904	AFO, molded ankle gauntlet, custom fabricated
L1920	AFO, single upright with static or adjustable stop, custom fabricated
L1930	AFO Prefabricated
L1930	AFO, plastic or other material, prefabricated, F&A
L1940	AFO, plastic or other material, custom fabricated
L1940	SMO
L1945	AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated
L1950	AFO, spiral, (IRM type), plastic, custom fabricated

CODE	CODE DESCRIPTION
L1960	AFO, posterior solid ankle, plastic, custom fabricated
L1970	AFO, plastic, with ankle joint, custom fabricated
L1980	AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated
L1990	AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated
L2000	KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated
L2010	KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated
L2020	KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated
L2030	KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), without knee joint, custom fabricated
L2035	KAFO, full plastic, static (pediatric size), prefabricated, F&A
L2036	KAFO, full plastic, double upright, free knee, custom fabricated
L2037	KAFO, full plastic, single upright, free knee, custom fabricated
L2038	KAFO, full plastic, without knee joint, multiaxis ankle, (Lively orthosis or equal), custom fabricated
L2040	HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated
L2050	HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated
L2060	HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated
L2070	HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated
L2080	HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated
L2090	HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated
L2200	Addition to lower extremity, limited ankle motion, each joint
L2210	Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint
L2220	Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint
L2230	Addition to lower extremity, split flat caliper stirrups and plate attachment
L2240	Addition to lower extremity round caliper and plate attachment
L2250	Addition to lower extremity, foot plate, molded to patient model, stirrup attachment
L2260	Addition to lower extremity, reinforced solid stirrup
L2265	Addition to lower extremity, long tongue stirrup
L2270	Addition to lower extremity, varus/valgus correction ("t") strap, padded/lined or malleolus pad
L2275	Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined
L2280	Addition to lower extremity, molded inner boot
L2300	Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable

CODE	CODE DESCRIPTION
L2310	Addition to lower extremity, abduction bar, straight
L2320	Addition to lower extremity, nonmolded lacer
L2330	Addition to lower extremity, lacer molded to patient model
L2335	Addition to lower extremity, anterior swing band
L2340	Addition to lower extremity, pretibial shell, molded to patient model
L2350	Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthosis)
L2360	Addition to lower extremity, extended steel shank
L2370	Addition to lower extremity, Patten bottom
L2375	Addition to lower extremity, torsion control, ankle joint and half solid stirrup
L2380	Addition to lower extremity, torsion control, straight knee joint, each joint
L2405	Addition to knee joint, drop lock, each joint
L2415	Addition to knee lock with integrated release mechanism (ball, cable, or equal), any material, each joint
L2425	Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint
L2430	Addition to knee joint, ratchet lock for active and progressive knee extension, each joint
L2435	Addition to knee joint, polycentric joint, each joint
L2580	Addition to lower extremity, pelvic control, pelvic sling
L2600	Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each
L2622	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each
L2624	Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each
L2627	Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables
L2628	Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables
L2630	Addition to lower extremity, pelvic control, band and belt, unilateral
L2640	Addition to lower extremity, pelvic control, band and belt, bilateral
L2650	Addition to lower extremity, pelvic and thoracic control, gluteal pad, each
L2660	Addition to lower extremity, thoracic control, thoracic band
L2670	Addition to lower extremity, thoracic control, paraspinal uprights
L2680	Addition to lower extremity, thoracic control, lateral support uprights
L2760	Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth)
L2768	Orthotic side bar disconnect device, per bar
L2770	Addition to lower extremity orthosis, any material, per bar or joint
L2785	Addition to lower extremity orthosis, drop lock retainer, each
L2795	Addition to lower extremity orthosis, knee control, full kneecap
L2800	Addition to lower extremity orthosis, knee control, kneecap, medial or lateral pull
L2810	Addition to lower extremity orthosis, knee control, condylar pad

CODE	CODE DESCRIPTION
L2820	Addition to lower extremity orthosis, soft interface for molded plastic, below knee section
L2830	Addition to lower extremity orthosis, soft interface for molded plastic, above knee section
L2860	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each
L2999	Lower extremity orthosis, NOS
L3000	Foot insert, removable molded to patient model, "UCB" type, berkely shell, each
L3001	Foot insert, removable, molded to patient, Spenco, each
L3002	Foot insert, removable, molded to patient model, Plastazote or equal, each
L3003	Foot insert, removable, molded to patient model, silicone gel, each
L3010	Foot insert, removable, molded to patient model, longitudinal arch support, each
L3020	Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each
L3030	Foot insert, removable, formed to patient foot, each
L3040	Foot, arch support, removable, premolded, longitudinal, ea
L3050	Foot, arch support, removable, premolded, metatarsal, each
L3060	Foot, arch support, removable, premolded, longitudinal/metatarsal, each
L3070	Foot, arch support, nonremovable, attached to shoe, longitudinal, each
L3080	Foot, arch support, nonremovable, attached to shoe, metatarsal, each
L3090	Foot, arch support, nonremovable, attached to shoe, longitudinal/metatarsal, each
L3140	Foot, abduction rotation bar, including shoes
L3150	Foot, abduction rotation bar, without shoes
L3170	Foot, plastic heel stabilizer
L3201	Orthopedic shoe, oxford with supinator or pronator, infant
L3202	Orthopedic shoe, oxford with supinator or pronator, child
L3204	Orthopedic shoe, hightop with supinator or pronator, infant
L3206	Orthopedic shoe, hightop with supinator or pronator, child
L3212	Benesch boot, pair infant
L3213	Benesch boot, pair child
L3257	Orthopedic footwear, additional charge for split size
L3300	Lift, elevation, heel tapered to metatarsals, per inch
L3310	Lift, elevation, heel and sole, neoprene, per inch
L3320	Lift, elevation, heel and sole, cork, per inch
L3332	Lift, elevation, inside shoe, tapered, up to one-half inch
L3350	Heel wedge
L3380	Clubfoot wedge
L3580	Orthopedic shoe addition, convert instep to velcro closure
L3700	EO, elastic with stays, prefabricated, F&A
L3701	Elbow orthosis, elastic, prefabricated F&A, (e.g., neoprene, Lycra)

CODE	CODE DESCRIPTION
L3710	EO, elastic with metal joints, prefabricated F&A
L3720	EO, double upright with forearm/arm cuffs, free motion, custom fabricated
L3730	EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated
L3740	EO, double upright with forearm/arm cuffs, free motion, custom fabricated
L3760	Elbow orthosis, with adjustable position locking joint(s), prefabricated, F&A, any type
L3762	Elbow orthosis, rigid, without joints, includes soft interface material, prefabricated, F&A
L3800	WHFO, short opponens, no attachments, custom fabricated
L3805	WHFO, long opponens, no attachments, custom fabricated
L3807	WHFO, without joints, prefabricated, F&A, any type
L3810	WHFO, addition to short and long opponens, thumb abduction ("C") bar
L3890	Addition to upper extremity joint, wrist or elbw, concentric adjustable torsion style mechanism, each
L3906	WHO, wrist gauntlet, molded to patient model, custom fabricated
L3907	WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated
L3908	WHO, wrist extension control cock-up, non-molded, prefabricated, F&A
L3909	Wrist orthosis, elastic, prefabricated, F&A (e.g., neoprene, Lycra)
L3911	Wrist hand finger orthosis, elastic, prefabricated, F&A (e.g., neoprene, Lycra)
L3912	HFO, flexion glove with elastic finger control, prefabricated, F&A
L3914	WHO, wrist extension cock-up, prefabricated, F&A
L3923	HFO, without joints, prefabricated, F&A
L3936	WHFO, Palmer, prefabricated, F&A
L3938	WHFO, dorsal wrist, prefabricated, F&A
L3946	HFO, composite+F164 elastic, prefabricated, F&A
L3956	Addition of joint to upper extremity orthosis, any material; per joint
L3999	Upper limb orthosis, NOS
L4210	Repair of orthotic device, repair or replace minor parts
L4392	Replacement soft interface material, static AFO
Q4051	Splint supplies, miscellaneous (includes thermoplastics, strapping, fasteners, padding, and other supplies)
S5199	Adaptive, utensil, feeding
S5199	Adaptive, cup, nosey
S5199	Personal care item, NOS, each
S8470	Stander, positioning device
V5014	Hearing aid, repairs, over \$100
V5014	Repair/modification of a hearing aid
V5060	Hearing aid, monaural, behind the ear
V5140	Hearing aid, binaural, behind the ear

CODE	CODE DESCRIPTION
V5150	Hearing aid, binaural, glasses
V5160	Hearing aid dispensing fee, binaural
V5241	Hearing aid dispensing fee, monaural
V5267	Hearing aid, pediatric care kit
V5264	Hearing aid ear mold/insert, not disposable, any type
V5266	Battery for use in hearing aid
V5266	Hearing aid, battery, silver, any size, each
V5267	Hearing aid supplies/accessories
V5267	Hearing aid, alligator clip
V5267	Hearing aid, Replacement cord
V5336	Repair/modification of augmentative communication system or device

EARLY INTERVENTION PUBLIC AND PRIVATE INSURANCE USE DETERMINATION

Please monitor the EI website at www.dhs.state.il.us/ei for changes to Early Intervention Insurance Use Determination procedures.

**EARLY INTERVENTION SERVICE COORDINATION
PUBLIC AND PRIVATE INSURANCE USE DETERMINATION**

POLICY

1. Families whose children are enrolled under private insurance plans are required to use their child's benefits to assist in meeting the costs of covered Early Intervention services and devices unless an insurance exemption has been approved.
2. The family, in conjunction with the CFC, and in cooperation with their insurance company and the service provider, will determine insurance benefits. The provider shall contact the insurance carrier for verification of benefits and should send the verification in the form of a denied claim or statement of non-coverage under the insurance plan to the CBO as part of the billing process. One or more of the following items must be obtained by the CFC as documentation if the service is not covered:
 - Applicable pages from the plan that clearly state that the service is not covered;
 - Notes from conversation(s), with the name(s) of the insurance company contact, phone number(s) and date(s) of contact, by CFC Manager and/or service coordinator confirming denial of the service; and/or
 - Written response or denial from insurance company
3. All Early Intervention service providers are required to bill private insurance prior to billing the CBO unless an exemption has been approved. The only exceptions are Developmental Therapists, Interpreters, Deaf Mentors, and Physicians providing only medical diagnostics, Transporters, and Parent Liaisons.
4. Families may request exemption from private insurance for one or more services if such use would put the family at material risk of losing their coverage as specified on the Insurance Exemption Request form.
 - a) Private insurance plan/policy covering the child was purchased individually by a head of household not eligible for group medical insurance.
 - b) Child's private insurance plan/policy has lifetime cap for one or more types of early intervention services which could be exhausted during the IFSP period based on the estimated cost of the Early Intervention services.
5. Service coordinators are required to enter private insurance information on Cornerstone for covered EI eligible children.
6. Service coordinators are required to enter Medicaid or KidCare (State Child Health Insurance Program or other public insurance plan) recipient identification numbers on Cornerstone for covered EI eligible children.
7. Regional intake entities are required to apply to the Illinois Department of Public Aid to become KidCare Applicant agents.
8. Families determined eligible through use of the Screening Device are required to apply for benefits through Medicaid/KidCare in order to enroll and remain eligible for Early Intervention services.

9. As payer of last resort, all other resources must be maximized to cover the costs of Early Intervention services prior to utilizing state and federal appropriations for Early Intervention services.

PROCEDURES

Determining Other Eligibility

- 1.0 Complete the Screening Device to determine eligibility for KidCare/Medicaid and University of Illinois Division of Specialized Care for Children (DSCC) services. If indicated, complete and submit a KidCare application and/or make a referral to DSCC. As part of the referral to DSCC and with proper authorization (documented with the *Consent for Release of Information* form), send to the DSCC local office a copy of the completed *Screening Device* and the following Cornerstone screens/reports: *Participant Enrollment Information*, *Assessment History*, and *Insurance*. File the completed, signed screening form in the child's file.

Documenting Insurance Coverage

- 2.0 Assist family in completion of the *Insurance Affidavit, Assignment and Release* form.
 - 2.1 If the child has private health insurance enter insurance information on Cornerstone.
 - 2.2 If the child has insurance coverage through Medicaid/KidCare or the Medicaid managed care program, enter the correct code into Cornerstone (refer to the Cornerstone Manual if necessary).
 - 2.2 If the child has public insurance through Medicaid/KidCare, and private health insurance or insurance through the Medicaid managed care program enter the correct code into Cornerstone (refer to the Cornerstone Manual if necessary).
 - 2.4 If the child does not have private or public insurance, enter correct code into Cornerstone (refer to the Cornerstone Manual if necessary).

Determining if Insurance will be Billed

- 3.0 Determine if insurance may be used to pay for Early Intervention services and equipment or if any Statutory Waivers or Exemptions apply for that particular child. All information obtained on the family's policy must be forwarded to the service provider.
 - 3.1 Insurance use is NOT required if any of the following are true:
 - 3.1.1 Insurance provider is not available to receive the referral and begin services immediately (within 15 business days).
 - 3.1.2 Insurance provider is not enrolled and fully credentialed as a provider in the Early Intervention system.
 - 3.1.3 Insurance company will not cover the services in the manner required in the IFSP.
 - 3.1.4 Family would have to travel more than an additional 15 miles or an additional 30 minutes to the insurance provider as compared to travel to a different enrolled and credentialed provider.
 - 3.1.5 The family's insurance carrier has no approved providers that are enrolled and credentialed in the Early Intervention system or they allow for billing (even at a reduced rate) for Early Intervention services by non-insurance providers.
 - 3.2 Statutory Insurance Waiver Certification
During service coordination activities, it may be determined that one of the situations in

ATTACHMENT 7 – cont.

section 3.1 does exist and that issuing an insurance waiver may be appropriate. The service coordinator should:

1. Determine which waiver type applies.
2. Obtain written verification of the waiver type from the insurance company.
 - 2a. If written verification is not attainable, obtain verbal verification and document the verification according to the guidelines of the At-A-Glance policy grid. *
3. Complete an insurance waiver.
4. Immediately forward a copy of the completed waiver form to the CBO.
5. Immediately forward a copy of the completed waiver form to the provider.
6. Attach all documentation to the original waiver and maintain in the child's file.

**Note: Insurance waivers ONLY, may be documented verbally if NO written documentation is attainable.*

- 3.3 To apply for an Insurance Use Exemption, provide the family with a copy of the *Insurance Exemption Request* form and explain the two types of exemption that can be requested:

- a) Private/Non-Group Plan;
- b) Lifetime Cap on some or all IFSP services

*These exemption requests require the signature of the CFC manager to confirm the appropriateness of the request and thoroughness of the submitted documentation and are the **only** type that should be sent directly to the Bureau of Early Intervention.

- 3.4.1 Upon request of the family, assist them in completing the form and submit it and all attachments and documentation to the Insurance Exemption Request Coordinator at DHS. DHS will make a decision within 10 business days of receiving all required information.
- 3.4.2 Update SV 07 Insurance field to indicate "Pending Exempt" for the authorized services for which an Insurance Use Exemption is be applied for on the same day the request is submitted to DHS. Do not use this code until the exemption request has been sent to DHS.
- 3.4.3 Upon receipt of a decision from DHS, update the SV 07 Insurance field immediately.
- 3.4.4 If the private insurance plan/policy covering the child is not part of a group medical insurance plan, and an exemption has been approved enter the code for "*Insurance Exempt/Individual Plan*".
- 3.4.5 If an exemption has been approved for all IFSP services because a child's private insurance plan/policy has an overall lifetime cap which could be exhausted during the IFSP period due to the billing of early intervention services, enter the code for "Insurance Exempt/Cap on All".
- 3.4.6 If an exemption has been approved for one or more IFSP services because a child's private insurance plan/policy has a lifetime cap for one or more types of early intervention services which could be exhausted during the IFSP period due to the billing of early intervention services, enter the code "Insurance Exempt/Cap on Some" on the SV 07 screen related to the authorizations for those services.
- 3.4.7 If the Insurance Use Exemption has been denied, update the SV 07 Insurance field to reflect, "Bill Insurance First" and notify all service providers of the new insurance billing status. Claims submitted to the Central Billing Office more than 7 (seven)-calendar days after the date of the denial will be placed in a pending status if they do not have an insurance Explanation of Benefits attached.

Determining the Appropriate Insurance Billing Indicator in Cornerstone

- 4.0 *There is an insurance billing indicator (commonly referred to as the “Insurance Flag”)* for each Cornerstone generated authorization. The person generating the authorization must check the appropriate insurance billing procedure for the provider performing each service. The insurance billing indicator will print on the authorization that is shared with the authorized provider.
- 4.1 The PA 35 screen will display a general billing indicator that may be different than the specific per service indicator. The general indicator should not be confused with the specific per authorization indicators generated per authorization.

Determining the Provider

- 5.0 Give the family a list of credentialed, enrolled Early Intervention providers in the geographic area. The list should include which insurance networks each provider participates in. If the providers that are approved by the family’s insurance network are not known to the CFC or the family, the CFC will assist the family in obtaining a list of approved providers from the insurance carrier and verifying if any of those providers are credentialed and enrolled in the Early Intervention system.
- 5.1 If HMO: The service coordinator will provide the family a list of approved providers, specifically identifying those providers who are approved by that family’s HMO and are enrolled in the Early Intervention system. The family should be informed that, under certain circumstances, an HMO may make payments to a provider not in its HMO network. Determination of benefits is established in cooperation between the family, insurance company, and the provider. A determination of payment to a provider not in the HMO network is made with the same parties. If an HMO will not approve payment to an out-of-network provider, the family will be required to accept services from an HMO provider in accordance with all applicable Early Intervention rules and statutes.
- 5.2 If PPO or POS: The service coordinator will provide the family a list of approved providers, specifically identifying those providers who are approved by that family’s PPO and are enrolled in the Early Intervention system. The Service Coordinator will also advise the family that any of those listed enrolled Early Intervention providers would most likely be able to access the insurance but an actual determination of benefits would be established in cooperation between the family, insurance company and the provider.
- 6.0 Print and attach the following and distribute to IFSP team members and family as part of the IFSP:
- Cornerstone *Insurance Report*,
 - Family’s insurance card, if applicable,
 - *Insurance Affidavit, Assignment, and Release* form.
 - Insurance Use Exemption Request form, if applicable
- *Service providers are **not** to bill private insurance until they have received this information from the CFC *and not before* the effective date shown on the Cornerstone *Insurance Report*. If private insurance exemption is approved for some or all services, attach a copy of the DHS exemption approval letter to the Cornerstone *Insurance Report* before distributing to providers and families.
- 7.0 Tell families and providers that they must inform their service coordinator immediately if the child’s Medicaid/KidCare or private insurance coverage changes. Failure to

do so may result in the provider's inability to receive payment from the insurance company or the CBO and may create a liability on the part of the family.

PROVIDER RESPONSIBILITIES

The early intervention provider must verify that IFSP services are a covered benefit under insurance plan. There may be multiple plans. For example, vision related services might be covered in a separate policy.

a) Review Insurance Plan or Policy Booklet.

Ask the family to provide a copy of the policy or plan. Review the plan, noting references to IFSP services, requirements for services and exclusions. See list (c) below. A service may be listed in the *Benefits Summary*, but it is necessary to go to the specific section for that benefit to determine coverage. The benefit may be under its own heading, 'Speech Therapy' or may be included in a section, such as 'Outpatient Rehabilitation Services'. For further information, also review the *Exclusions Section*. There may be references in these sections to 'restorative' therapy, i.e., that which restores a previous function. There may be other subjective restrictions such as the requirement that significant improvement may be expected within two months of initiating therapy.

b) Contact Insurance Company.

If more information is needed, it may be necessary to contact the insurance provider. Call the number on family's insurance card. If there is no number available, reference the Insurance Provider Phone Directory on the Early Intervention web site to obtain a general number for the insurance company. When the insurance company is reached, ask to be connected with *Benefits Verification*. Identify yourself, say you are representing a customer and would like to verify coverage of the particular Early Intervention service(s). If permitted, be prepared to provide policy holder's identifying information. If the insurance company will not release information, assist policy holder in obtaining the information below by making the call during a home or office visit or by placing a conference call with the family and the insurance provider.

c) Submit documentation to the CBO.

Collect the following documentation from the family, if applicable, and submit the appropriate Statutory Waiver to the covered service providers for submission to the CBO:

- Applicable pages from plan; and/or
- Written response/denial from insurance company.

DEFINITIONS

Enrolled Provider

A provider that is credentialed and enrolled in the Early Intervention System to provide direct service to children.

Approved Provider

A provider that is authorized to provide services and bill an insurance company as part of their network of providers.

Commercial Health Insurance Plans (also referred to as Private Plans)

a) Health Maintenance Organization—HMO

An HMO relies heavily on their network of providers and will typically require documentation and a standardized process to cover providers outside the network.

b) Preferred Provider Organization—PPO

A PPO contracts with a network of preferred providers, but will reimburse at a lower rate for out-of-network providers.

c) Point-of-Service—POS

A POS plan combines an HMO and PPO. A provider may subscribe to one or both plans. Because of the PPO component, out-of-network providers may be used. When requesting a list of network providers make certain both HMO and PPO providers are being included.

d) Private Insurance—Group (may also be HMO, PPO or POS)

Group insurance is usually offered through an employer. The employer may purchase a policy from an insurance company or may administer its own (self-insured) plan. Group health insurance may also be offered through other organizations or special-interest groups. Coverage varies with each plan.

e) Private Insurance—Individual (may also be HMO, PPO or POS)

Health insurance is purchased out-of-pocket directly from an insurance company to cover one of more members of a family. Coverage varies widely with each plan. This type of plan is eligible for an Insurance Exemption.

Government - Sponsored Health Plans (Also referred to as Public Plans)

a) Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

Civilian Health and Medical Program of the Veterans Administration (CHAMPVA)

These are federal programs to cover health expenses of the dependents of military personnel and veterans. They are secondary to commercial health plans. Military medical-care providers are to be used if available. Prior authorization may be required for use of civilian providers. Administered by TriCare.

b) MEDICAID—KidCare Assist

Medicaid is a federally assisted program to help with medical expenses of eligible low-income families. It is administered through the Illinois Department of Public Aid.

ATTACHMENT 7 – cont.

c) KidCare Share, Premium or Rebate

Children whose families are not eligible for Medicaid (KidCare Assist) due to income may be eligible for these low-income programs. KidCare Share and Premium require the insured to render co-payment for services. KidCare Premium also requires payment of a premium. Through KidCare Rebate, IDPA reimburses the policyholder for the cost of health insurance.

d) Illinois Comprehensive Health Insurance Plan—CHIP

CHIP is a state-subsidized program for Illinois residents who cannot otherwise purchase major medical insurance due to a pre-existing condition or disability. It is administered by Blue Cross/Blue Shield of Illinois.

e) Division of Specialized Care for Children—DSCC

DSCC offers low or no-cost diagnostic and medical services for children with certain eligible medical conditions that can be improved through treatment.

At-A-Glance Insurance Guidelines				
SCENARIO	ACCEPTABLE DOCUMENTATION	ACTION REQUIRED BY:	PAYER	COMMENTS
Service NOT a covered benefit	<ol style="list-style-type: none"> Pages from policy, and/or Written statement from insurer, and/or Notes from conversations including name of contact, date, phone number. 	<p>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</p>	CBO	
Insurance Required Evaluation by Their Approved Provider	<ol style="list-style-type: none"> Written statement from insurer, and/or Notes from conversations including name of contact, date, phone number. 	<p>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</p>	<ol style="list-style-type: none"> INSURANCE (second eval) CBO pays if insurance determination of coverage exceeds 15 business days. 	<ol style="list-style-type: none"> Only when the insurance refuses to accept the evaluation already performed by an EI provider to determine eligibility. CBO pays for dates of service prior to Pre-Cert, but only when claims are submitted with an attached approval or denial from insurer. Insurance pays for dates of service after the Cert has been approved.
Insurance Requires Medical Diagnosis	<ol style="list-style-type: none"> Pages from policy. and/or Written statement from insurer. and/or Notes from conversations including name of contact, date, phone number. 	<p>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</p>	CBO	Insurance company requires a diagnosis other than “developmental delay” in order to pay for services.

At-A-Glance Insurance Guidelines				
SCENARIO	ACCEPTABLE DOCUMENTATION	ACTION REQUIRED BY:	PAYER	COMMENTS
Medical Necessity	<ol style="list-style-type: none"> Pages from policy and/or Written statement from insurer and/or Notes from conversations including name of contact, date, phone number 	<p>Provider: Submits documentation in accordance with insurance company's requirements.</p>	<ol style="list-style-type: none"> INSURANCE CBO 	<ol style="list-style-type: none"> If insurer denies payment after review of the submitted material, provider submits EOB and claim to CBO. If provider fails to supply required information, claims will not be paid by CBO because this represents a failure to comply with insurance company requirements. <p>(Refers to the child's need for IFSP services, NOT an attempt to establish a diagnosis or link a medical model to EI services.)</p>
Referral Required	<ol style="list-style-type: none"> Pages from policy, and/or Written statement from insurer, and/or Notes from conversations including name of insurance company contact, date, phone number. 	<p>CFC: Works with family, provider and primary care physician to obtain referral.</p>	<ol style="list-style-type: none"> INSURANCE CBO 	<p>If the doctor refuses to offer referral or will only refer to a provider unable to meet the mandates of the IFSP, the CFC will verify and provide statutory waiver.</p>
Pre-Auth/Pre-Cert Required	<ol style="list-style-type: none"> Insurance company specific. 	<p>Provider: Submits documentation in accordance with insurance company's requirements.</p>	<ol style="list-style-type: none"> CBO INSURANCE 	<ol style="list-style-type: none"> CBO pays for dates of service prior to Pre-Cert, but only when claims are submitted with an attached approval or denial from insurer. Insurance pays for dates of service after the Cert has been approved.

At-A-Glance Insurance Guidelines				
SCENARIO	ACCEPTABLE DOCUMENTATION	ACTION REQUIRED BY:	PAYER	COMMENTS
Requires Network Provider that is NOT EI Credentialed	<ol style="list-style-type: none"> Pages from policy, and/or Written statement from insurer, and/or Notes from conversations including name of contact, date, phone number. 	<p>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</p>	CBO	
Out of Network Rate Available	N/A	<p>CFC: Issues auths for the provider.</p>	INSURANCE	
Provider credentialing Requirements different than EI	<ol style="list-style-type: none"> Pages from policy, and/or Written statement from insurer, and/or Notes from conversations including name of contact, date, phone number. 	<p>CFC: Supplies waiver to CBO and provider for submission to CBO with claims.</p>	CBO	If the insurance company requires credentials other than those established by EI, if none of the insurer's providers are also EI credentialed, CBO pays.

At-A-Glance Insurance Guidelines				
SCENARIO	ACCEPTABLE DOCUMENTATION	ACTION REQUIRED BY:	PAYER	COMMENTS
Insurance company Limits # of Visits	<ol style="list-style-type: none"> 1. Final EOB documenting visits exhausted. 2. Written statement from insurer. 3. Notes from conversations including name of insurance company contact, date, phone number. 	<p>Provider: Submits documentation to CBO along with claims.</p>	CBO	<ul style="list-style-type: none"> • After insurance company has paid for the pre-established number of visits, CBO should be billed for IFSP services. • Provider may follow insurer's guidelines for requesting approval for additional visits beyond initial limit.
Maximum Payable	<ol style="list-style-type: none"> 1. EOB denying payment based on annual maximum payable met 2. Written statement from insurer 3. Notes from conversations including name of insurance company contact, date, phone number. 	<p>Provider: Submits documentation to CBO along with claims.</p>	CBO	<ul style="list-style-type: none"> • After insurance company has paid up to their pre-established maximum amount payable, CBO should be billed for IFSP services • Provider may follow insurer's guidelines for requesting approval for additional visits beyond initial limit.
Insurance Deductible Applies	<ol style="list-style-type: none"> 1. EOB denying payment for failure to pay deductible 	<p>Provider: Submits documentation to CBO along with claims.</p>	CBO	<p>Provider bills insurance company, if denied then submits the EOB with the claim to CBO.</p>

At-A-Glance Insurance Guidelines				
SCENARIO	ACCEPTABLE DOCUMENTATION	ACTION REQUIRED BY:	PAYER	COMMENTS
Waiver or Exemption issued based on primary insurance status	<ol style="list-style-type: none"> 1. Waiver approval from CFC. 2. Exemption approval from DHS. 	Provider: Submits documentation (if applicable) to CBO along with claims.	CBO	Insurance waivers and exemptions apply to insurance use in general. Secondary insurance not billed if waiver or exemption has been granted for primary insurance.
Insurance Co-pay applies	N/A	Provider: Submits documentation to CBO along with claims.	INSURANCE	Liability is transferred to the State of Illinois; CO-PAY IS NOT COLLECTED