

## Providers and CFCs Questions and Answers for January 2010

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**Q:**

**I would like to learn more about billing using the new billing services, including the online billing, and how to insure payment for services.**

There are actually two questions here.

**A:**

I'm presuming that you are referring to our Free Insurance Billing service for registered providers. The downloadable informational packet is located at <http://www.eicbo.info/providers/InsBillingInfo.pdf>

**A:**

The EI-CBO does not issue payments for provider services. The EI-CBO processes payment vouchers for provider services and transmits the payment vouchers to State of Illinois Comptroller's office. Payment for all the vouchers are issued by the Comptroller's office.

If your question is how to ensure that the claims submitted to the EI-CBO for the services that you provided does not get denied, then the answer would be:

1. Make sure that you have read and understand the "Early Intervention Provider Handbook"  
[http://www.eicbo.info/providers/Service\\_Description\\_2009.pdf](http://www.eicbo.info/providers/Service_Description_2009.pdf)
2. Make sure that you have the authorization papers in your hand prior to providing the service.
3. Make sure that you provide the exact service that is on the authorization.
4. Make sure that your claims are received by the EI-CBO within and better yet ahead of the 90-day filing limit. You will receive either a remittance, a provider claims summary or a mailback letter from the EI-CBO once your claim has been processed. It is the provider's responsibility to follow-up with the EI-CBO if the provider does not receive anything back for the claims that they have submitted to the EI-CBO.  
Follow-up by calling the Help-Desk phone number 1-800-634-8540.

**Q:**

**How is a "month" determined for 2 times a month services?**

**A:**

30 days from the start date of the Authorization.

**Q:**  
**Why isn't an electronically submitted bill considered as received on the date of submission?**

A:  
Because we have a procedure in place to group all of the electronically submitted claims at the end of the day (12:00AM CST) and the processing of those claims do not take place until early in the morning the next day.

**Q:**  
**How many days does it take for it to be considered submitted?**

A:  
The 90-day filing limit is calculated NOT by the submitted date but rather by the EI-CBO's claim received date. For electronic claims the claim received date is normally 1 to 2 days after the submission date and for paper claims it is normally 2 to 3 days after the paper claims are picked up from the designated post office box and then sorted and prepped for processing.

**Q:**  
**Why are DT billings sometimes denied because no EOB was submitted when DT's do not submit to insurance?**

A:  
DT billing should not be denied as having no EOB. It could have been an error in processing by the EI-CBO. We would need to review the exact claim in question.

**Q:**  
**What are the guidelines for make-up session billings?**

A:  
The make-up sessions guidelines are located on the second page under bullet points 10 thru 13 in the EI Provider Policy/Procedure Update dated (6/30/05)  
<http://www.eicbo.info/providers/Policy-Procedure-Update.pdf>