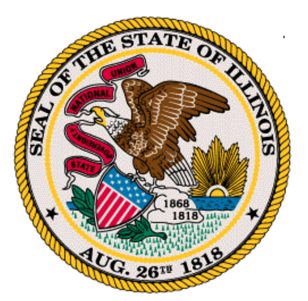
Illinois Department of Public Aid

Planned Parenthood Presentation
March 23, 2005



General Family Planning Claim Overview

- If services are rendered for family planning purposes, indicate "yes" in box 23B on the 2360 paper claim form, or Loop 2400, element SV112 for the 837P billing format.
- Family planning visits must indicate the appropriate Evaluation/Management (E/M) HCPCS code and FP in the modifier field. On the 2360, the modifier field is the box directly after the procedure code field.
- When directed to identify specific product information or quantities, use the description field – field 24C on the 2360 or Loop 2300, element NTE02 for the 837P. The field for the electronic format is 80 characters in length. The J codes should be indicated in Loop 2400, element SV1.

General Family Planning Claim Overview (continued)

- We are requesting that providers begin to include the NDC for dispensed drugs. It should be entered in the description field (24C) of the 2360 or Loop 2410, element LIN for the 837P. At this time, the NDC is not mandatory and claims will not reject if it is not present. It will be mandatory in the future, but providers will be notified in advance of that requirement.
- When directed to identify the quantity in the days/ units field, it is 24F on the 2360 or Loop 2400, element SV103 for the 837P.
- Family planning visits must be billed with the appropriate family planning "V" diagnosis code (V25.XX).

NuvaRing

- For dates of service prior to January 1, 2005 use supply code 99070 with the product name and quantity in the description field.
- For dates of service January 1, 2005 and after use the new specific HCPCS code for vaginal ring: J7303. Indicate the quantity dispensed in the days/units field.
- Maximum Quantity: 3 per 90 days

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

333

IDPA USE ONLY

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8. INSURED'S GROUP NO. (GROUP NAME) AND/OR MEDICAID NO.
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10. WAS CONDITION RELATED TO
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YES NO
B. ACCIDENT
AUTO OTHER
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12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)
SIGNED DATE
13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW
SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

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15. DATE FIRST CONSULTED YOU FOR THIS CONDITION
16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOM:
YES NO
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17. DATE PATIENT ABLE TO RETURN TO WORK
18. DATES OF TOTAL DISABILITY
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DATES OF PARTIAL DISABILITY
FROM THROUGH
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21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)
22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE
YES NO CHARGES:
23A. HEALTHY KIDS SERVICES
YES NO
23B. FAMILY PLANNING
YES NO
23C. STERILIZATION/ABORTION
YES NO
23D. PRIOR AUTHORIZATION NUMBER
23E. T.O.S. *
23F. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

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26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY - SEE BACK)
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29. BALANCE DUE
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REMARKS:

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Form Approved by the Forms Management Center

IL 478-1032
Form HCFA 1500
ILLINOIS DPA 2360 (R-2-90)

Birth Control Patch

- For dates of service prior to January 1, 2005 use supply code 99070 with the product name and quantity in the description field.
- For dates of service January 1, 2005 and after use the new specific HCPCS code for hormone containing patch code: J7304
- Identify the product name and the number of patches dispensed in the description field
- Indicate a quantity of 1 in the days/units field
- Maximum quantity – 3 months supply

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IL 478-1032
Form HCFA 1500
ILLINOIS DPA 2360 (R-2-90)

Injectable Birth Control

- Use HCPCS code J1055
- Indicate a quantity of 1 in the days/units field

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Birth Control Pills

- Use HCPCS code S4993 for all birth control pills.
- Identify the product name and the number of pills dispensed in the description field.
- Indicate a quantity of 1 in the days/units field.
- Maximum quantity – 3 months supply

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IL 478-1032
Form HCFA 1500
ILLINOIS DPA 2360 (R-2-90)

Emergency Contraception

- Use HCPCS code S4993 for emergency contraception using a combination of birth control pills, Plan B or Preven Kit.
- Identify the product name and number of pills dispensed in the description field.
- Indicate a quantity of 1 in the days/units field.

Condoms

- Male condoms – use HCPCS code A4267
- Female condoms – use HCPCS code A4268
- Indicate the quantity dispensed in the days/units field.
- Maximum quantity – 30 per visit

HEALTH INSURANCE CLAIM FORM

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24. REPEAT	A. DATE OF SERVICE	B. P.O.S. *	C. BRIEFLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN — PROCEDURE CODE (IDENTIFY)	MOD		D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	DELETE
1						PRIMARY			
2						SECONDARY			
3									
4									
5									
6									
7									

25. SIGNATURE OF PHYSICIAN OR SUPPLIER (I AGREE TO COMPLY WITH THE REQUIREMENTS IN THE CERTIFICATION WHICH APPEARS ON THE REVERSE OF AND IS A PART OF THIS BILL)
SIGNED DATE
26. ACCEPT ASSIGNMENT (GOVERNMENT CLAIMS ONLY - SEE BACK)
YES NO
27. TOTAL CHARGE
28. AMOUNT PAID
29. BALANCE DUE
30. YOUR PROVIDER NUMBER
31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE
32. YOUR PATIENT'S ACCOUNT NUMBER
33. YOUR PAYEE NUMBER
34. NUMBER OF SECTIONS
35. ORIGINAL DCN
36. ORIGINAL VOUCHER NUMBER
37A. TPL CODE
37B. TPL STATUS
37C. TPL AMOUNT
37D. TPL DATE
38A. TPL CODE
38B. TPL STATUS
38C. TPL AMOUNT
38D. TPL DATE

* PLACE OF SERVICE (P.O.S.) AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK

REMARKS:

Completion mandatory, Ill. Rev. Stat., Ch. 23, P.A. Code, penalty non-payment

Form Approved by the Forms Management Center

IL 478-1032
Form HCFA 1500
ILLINOIS DPA 2360 (R-2-90)

Contraceptive Foams

- Use HCPCS code A4269 for all spermicides.
- Indicate the product name and the quantity dispensed in the description field.
- Indicate a quantity of 1 in the days/units field.
- Maximum quantity – none

Intrauterine Devices (IUDs)

- Paragard – use HCPCS code J7300
- Mirena – use HCPCS code J7302
- Indicate a quantity of 1 in the days/units field.

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

333

IDPA USE ONLY

PATIENT & INSURED (SUBSCRIBER) INFORMATION

1. PATIENT'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)

2. PATIENT'S DATE OF BIRTH

AGE

3. INSURED'S NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)

4. PATIENT'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

TELEPHONE NO.:

5. PATIENT'S SEX

MALE FEMALE

7. PATIENT RELATION TO INSURED

SELF SPOUSE CHILD OTHER

6. INSURED'S ID AND/OR MEDICARE NO. (INCLUDE ANY LETTERS)

8. INSURED'S GROUP NO. (GROUP NAME) AND/OR MEDICAID NO.

9. OTHER HEALTH INSURANCE COVERAGE - ENTER NAME OF POLICYHOLDER AND PLAN NAME AND ADDRESS AND POLICY OR MEDICAL ASSISTANCE NUMBER

10. WAS CONDITION RELATED TO

A. PATIENT'S EMPLOYMENT — YES NO

B. ACCIDENT — AUTO OTHER

11. INSURED'S ADDRESS (STREET, CITY, STATE, ZIP CODE)

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (READ BACK BEFORE SIGNING)

SIGNED DATE

13. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO UNDERSIGNED PHYSICIAN OR SUPPLIER FOR SERVICES DESCRIBED BELOW

SIGNED (INSURED OR AUTHORIZED PERSON)

PHYSICIAN OR SUPPLIER INFORMATION

14. DATE OF ◄ ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP)

15. DATE FIRST CONSULTED YOU FOR THIS CONDITION

16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOM: YES NO

CHECK HERE IF EMERGENCY

17. DATE PATIENT ABLE TO RETURN TO WORK

18. DATES OF TOTAL DISABILITY — FROM THROUGH

DATES OF PARTIAL DISABILITY — FROM THROUGH

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY)

PROVIDER NUMBER

20. FOR SERVICES RELATED TO HOSPITALIZATION GIVE HOSPITALIZATION DATES

ADMITTED DISCHARGED

21. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (IF OTHER THAN HOME OR OFFICE)

22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE

YES NO CHARGES:

23A. HEALTHY KIDS SERVICES — YES NO

23B. FAMILY PLANNING — YES NO

23C. STERILIZATION/ABORTION — YES NO

23D. PRIOR AUTHORIZATION NUMBER

23E. T.O.S. *

23F. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

24. REPEAT	A. DATE OF SERVICE	B. P.O.S. *	C. BRIEFLY DESCRIBE PROCEDURES, MEDICAL SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN — PROCEDURE CODE (IDENTIFY)	MOD		D. DIAGNOSIS CODE	E. CHARGES	F. DAYS OR UNITS	DELETE
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28. AMOUNT PAID

29. BALANCE DUE

30. YOUR PROVIDER NUMBER

31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE

32. YOUR PATIENT'S ACCOUNT NUMBER

33. YOUR PAYEE NUMBER

34. NUMBER OF SECTIONS

35. ORIGINAL DCN

36. ORIGINAL VOUCHER NUMBER

37A. TPL CODE	37B. TPL STATUS	37C. TPL AMOUNT	37D. TPL DATE	38A. TPL CODE	38B. TPL STATUS	38C. TPL AMOUNT	38D. TPL DATE

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Form Approved by the Forms Management Center

IL 478-1032
Form HCFA 1500
ILLINOIS DPA 2360 (R-2-90)

Abortions

- Use HCPCS codes 59840, 59841, 59850, 59851, 59852, 59855, 59856, or 59857 for the surgical procedure performed.
- Use the appropriate modifier to indicate the reason for the abortion:
  - U4 – Rape
  - U7 – Incest
  - U8 – To Save Mother's Life
  - U9 – To Protect Mother's Health
- Attach a completed form DPA 2390, Abortion Payment Application to the paper claim.
- Informational Notice dated October 29, 2003 can be viewed on the IDPA Web site http://www.ildpa.com/assets/102903elimination.pdf

HEALTH INSURANCE CLAIM FORM

READ INSTRUCTIONS BEFORE COMPLETING OR SIGNING THIS FORM

333

IDPA USE ONLY

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10. WAS CONDITION RELATED TO

A. PATIENT'S EMPLOYMENT B. ACCIDENT

YES NO AUTO OTHER

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15. DATE FIRST CONSULTED YOU FOR THIS CONDITION

16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOM: YES NO

CHECK HERE IF EMERGENCY

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18. DATES OF TOTAL DISABILITY

FROM THROUGH

DATES OF PARTIAL DISABILITY

FROM THROUGH

19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE (e.g. PUBLIC HEALTH AGENCY)

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23B. FAMILY PLANNING YES NO

23C. STERILIZATION/ABORTION YES NO

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* PLACE OF SERVICE (P.O.S.) AND TYPE OF SERVICE (T.O.S.) CODES ON THE BACK

REMARKS:

Abortion: RU486

- Use HCPCS code S0190 for Mifepristone and HCPCS code H0033 - oral medication administration, direct observation at the first visit, which will generate a global payment of $118.10.
- Also, bill any additional services, such as lab procedures.
- Use HCPCS code S0191 for Mistoprostol.
- Use the appropriate modifier with S0190 or S0191 to designate the reason for the abortion:
  - U4 – Rape
  - U7 – Incest
  - U8 – To Save Mother's Life
  - U9 – To Protect Mother's Health

Abortion: RU486 (continued)

- Attach a completed form DPA 2390, Abortion Payment Application to the paper claim.

- Informational Notice dated October 29, 2003 can be viewed on the IDPA Web site http://www.ildpa.com/assets/102903elimination.
- An Informational Notice will be generated to explain the use of the H0033 code for the global visit payment

Billing Questions

- Billing consultants are available Monday – Friday between the hours of 8:30 A.M. and 5:00 P.M.
- Toll-free number 877-782-5565

Medical Electronic Data Interchange (MEDI) System

MEDI IEC provides direct data entry (DDE) capability allowing:

- Users with a means to perform HIPAA compliant transactions without special hardware or software.
- Users access to Web page entry and submission of transactions directly to DPA through their Internet browser software.

Medical Electronic Data Interchange (MEDI) System

Currently in production on IEC for **both** DDE and Batch Processing:

- 270 Transaction – Recipient Eligibility Inquiry Request
- 271 Transaction – Recipient Eligibility Inquiry Response

Currently in production on IEC for DDE:

- 276 Transaction – Health Care Claim Status Request
- 277 Transaction – Health Care Claim Status Response

Currently in pilot on IEC for Batch:

- 276/277 transaction

Medical Electronic Data Interchange (MEDI) System

The following hardcopy claim format will be accepted in the MEDI IEC System effective March 21, 2005:

- DPA 2360 – Health Insurance Claim Form
- DPA 1443 – Provider Invoice Claim Form
- DPA 2209 – Transportation
- DPA 2210 – Medical Equipment/Supplies Invoice
- DPA 215 – Drug Invoice
- UB92 – all claims currently submitted on the UB92, including home health claims

MEDI IEC System Registration

- Available to:
  - Providers and their authorized agents
  - Submitting agents
  - Payees
- Must register to use by going to:
  http://www.myidpa.com
- Inquiries regarding the MEDI IEC System can be sent to:
  EDITeam@idpa.state.il.us

MEDI IEC Training

- DPA developed training viewlets to assist MEDI IEC System users.
- Viewlets are available on Introducing MEDI and for Using IEC Application.
- To access the training viewlets, go to:

  http://www.myidpa.com/training/guides.html

Other HIPAA Efforts

- National Provider Identifier (NPI)
  - Department is currently doing an analysis of the impact the NPI will have on its providers and claim systems.
- Security
  - Department continues its internal security risk assessment and mitigation to become compliant with the HIPAA security mandate by April 21, 2005.
- Electronic Attachments

Billing Contact and Resource Information

Billing Inquires:
Bureau of Comprehensive Health Services at 877-782-5565

Provider Handbooks:
www.dpaillinois.com/handbooks/

Provider Notices and Bulletins:
www.dpaillinois.com/releases/

E-mail notification on postings:
www.dpaillinois.com/provrel/