



April 1, 2020

To: Interpreters for the Illinois Early Intervention Program

From: Arkeitha Monroe May, MOB
Early Intervening Central Billing Office
Senior Director of Claims and Billing

RE: Clarification on Billing Interpretation Claims during the COVID-19 Face-to-Face Service Suspension.

The Early Intervention Central Billing Office (EI-CBO) has received numerous questions concerning the appropriate way to bill interpretation claims. This communication is intended to provide clarification. The EI-CBO will apply claims billed with place of service 11 (onsite) for the interpretation of IFSP Development phone calls to authorizations currently in affect for place of service 12 (offsite). The EI-CBO is making system updates to automatically pay these claims. More detailed information and instructions are outlined below. If you have any questions or need assistance, please call the EI-CBO Help Desk at 1-800-634-8540.

Billing Instructions:

- The authorization number without special characters or dashes should be billed in box 19 of the CMS 1500 claim form.
 - Authorization number appears as 123456-791-001-00 on the paper authorizations however, Interpreters should only enter 791001 in box 19.
 - Do not include the suffix (last two digits of the auth number)

AUTH NUM: 123456-791-001-00

- The two character direct therapy alpha code should be billed in box 23.
 - The set of two character alpha codes should be the codes traditionally billed for direct therapy session (e.g. ST) not a phone call (e.g. IS).
- The place of service billed on the claims should be 11 (onsite).
- Interpreter claims for phone claims for IFSP Development time should be billed separately from claims that are for the canceling and rescheduling of a phone call or visit (Claims that would traditionally be billed for place of service 11 and have an authorization in place for place of service 11)
- It is preferred that QClaims is used for claim submission.
- Paper claims should be mailed to the Central Billing Office at 500 S. 9th Street, Springfield, Illinois 62701, to the attention of Arkeitha Monroe May within 90 days of the date of service.

An image from QClaims showing the proper placement of claims code is provided on the next page.

Image from QClaims:

17b. NPI										FROM		TO							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 791001										20. OUTSIDE LAB?		\$ CHARGES							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>									
22. RESUBMISSION CODE										ORIGINAL REF. NO.									
23. PRIOR AUTHORIZATION NUMBER Speech Therapy (ST)																			
A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES		E. DIAGNOSIS POINTER		\$ CHARGES		F. DAYS OR UNITS		G. EP001 Family Plan		H. ID. QUAL.		I. RENDERING PROVIDER ID. #	
From To		MM DD YY MM DD YY				(Explain Unusual Circumstances)													
2020-03-31		2020-03-31		11		T1013				200.00		2				NPI			
																NPI			
																NPI			
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																NPI			
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																NPI			
																NPI			
25. FEDERAL TAX I.D. NUMBER		SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvc for NUCC Use							
123456789		<input checked="" type="checkbox"/> <input type="checkbox"/>		NONE		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		200.00		0.00									
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 # Little Melissa 500 S 9th St									

PHYSICIAN OR SUPPLIER INFORMATION