

## Providers and CFCs Questions and Answers for June 2010

**Q:** *Is the procedure code 92507 TL (Aural Rehabilitation and other related services) a billable code to insurance per the EI program.*

**A:** Local HCPC code 92507 TL is a billable code to the insurance company. However the determining factor of whether the provider is required to bill the insurance company depends upon the category of service that the rendering provider is credentialed under for the Early Intervention program. Provider types AU, AR, DT, DV and ST currently uses this procedure code for Early Intervention billing. Per Early Intervention guidelines Developmental Therapist/ Hearing are not required to bill insurance therefore rendering provider types DT or AR are not required to bill the insurance company but can submit claims directly to the EI-CBO. The remaining rendering provider types ST, AU, or DV are required to submit their claims to insurance first.

**Q:** *I am a new provider and I have a lot of questions. Where can I go to find out more about Early Intervention and billing guidelines?*

**A:** Contact The Illinois Early Intervention Training Program at 866-509-3867 ext. 250 or visit the website at [www.illinoiseittraining.org](http://www.illinoiseittraining.org) for more information on training and an overview of the program.

Contact Provider Connections with questions related to credentialing and enrollment in the EI program at 800-701-099 5 and visit the website at [www.wiu.edu/providerconnections](http://www.wiu.edu/providerconnections)

Visit the Early Intervention Central Billing Office website at [www.eicbo.info](http://www.eicbo.info) to obtain information on billing rules and guidelines or contact Help Desk Services at 1-800-634-8540.

The Early Intervention Program is administered by the Department of Human Services Bureau of Early Intervention. It is suggested for providers to also view Illinois State's Early Intervention program website at [www.dhs.state.il.us/ei](http://www.dhs.state.il.us/ei) for information on the program, provider guidelines and other requirements.

**Q:** *My claim to insurance was denied indicating the medical group did not approve. I sent this to the CBO and was informed that this denial reason was insufficient. I would like to know what it is that the CBO is looking for.*

**A:** When the CBO receives this type of denial reason attached to a claim form the CBO makes a call to the insurance company to verify why the medical group was not approved. If the insurance indicates that it is not covered then the CBO will consider the claim for payment. If the insurance indicates that documentation was requested from the provider and not received then the CBO will not consider this claim for payment. It is suggested when the insurance EOB does not clearly state that the service is not covered then the provider should also call to verify.

**Q:** *The insurance company will pay for the evaluation at a higher rate than the Early Intervention program. Can I bill evaluations to the insurance company?*

**A:** For the Early Intervention Program and per federal and state law, services that are provided at public expense that are not to be billed to insurance include Evaluations, Assessments, Medical Diagnostics, and IFSP Development. These services should only be billed to the Early Intervention Central Billing Office and never to the insurance company of the family.