Provider Memorandum

Provider Billing Education: Procedure is illogical for Category of Service

In partnership with the Illinois Department of Healthcare and Family Services (HFS), Managed Care Organizations (MCOs) have met to discuss opportunities to improve successful provider billing. The following guidance focuses on "procedures that are illogical for the category of service". HFS has defined the criteria when a claim is submitted with a procedure code not appropriate for the taxonomy code allowed for theprovider. If an incorrect procedure is submitted, please rebill a new claim using correct information.

All providers rendering Medicaid services must be registered in IMPACT. A provider's IMPACT registration must include the provider type appropriate for the services rendered. If you are not registered in IMPACT or need to update your registration, please visit https://www.illinois.gov/hfs/impact/Pages/default.aspx. If you have any questions regarding your IMPACT registration, please email IMPACT.Help@Illinois.gov.

Illogical Procedure Example and Guidance for Certified Health Department:

HFS guidance on illogical procedures billed by Certified Health Department:

- Provider Type for Certified Health Department = 052
  - Common issues with rejected claims are rendering provider submits claim as provider type 052, but the billing provider is 036 (Community Mental Health Center)
    - Resolution: Provider must resubmit claim as provider type 036 in order for HFS to accept the claim. *Note, a provider's NPI and associated provider type must be registered with the State for successful claim submission.*
    - Examples of HCPCS Codes Associated with this issue; H0004, H0031, H2015, and T1016

Scenario	Outcome	Resolution	Example
Certified Health Department bills service as provider type 036, but rendering provider bills service as provider type 052.	Claim will reject with C32 error since procedure rendered is illogical for how this service was billed.	Provider must resubmit claim as provider type 036 in order for HFS to accept the claim	Claim has HCPCS 2015 (comprehensive community support services per fifteen minutes). Rendering provider billed as provider type Certified Health Department and billing provider as Community Mental Health Center. Claim will reject. The resolution is for the rendering provider to bill provider type Community Mental Health Center and then the claim will be accepted by HFS.

Expected billing for claim payment for Community Mental Health Center (CMHC)

Bill Taxonomy: 261QM0801X
Category of Service: 036
Rendering Provider Taxonomy: 261QM0801X (Box 24J Shaded area/Loop PRV03 Segment 2420A)
Category of Service: 036

Illogical Procedure Example and Guidance for Deliveries:

HFS guidance on illogical delivery procedures billed:

- Provider Type Federally Qualified Health Clinic = 040, Category of Service = 026
  - Common issues with rejected claims are Federally Qualified Health Clinics are submitting as the provider; however HCPCS 59514, 99219, and 99463 are services that are reimbursed to the physician, nurse practitioner, or for Anesthesia services.
  - Since the HCPCS above are for a Hospital setting they cannot be billed by a clinic.
    - Resolution: Claim needs to be re-submitted with the correct physician taxonomy and physician NPI.
    - If HCPCS 59514, 99219, and 99463 are submitted by a FQHC, then the claim will reject.

Scenario	Outcome	Resolution	Example
Federally Qualified Health Clinics are submitting as HCPCS 59514, 99219, and 99463.	Claim will reject with C32 error since procedure rendered is illogical for how this service was billed.	Claim needs to be re-submitted with the correct physician taxonomy and physician NPI.	Claim submitted under Federally Qualified Health Clinic's taxonomy and NPI with HCPCS 59514. Claim will reject. The resolution is submitting the claim under the physician's taxonomy and NPI.

Expected billing for claim payment for Physician Billing
Bill Taxonomy: Please refer to Chapter 300-Category of Service/Taxonomy Default Table for 837P
Rendering Provider Taxonomy: Please refer to Chapter 300-Category of Service/Taxonomy Default Table for 837P (Box 24J Shaded area/Loop PRV03 Segment 2420A):
https://www.illinois.gov/hfs/SiteCollectionDocuments/060607_app5.pdf

Illogical Procedure Guidance for Outpatient Office Visits under Community Mental Health Center:

HFS guidance on outpatient office visits billed by Community Mental Health Center:

- Provider Type Mental Health Service Provider = 036
  - Community Mental Health Centers cannot bill outpatient office visits as provider type = 036
    - Resolution: Resubmit claim with the correct physician or hospital FFS taxonomy and NPI as a professional claim (837P format).
    - Please refer to the CMHC fee schedule to validate HCPCS that can be rendered by provider type = 036 (https://www.illinois.gov/hfs/SiteCollectionDocuments/916SDRGHandbookAddendumFeeScheduleUpdated62117.pdf)

Scenario	Outcome	Resolution	Example
Community Mental Health Center bills outpatient office visits.	Claim will reject with C32 error since procedure rendered is illogical for how this service was billed.	Provider must resubmit the claim with the correct physician or hospital FFS taxonomy code and NPI as a professional claim (837P format).	Claim with HCPCS 99213 was billed under provider type Community Mental Health Center. Claim will reject. The resolution is to bill under the correct physician taxonomy and NPI. Claim must be submitted in 837P format.

Expected billing for claim payment for Physician Billing
Bill Taxonomy: Please refer to Chapter 300-Category of Service/Taxonomy Default Table for 837P
Rendering Provider Taxonomy: Please refer to Chapter 300-Category of Service/Taxonomy Default Table for 837P (Box 24J Shaded area/Loop PRV03 Segment 2420A):
https://www.illinois.gov/hfs/SiteCollectionDocuments/060607_app5.pdf

Illogical Procedure Example and Guidance for Group Psychotherapy:

HFS guidance on fixing illogical procedure billing for Group Psychotherapy:

- Provider Type Mental Health Service Provider = 036
  - Group Psychotherapy cannot be reimbursed to Community Mental Health Centers. These services are only billable by a licensed clinical psychologist.
    - Resolution: Claim must be resubmitted as provider type Clinical Social Worker = 086 or provider type Other Behavior Health Professionals = 088 as the provider on record or rendering provider.
      Note, a provider's NPI and associated provider type must be registered with the State for successful claim submission.
    - Managed Care Billing and Encounter Reporting Guidelines for DASA Services, providers offering both substance abuse and mental health services from the same site many not utilize the same NPI number for billing substance abuse and mental health. Mental health services must be billed under a separate NPI number from substance abuse services.
    - Limitation to billing group psychotherapy are located in Topic A-227.3 Group Psychotherapy Services https://www.illinois.gov/hfs/SiteCollectionDocuments/22717PractitionerHandbook.pdf

Scenario	Outcome	Resolution	Example
Community Mental Health Center bills group psychotherapy service.	Claim will reject with C32 error since procedure rendered is illogical for how this service was billed.	Claim must be resubmitted as provider type Clinical Social Worker = 086 or provider type Other Behavior Health Professionals = 088 as the provider on record or rendering provider.	Claim with HCPCS G0410 was billed under provider type Community Mental Health Center. Claim will reject. The resolution is to resubmit as provider type Clinical Social Worker = 086 or provider type Other Behavior Health Professionals = 088 as the provider on record or rendering provider

Expected billing for claim payment for Licensed Clinical Social Worker (LCSW)

Bill Taxonomy: 103TC0700X, 103TC2200X, 1041C0700X
Category of Service: 086
Rendering Provider Taxonomy: 103TC0700X, 103TC2200X, 1041C0700X (Box 24J Shaded area/Loop PRV03 Segment 2420A)
Category of Service: 086

Illogical Procedure Example and Guidance for HCPCS S9480:

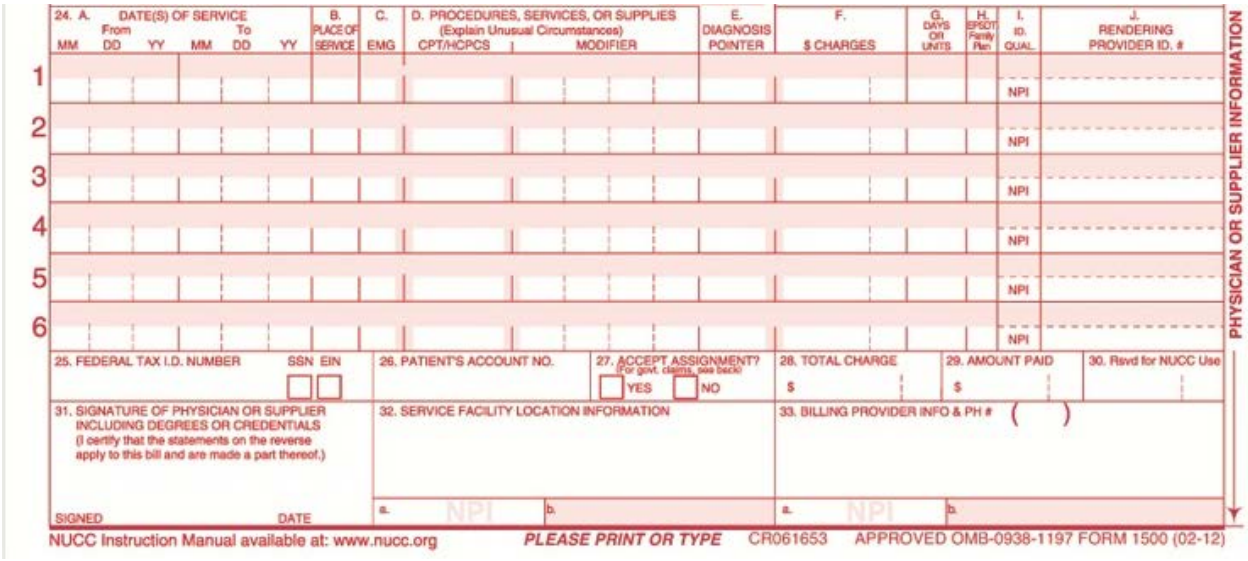
HFS guidance on fixing illogical procedure billing for HCPCS S9480:

- HCPCS S9480 submitted as Psychiatric Clinic Type A will be rejected by HFS
  - HCPCS S9480 (Intensive outpatient psychiatric services, per diem) can only be billed under Psychiatric Clinic Type B services (category of service = 028)
    - Resolution: HCPCS S9480 will not be covered under Psychiatric Clinic Type A, so submit as Psychiatric Clinic Type B category of service = 028.
    - Please reference APL guidance page 89 on acceptable HCPCS for each Psychiatric Clinic Type https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/AmbulatoryProceduresListing.aspx.

Illogical Procedure Example and Guidance for HCPCS H0004:

HFS guidance on fixing illogical procedure billing for HCPCS H0004:

- HCPCS H0004 submitted as provider type imaging service = 064 or other behavior health professionals = 088 will be rejected by HFS
  - HCPCS H0004 (Alcohol and/or Drug services behavioral health counseling and therapy, per 15 min) can only be billed by provider type DASA = 075 or provider type Mental Health Service Provider = 036
    - Resolution: Provider must submit claim with HCPCS 0004 under the correct provider NPI and taxonomy for provider type DASA = 075 or provider type Mental Health Service Provider = 036.
      Note, a provider's NPI and associated provider type must be registered with the State for successful claim submission.
    - Please reference LCPC fee schedule to reference HCPCS that are reimbursed for Licensed clinical professional counsellor provider types https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx



24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1								NPI	
2								NPI	
3								NPI	
4								NPI	
5								NPI	
6								NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO	28. TOTAL CHARGE $	29. AMOUNT PAID $	30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # ( )
SIGNED DATE	a. NPI b.	a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** CR061653 APPROVED OMB-0938-1197 FORM 1500 (02-12)

In all instances for the 837P claim submission:
Paper claims must have the appropriate rendering provider taxonomy information submitted in the shaded area of box 24J on the HCFA 1500 form identified with qualifier "ZZ". The electronic submission of the 837P must include the appropriate rendering provider taxonomy information in Segment PRV03, Loop 2420A.
Paper claims must have the appropriate billing provider taxonomy information submitted in the shaded area of box 33b on the HCFA 1500 form identified with qualifier "ZZ". The electronic submission of the billing provider taxonomy information must be submitted in Segment PRV03, Loop 2000A.