DEFINITION OF AN ENCOUNTER

A billable encounter is defined as a face-to-face visit with a physician, physician assistant, midwife or nurse practitioner or, if the clinic is enrolled to provide dental or behavioral health services, a dentist, licensed psychologist, licensed clinical social worker or licensed clinical professional counselor.
Billable Place of Service

- Office
- Patient’s home - if the patient is homebound
- Long Term Care facility - if it is the patient’s permanent place of residence

ENCOUNTER CLINIC BILLING

- Encounter Clinics may bill only one medical encounter per patient per day. An encounter with a psychiatrist is considered a medical encounter.
- If enrolled for dental services, Encounter Clinics may bill for only one dental encounter per patient per day.
- If enrolled for behavioral health services, Encounter Clinics may bill for only one behavioral health encounter per patient per day.
- If several encounters occur on the same date of service each encounter should be submitted on a separate claim.
ENCOUNTER CLINIC BILLING CONTINUED

- Claims must be submitted with the encounter CPT code (T1015) listed in the first service section along with the clinics assigned encounter rate. If T1015 is billed in any other service section the claim may reject for “no covered service”.
- The CPT codes for the services provided must then be listed in the remaining service sections at a rate of 000. These codes are referred to as the DETAIL CODES.
- An exception to the above is when billing for Medicare recipients – only T1015 needs to be billed to Medicare – no detail codes are required.

ENCOUNTER CLINIC BILLING CONTINUED

- Detail codes billed should include all services provided such as:
  - Evaluation/Management services
  - Laboratory (if CLIA) and/or x-ray services
  - Immunizations administered
  - Assessments/Screenings completed
  - Procedures performed
EPSDT DETAIL CODES

- Well-Child Visits/Preventive Medicine Services
  - 99381-99385 new patients
  - 99391-99395 established patients
- Developmental Assessments
  - 96110 or 96111
- Immunizations
  - 90476-90749
- Lead Screenings
  - if specimen is sent to IDPH bill 36415/36416 with U1 modifier for its collection
  - if specimen is not being sent to IDPH and is being analyzed at the office bill 83655

Additional information may be found in the HK Handbook (HK-200) & Appendices at http://www.hfs.illinois.gov/handbooks/

EPSDT DETAIL CODES CONTINUED

- Hearing Screening
  - 92551
- Vision Screening
  - 99173
- Labs/X-rays
- Mental Health Risk Assessment
  - 99420

Additional information may be found in the HK Handbook (HK-200) & Appendices at http://www.hfs.illinois.gov/handbooks/
ADULT PREVENTIVE SERVICES

Adult Preventive Visits (billable one time per year per client)
- 99385-99387 new patients
- 99395-99397 established patients

Immunizations
- Such as influenza or pneumococcal

Screenings
- Such as for cancer

PRENATAL/PERINATAL SERVICES

Prenatal Services
- 0500F (initial prenatal visit)
- 0502F (subsequent prenatal visit)
- 0503F/59430 (postpartum visit)

Perinatal Depression Risk Assessment
- H1000 (screening during a prenatal visit)
- 99420 with HD modifier (screening during a postpartum visit)
- Screening of mother during the infants visit – bill 99420 with HD modifier using infants RIN.

Additional information available at:
http://www.hfs.illinois.gov/assets/112904pd.pdf
ILLINOIS HEALTHY WOMEN/FAMILY PLANNING

Bill the encounter code (T1015) along with the appropriate CPT detail code(s) for the services provided – refer to the IHW website (website noted on next slide) for those CPT codes which are covered under this program.

- Bill the FP modifier with the E/M CPT code – E/M CPT code billed does include the pelvic exam, breast exam and the obtaining of the Pap specimen.
- Bill the appropriate family planning diagnosis code from the V25 series.

ILLINOIS HEALTHY WOMEN/FAMILY PLANNING

- Contraception Covered
  - Birth Control Pills: S4993
  - NuvaRing: J7303
  - Birth Control Patch: J7304
  - Injectable Birth Control: J1055
  - IUDs: J7300 for Paragard or J7302 for Mirena

- Covered Services
  - Additional information may be found at http://hfs.illinois.gov/html/120407ihw.html OR http://www.illinoishealthywomen.com/
ILLINOIS HEALTHY WOMEN/FAMILY PLANNING

- Non-Covered Services
  - Diagnostic mammograms
  - Pap smears performed at a time other than a family planning visit
  - Follow-up diagnosis and/or treatment for abnormal findings on a routine mammogram and/or Pap smear
  - Follow-up for STIs or other conditions identified during a IHW/FP visit
  - Vaccines including Gardasil and Cervarix

BEHAVIORAL HEALTH ENCOUNTER CODES

**Licensed Clinical Social Worker**
COS 58
Bill T1015 with AJ modifier plus detail code

**Licensed Clinical Psychologist**
COS 59
Bill T1015 with AH modifier plus detail code

**Licensed Clinical Professional Counselor**
COS 88
Bill T1015 with HO modifier plus detail code
The Department adopted new rules regarding group psych services effective 09-01-09. These rules can be viewed at http://www.hfs.illinois.gov/assets/083109n.pdf.

- Group psych may be provided by a physician or APN and billed as a medical encounter.
- Group psych may be provided by a licensed clinical psychologist, social worker or professional counselor and billed as a behavioral health encounter if the encounter clinic is enrolled in behavioral health.
APN PSYCH

- The Department adopted new Rules regarding psych services provided by APNs effective 10-01-09. These rules can be viewed at [http://www.hfs.illinois.gov/assets/083109n1.pdf](http://www.hfs.illinois.gov/assets/083109n1.pdf).
- Group or individual psych services provided by an APN must be billed as a medical encounter.

TELEHEALTH /TELEPSYCH

- The Department adopted new Rules regarding telepsychiatry services effective 01-29-10. These rules can be viewed at [http://www.hfs.illinois.gov/assets/011210n2.pdf](http://www.hfs.illinois.gov/assets/011210n2.pdf).
TELEHEALTH /TELEPSYCH BILLING

Originating Site vs. Distant Site
- Originating Site
  - Where the patient is located.
  - For telehealth, a physician or other licensed healthcare professional must be present with the patient.
  - For telepsychiatry, a physician, licensed health care professional or other licensed clinician, mental health professional (MHP) or qualified mental health professional (QMHP) as defined in 59 IL, Admin. Code must be present with the patient.

TELEHEALTH /TELEPSYCH BILLING

Originating Site vs. Distant Site
- Originating Site
  - Bill T1015 along with the detail code with the GT modifier.
  - Reimbursement is at the medical encounter rate.
  - Encounter Clinics serving as the originating site is responsible for the reimbursement to the distant site provider – the distant site provider should not seek reimbursement from the Department.
TELEHEALTH / TELEPSYCH BILLING

Originating Site Continued
- Identify the distant site rendering providers name and NPI on the claim.
- Must ensure and document that the distant site provider meets the Department’s requirements for telehealth and/or telepsychiatry services since the clinic is reimbursing this provider.

TELEHEALTH / TELEPSYCH BILLING

- Distant Site
  - Where the provider rendering the service is located.
  - If both the distant site and the originating site are Encounter Clinics the distant site cannot bill for their service – only the originating site may bill (bill T1015 along with the detail code with the GT modifier).
  - If the distant site is an Encounter Clinic and the originating site is not the distant site should bill T1015 along with the detail code with the GT modifier and will be reimbursed at the medical encounter rate. The rendering provider name and NPI must be reported.
TELEHEALTH / TELEPSYCH BILLING

■ Distant Site Continued
  - For telehealth services the rendering provider may be a physician, podiatrist or APN.
  - For telepsychiatry services the rendering provider must be a physician who has completed an approved general or child/adolescent psychiatry residency program, has submitted documentation of such to the Department and has been enrolled for COS 006.
  - Group psychotherapy is not a covered telepsychiatry service.

TELEHEALTH / TELEPSYCH BILLING

■ For further information in regards to billing telehealth and/or telepsych services refer to Chapter A-200 Appendix 9 or to http://www.hfs.illinois.gov/assets/a200a.pdf
New Procedure Code S5190

- Wellness Assessment, performed by non-physician; limited to FQHCs, RHCS, and ERCs
- Used instead of T1015 and cannot be billed on the same claim as T1015
- For reporting purposes only, not payable
- Must be billed with at least one additional covered HCPCS code
- Example: vaccine given by RN without physician visit
- A notice will be posted to the Department’s website with specific information on this code soon

PRACTITIONER FEE SCHEDULE

- The Practitioner Fee Schedule is located at: http://www.hfs.illinois.gov/feeschedule/
- A revised fee schedule will be posted in March 2012.
- Although encounter clinic visits are not reimbursed on a fee-for-service basis this is a good source for covered CPT codes.
WEBSITES

- Laws and Rules
  - http://www.hfs.illinois.gov/lawsrules/
- Handbooks
  - http://www.hfs.illinois.gov/handbooks/
    - Ch. 100 – General Policies and Procedures
    - Ch. 200 – Physician Handbook
    - Ch. D-200 – Handbook for Encounter
    - Clinic Services – currently being revised – new version to be released on the website
    - Ch. HK-200 – Handbook for Providers of Healthy Kids services
    - Ch. 300 – Handbook for Electronic Processing

PROVIDER RELEASES

- Encounter clinics should register to receive Department provider releases and e-mail notifications.
- The Department no longer mails out releases/notifications.
- Registration to receive releases and e-mail notifications may be completed at:
  http://www.hfs.illinois.gov/releases/
BILLING INQUIRIES

- Billing Consultants may be reached by dialing 1-877-782-5565 – option 3 – option 1.

MEDI

- The MEDI website is located at: www.myhfs.illinois.gov
- A State of Illinois digital certificate must be obtained prior to using the MEDI site - click on “Register” on the MEDI site to accomplish this.
- Training for MEDI can be found at: http://www.myhfs.illinois.gov/training/guides.html
- If you are an IHC PCP you can contact your Provider Service Representative for help.
MEDI

- MEDI is available for:
  - Verifying client eligibility
  - Submitting claims
  - Checking claim status
  - Checking PCP information

837P HIPAA 5010

- It is mandatory that electronic billing be converted to version 5010 of the 837P on 04-01-12.
- A major change in the 5010 version is the elimination of the pay-to-loop 2010AB.
- Chapter 300 Companion Guides for both 4010 and 5010 are available on the website at http://www.hfs.illinois.gov/handbooks/chapte r300.html
837P HIPAA 5010

- Dual processing for 4010 and 5010 formats will run through 03-31-12.
- Providers need to work with their software vendors to be ready for full 5010 implementation on 04-01-12.
- It is advised that you initially send in a small number of claims to see how they process.

837P HIPAA 5010

- Billing Encounter Visits
  - Loop 2010AA – Segment 85
    enter the Encounter Clinic’s payee NPI and the clinics taxonomy code – the NPI must be linked to the Encounter Clinic’s HFS provider number and the HFS 16 digit payee number.
  - Loop 2310B – Segment 82
    enter the rendering provider’s name and individual NPI
837P HIPAA 5010

- Billing Fee For Service (hospital visits)
  - Loop 2010AA – Segment 85
    enter the payee NPI linked to the rendering physician
    (this NPI can be linked to the clinic but not as an Encounter Clinic)
  - Loop 2310B – Segment 82
    enter the rendering provider’s name, individual NPI, and taxonomy code

ICD -10

- Implementation of ICD-10 is mandatory for DOS on and after 10-01-2013
- The Department is currently moving forward with this project and plans to be fully ready to implement in 10-01-2013.
NATIONAL CORRECT CODING INITIATIVE

- Medicare has been using NCCI edits for several years and it is now mandatory that Medicaid agencies implement these edits.
- The NCCI edits are procedure-to-procedure edits for services provided by the same provider to the same person on the same date of service.
- A notice will be posted to the Department’s website with specific information on these edits when implemented.

REFERRING/ORDERING/PRESCRIBING PROVIDERS

- It will be mandatory that all providers who refer patients, order services or prescribe medication be enrolled with the Department.
- The Department is currently awaiting further clarification from CMS on the implementation of this requirement.
- A notice will be posted to the website when implemented.
INTEGRATED CARE

- Integrated Care serves approximately 40,000 Seniors and adults with disabilities in the counties of DuPage, Kane, Kankakee, Lake, Will and Suburban Cook (non 606 zip codes).
- These clients are eligible for Medicaid but not Medicare.
- This program covers all Medicaid services.
- IlliniCare & Aetna are the HMOs who will manage this program.
- Telephone #s
  - Aetna Better Health: 1-866-212-2851
  - IlliniCare Health Plan: 1-866-329-4701

COMMON ERROR CODES

A43 – service not covered - client has IHW coverage
C17 – place of service illogical
D01 – duplicate claim – previously pd
G11 – IHC PCP referral required
R36 - client has Medicare – bill Medicare first.
H50 – payee not valid for provider
M93 – missing payee/multiple payees
H55 – rendering NPI missing/invalid
C97 – No payable service on claim
QUESTIONS