ILLINOIS DEPARTMENT OF Healthcare and Family Services

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INFORMATIONAL NOTICE

DATE: September 4, 2009

TO: Participating Physicians, Advanced Practice Nurses (APN), and Hospital Clinics

RE: Illinois Health Connect Referral System Implementation and Direct Access Service Billing Requirements

The Department of Healthcare and Family Services (HFS) and Illinois Health Connect (IHC) are implementing Phase I of the Illinois Health Connect Referral System by Region, on the dates provided below:

- **Northwest Counties - October 1, 2009**
- **Collar Counties – December 1, 2009**
- **Cook County – February 1, 2010**
- **Central Counties – April 1, 2010**
- **Southern Counties – April 1, 2010**

For a listing of the counties in each region, refer to the August 3, 2009, Informational Notice regarding Illinois Health Connect Referral System Implementation – Phase I at <http://www.hfs.illinois.gov/all/>. Phase I of the Illinois Health Connect Referral System is being implemented to continue the ongoing efforts to connect Illinois Health Connect patients with their medical homes.

Effective with dates of services beginning on October 1, 2009, in the Northwest Counties, and after as identified by Region above, IHC participants must be seen by their own PCP or a physician or clinic affiliated with their PCP. PCPs seeing IHC participants not enrolled on their panel, or on an affiliated PCP's panel on the date of service, must obtain a referral from the participant's PCP in order to be reimbursed by HFS for services provided. Claims that require a referral from the participant's PCP, but no referral is on file, will be rejected with error message G11– IHC PCP Referral Required. Care provided by specialists or other non-IHC providers does NOT require a referral in Phase I.

Under Phase I of the Illinois Health Connect Referral System, PCPs who provide direct access services as outlined on the attached chart will not need a referral from a participants PCP at this time.

In addition, HFS will begin requiring PCPs who provide obstetrical or gynecological services to begin using a state defined modifier to identify these services. Modifier U5 (OB/GYN Service) will be required on any obstetrical or gynecological services provided by a PCP with the exception of abortions, Gardasil, or procedures that render a participant sterile but are not performed for sterilization purposes. The excepted procedures must continue to be billed with the appropriate modifier following current HFS policy. In addition to billing for obstetrical or gynecological services using the U5 modifier, the following CPT Codes for prenatal and postpartum visits, and deliveries are direct access: 0500F, 0502F, 0503F, 59430, 59409, 59410, 59514, 59515, 59612, 59614, 59620 and 59622.

The chart provided with this notice identifies the direct access services that will not require a referral from a participant's PCP in order to be reimbursed for services provided, and the proper billing procedures for each service.

Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at 1-877-782-5565.

/s/

Theresa A. Eagleson, Administrator
Division of Medical Programs

Direct Access Services Available Without A Referral

For Physicians (PT 010), Advanced Practice Nurses (PT 016),
and Hospital Clinics (PT 030 with 5 in the 10th digit or PT 054)
(As of 09-04-2009)

Direct Access Service	For direct access services to be paid without a referral, a claim must be submitted as follows:
Services to participants under 92 days old	Billing remains the same.
Psychiatric Services	Billing remains the same.
Immunization	Billing remains the same.
Lead screening/epidemiological	Billing remains the same.
Family Planning/Treatment of STD	Appropriate E/M CPT Code in conjunction with Modifier FP.
Tuberculosis Treatment	Services must be billed with a tuberculosis diagnosis code.
Obstetrical/gynecological services	Appropriate CPT Code in conjunction with Modifier U5, and the following codes for prenatal and postpartum visits and deliveries – 0500F, 0502F, 0503F, 59430, 59409, 59410, 59514, 59612, 59614, 59620 and 59622.
Pathology/lab services	Billing remains the same.
Radiology services	Billing remains the same.
EKG services	Billing remains the same.
Vision services	Billing remains the same.
Services provided in a hospital setting (i.e., inpatient, outpatient or emergency room)	Billing remains the same.
Mobile Unit	Provider site approved by HFS as direct access mobile unit must submit claims with Place of Service 15 (mobile unit).