



**Early Intervention  
Central Billing Office**

**Provider  
Insurance Billing Procedures**

**January 2020**

# **Provider Insurance Billing Procedures**

## **Provider Registration**

Each provider (Individual or small group of one to seven providers) choosing to opt out of billing for one, all or any of their clients covered by private insurance, must register with the EI-CBO Insurance Billing Unit prior to identifying any EI enrolled participants for which they wish the EI-CBO to bill the insurance carrier for.

The provider must understand that there are several stages in the insurance billing process that require complete and timely cooperation from them in order to facilitate successful billing to the insurance company.

All items that are required by the provider to complete, listed in this document, can be faxed to the Early Intervention Central Billing Office at 217/492-5629 or mailed to P.O. Box 19485, Springfield, IL 62794-9485. Please allow 5 business days for processing of Provider Registration paperwork.

1. Providers will access the Insurance Billing Registration packet from the EI-CBO website at [www.eicbo.info](http://www.eicbo.info). This procedure guide on pages 7,8,9 and 10.
2. Providers can download, print, and either mail or fax the Insurance Billing Registration packet

### **Conditions of Registration Document**

- The provider's registration in the program certifies that they have read and agree to comply with all of the Conditions of Registration and understand that failure to perform the requirements, as outlined in the Conditions of Registration document, can result in termination from the insurance billing program.
- The provider must return the signed Conditions of Registration form to the EI-CBO Insurance Billing Unit by fax/mail.

### **Provider Registration Form**

- The provider must complete all information on the form in order to complete the registration process.
  - If any fields are missing data, the EI-CBO will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will send the provider a Provider Registration Information Request letter noting each item that is missing.
  - The provider must return the completed Provider Registration Information Request letter to the EI-CBO by fax, mail or by on-line submission.

### eCare Authorization Letter

- The provider must draft a letter, on their letter head, with all of the data elements of the sample letter or insert the data elements into the sample letter included authorizing the EI-CBO to access participant information such as eligibility verification, claim status inquiry, and address verification.
- The provider must forward the signed letter to the EI-CBO by fax/mail for EI-CBO to submit to eCare.
- eCare is used to verify patient eligibility with insurance carriers as well as to obtain claim status checks for insurance carriers who participate with this service.

### Navinet Authorization Letter

- The provider must draft a letter with all of the data elements of the sample letter or insert the data elements into the sample letter included authorizing the EI-CBO to access participant information such as eligibility verification, claim status inquiry, and address verification.
- The provider must forward the signed letter to the EI-CBO by fax/mail for EI-CBO to submit to Navinet.
- Navinet is used for eligibility verification and claim status inquiries for insurance carriers not participating with Availity or eCare.

3. A Welcome Letter will be forwarded notifying the provider that the registration process has been completed.

### **Participant Identification**

As the provider identifies a client(s) for whom they wish to have the EI-CBO perform insurance billing for, the provider must identify the child as an insurance billing case.

1. Once the provider receives their Welcome Letter from the EI-CBO showing that the registration process is complete, they must complete a Participant Identification form for each EI enrolled participant they request the EI-CBO to bill insurance carriers for and must submit the form, along with the required documentation, to the EI-CBO by fax, mail or by on-line submission. Please allow up to 5 business days for processing of the Participant identification paperwork. Only children that the provider has never billed the insurance company for are eligible for the billing unit service. Providers may begin services for a child who is in the registration process with the billing unit as long as the provider has obtained their EI direct service authorization, contacted the insurance carrier for benefits and has obtained any required referral and/or pre-certification requirements.
  - The provider must attach documentation showing that pre-billing requirements have been met. This may include primary care physician

referral and/or an insurance pre-certification or proof of notification, by the provider, to the insurance company.

- The provider must attach the following:
    - Copy of the evaluation report
    - Copy of the prescription from the referring physician
    - Results of any testing
2. If any required information is missing, the EI-CBO Insurance Billing Unit will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will return the registration information to the provider.
- The provider may re-fax the complete Participant Registration form and all required additional information for the child to be reconsidered for the billing unit.
3. The EI-CBO will return to the provider, via fax, an approved Participant Identification form as the provider's confirmation that the participant has been identified for insurance billing and that the provider is able to begin submitting Participant Encounter forms to the EI-CBO in order to generate claims to the private insurance carrier. Again, it is the responsibility of the provider to contact the insurance carrier prior to beginning services to ensure any and all referral and/or pre-certification requirements are met.

### **Claim Submission/Participant Encounter Form**

1. Once the provider has completed a date(s) of service, they must complete a typed Participant Encounter form for each date of service that documents the visit for which they will be seeking reimbursement. A separate encounter form must be completed for each individual visit. Please allow up to 5 business days for processing of encounter forms.
  - Please be sure to mark the type of service being rendered as well as your hourly rate and the number of units.
  - Make note of any medical diagnosis as well as the treatment diagnosis. Please do not put the ICD-10 codes on the form.
  - Please include how the issue was treated and what the treatment outcome was for each visit.
  - Please type your visit notes on the encounter form or attach office/progress notes. If you attach your office note, it must be clear and legible.
  - **PLEASE DO NOT INCLUDE PROCEDURE CODES** as our certified coders will assign the most accurate code to the encounter based on the information contained in the visit notes as well as the information contained in the previously submitted report.
2. The provider must complete all sections of the Participant Encounter form and submit the completed form via fax to 217/492-5629 or mail it to the EI-CBO.

3. To ensure that the EI-CBO Insurance Billing Unit submits the claim to the insurance carriers in a timely manner, the provider must submit the completed and typewritten Participant Encounter Form to the EI-CBO Insurance Billing Unit within 45 days from the date of service.
  - If any required information is missing, the EI-CBO will attempt to contact the provider by telephone and/or email. If the EI-CBO Billing Unit is unable to reach the provider by telephone and/or email, they will send the incomplete encounter form back to the provider. The provider should complete the missing information and the completed form should be faxed or mailed to the EI-CBO.

### **Remittance Advice**

1. After insurance company payment determination has been made on a submitted claim, the insurance company will send an Electronic Remittance Advice (ERA) or paper Explanation of Benefits (EOB) to the insured or to the provider directly.
2. A copy of the ERA/ EOB from the insurance company must be forwarded to the EI-CBO Insurance Billing Unit within 90 days from the date the provider receives it. Submission of an ERA or EOB at or close to the 90 day mark will not guarantee that the claim will be timely with the CBO when processed. Please allow up to 5 business days for the billing unit to process the EBO. The electronic claims process may then take up to an additional 2 days for the claim to be completed. Please keep this in mind and submit ERA's and EOB's with sufficient time to allow for these processing turnaround times. The EI-CBO Insurance Billing Unit will not accept a fax date or a print out date of the ERA or EOB as proof of timely filing.
3. If the provider receives an ERA or EOB from the insurance company requesting additional information, the provider must forward a copy of the request to the EI-CBO Insurance Billing Unit within seven (7) business days of receipt and the billing unit will send the requested information to the insurance company.
4. Providers must submit the ERA or EBO to the EI-CBO Insurance Billing Unit regardless of the insurance outcome. The EI-CBO will post the information to the CBO processing system and generate a Provider Claim Summary for the provider's records.

### **Secondary Payers**

1. If the child is covered by more than one private insurance plan, the steps listed in the Insurance Claim Submission section above will be repeated to submit claims to the secondary carrier after payment determination has been made by the primary carrier.
2. If the provider has not received payment at or above the current state rate for the service after payment determinations have been made by both primary and secondary private insurance carriers, the EI-CBO will process the claim minus

any insurance payment up to the state rate for the service type and intensity submitted through the CBO processing system.

### **Denial Management**

1. Upon receipt of the insurance carrier's remittance advice regarding payment/denial of the claim, the EI-CBO will review all denials.
2. If the claim has been rejected, the EI-CBO will review the denial reason to determine if the rejection is appropriate.
  - If additional information is required to clarify the denial reason, the EI-CBO will contact the insurance carrier's customer service area to seek clarification as to the reason the claim was denied.
  - If the rejection is appropriate, the EI-CBO will prepare an EI appropriate claim for payment through the EI-CBO processing system.
  - If the rejection is inappropriate, the EI-CBO will contact the insurance carrier's customer service area to attempt to resolve the denial.
3. If the rejection cannot be resolved, the EI-CBO will complete and submit an appeal or reconsideration request of the claim to the insurance carrier.
4. If the insurance carrier denies the claim after the appeal, the EI-CBO will review the second denial and determine if it is appropriate.
  - If the appeal denial is not appropriate, the EI-CBO will determine if a dispute or second level appeal is appropriate to complete and submit that appeal to the insurance carrier.

### **Posting Payments to the CBO System**

Once all primary and secondary private insurance carrier payment determinations have been made, the EI-CBO will post the payment/denial information to the CBO processing system to ensure that the CBO claims processing system and Provider Claim Summaries will accurately reflect all insurance payment activity for the EI enrolled participant.

1. If the payments from all insurance carriers total to less than the state rate, the provider will receive the additional payment due for the services performed.
2. If the payment from all insurance carriers total to more than the state rate, the provider will not receive any additional payment for the services performed.
3. For denied services, EI-CBO Insurance Billing Unit staff will enter the not covered amount and generate a post billing waiver to ensure that the provider is aware that all remaining dates of service for the remainder of the benefit year are to be billed directly to the CBO without billing the private insurance carrier.

# FORMS

This document is intended to define the Conditions of Registration into the EI-CBO Insurance Billing Unit billing program. By reading and signing this document and by completing and submitting a Provider Registration form, you agree to the terms and conditions of this document.

- The provider must read and agree to the conditions of registration.
- The provider must complete a registration packet prior to identifying clients for billing.
- The provider must submit a participant identification form along with any pre-certifications or PCP referrals received from the insurance company.
- The provider must comply with all insurance carrier restrictions.
- The provider must perform an insurance benefit verification check to ensure service coverage and obtain any provider restrictions on the participant's policy.
- The provider must submit a Participant Encounter form to the EI-CBO Insurance Billing Unit for use in insurance billing.
- The provider must respond to all EI-CBO Insurance Billing Unit information requests within seven (7) business days.
- The provider must understand that participation in the CBO insurance billing program is voluntary and that they may opt out of the program, in writing, with thirty (30) days notice for any child the EI-CBO Insurance Billing Unit is currently submitting claims for.
- The provider will only bill the EI-CBO Insurance Billing Unit for new referrals received after completion of the registration packet and notification from the EI-CBO Insurance Billing Unit that the participant's registration has been accepted.
- The provider must realize this is a voluntary program and that they may be terminated from the insurance billing program for repeated violations of policy, procedures and generally accepted billing practices.

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PROVIDER SIGNATURE

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DATE



**EARLY INTERVENTION CENTRAL BILLING OFFICE / INSURANCE BILLING UNIT**  
**PROVIDER REGISTRATION FORM FOR INDEPENDENT OR SMALL PROVIDER GROUP (one to seven therapists)**

Provider Name:		Date:		
Payee Name:				
Billing Address:				
Email Address:		Telephone:		
		Fax Number:		
Tax ID/SSN:		NPI (Rendering):		
State License #:		NPI (Payee):		
Discipline(s) registering for:				
<b>Insurance Company Affiliations:</b>				
Insurance Company Name:	Enrollment Status: In-Network/Out-of-Network/Ineligible:	Insurance Provider PIN:	Are you currently sending electronic claims to this insurance carrier? (Yes or No):	For EI-CBO Insurance Billing Unit Use Only:
Are you currently an enrolled Qclaims user with the EI-CBO? (Yes or No):				
<b>PLEASE NOTE: Must have participant ID form approved prior to seeing child.</b>				
<i>For EI-CBO Billing Insurance Unit Use Only:</i>				
Date Registration Approved:		Date Provider Notified:		
Conditions of Registration Received (Yes or No):		Provider Follow Up Date:		

## **eCARE AUTHORIZATION LETTER**

<Date>

To: eCare Enrollment

Re: Permission for CQuest to Access Information

CQuest has my permission to access enrollment information for insured clients enrolled with various insurance companies on my behalf, acting as my billing agent.

I have included all pertinent information regarding my enrollment status as a provider. If you have any questions, please contact me for clarification.

Provider Name:

Address:

Telephone:

Tax ID:

NPI #:

Insurance company provider numbers:

Thank you for your prompt attention to this matter.

Sincerely,

Provider Name

***Note: Document must be completed on company or individual provider letter head and forwarded to the EI-CBO.***

*EI-CBO eCare Authorization Sample Letter 5/13*

## **Navinet AUTHORIZATION LETTER**

<Date>

To: Navinet enrollment

Re: Permission for CQuest to Access Information

CQuest has my permission to access enrollment information for insured clients enrolled with various insurance companies on my behalf, acting as my billing agent.

I have included all pertinent information regarding my enrollment status as a provider. If you have any questions, please contact me for clarification.

Provider Name:

Address:

Telephone:

Tax ID:

NPI #:

Insurance company provider numbers:

Thank you for your prompt attention to this matter.

Sincerely,

Provider Name

***Note: Document must be completed on company or individual provider letter head and forwarded to the EI-CBO.***

*EI-CBO Navinet Authorization Sample Letter 5/13*

**EARLY INTERVENTION CENTRAL BILLING OFFICE / INSURANCE BILLING UNIT  
PARTICIPANT IDENTIFICATION FORM**

**PLEASE NOTE: This form must be completed and approved by the CBO Insurance Billing Unit prior to any visits with the participant.**

Note: Only one (1) child per form			
Provider Name:		Date:	
Provider Email Address:		Provider Telephone:	
Child's Name:			
Child's Full Address:			
Child's EI:		CFC Child Enrolled at:	
Child's DOB:		Child's Gender:	
Insurance Company Name:		Insurance Company Telephone Number	
Group:		Insurance ID:	Provider PIN:
Insured's Name:			
Insured's DOB:		Insured's Gender	Insured's Phone Number
<b><i>Provider Checklist of Required Information to Send to EICBO-Insurance Billing Unit:</i></b>			
Pre-Certification:		PCP Referral:	
<b><i>For CBO Use Only:</i></b>			
Date Approved:		CBO BV Restrictions (list):	
Date Denied:		Qclaims Check Date:	
Reason (if Denied):		Provider Follow Up:	
Provider Notification Date:			

**INSURANCE BILLING UNIT  
PARTICIPANT ENCOUNTER FORM**

**PLEASE NOTE: If the participant has not been approved for insurance billing, the insurance billing unit cannot accept this form.**

Provider Name:		Provider Email Address:	
Telephone:		Payee Name:	
Child's Name:		Child's EI:	
Date of Service:		Service Location:	
Service Start Time:		Service End Time:	

**Category of Service Provided (check only 1 per form completed)**

**Units: 1 = 15 mins, 2 = 30 mins, 3 = 45 mins, 4 = 60 mins, etc.**

	Total \$ Billed	Units		Total \$ Billed	Units
Assistive Technology			Occupational Therapy		
Audiology			Physical Therapy		
Aural Rehabilitation			Psychology		
Developmental Therapy			Social Work		
Medical Diagnostic			Speech Therapy		
Nursing			Vision		
Nutrition					

Other Service Not Listed Above: \_\_\_\_\_

IFSP Outcome to be Addressed: \_\_\_\_\_

IFSP Outcome to be Addressed: \_\_\_\_\_

IFSP Outcome to be Addressed: \_\_\_\_\_

**PLEASE ATTACH PROGRESS/OFFICE NOTES**

Documentation of visit: \_\_\_\_\_

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Provider's Signature: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

*For EI-CBO Insurance Billing Unit Use Only:*

Date Received: \_\_\_\_\_ Provider Follow Up Date: \_\_\_\_\_

Submission of this encounter form to the Early Intervention Central Billing Office Insurance Billing Unit certifies that the activities identified above occurred at the date, time, location and duration indicated above.