

Illinois' Medical Assistance Program Guide



iHFS Illinois Department of
Healthcare and Family Services

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Introduction

This Guide is designed to help you, the transition coordinators, learn about the services provided by the Illinois' Medical Assistance Program. The Guide contains information and resources to assist you in coordinating medical services for individuals participating in the Money-Follows-the-Person (MFP) Program. With this knowledge, you will be better able to answer questions, provide suggestions, and take action to assist MFP participants in successful transitions to community living.

Prior Approval Overview

Prior approval is required on certain services and items in order for payment to be made by the Department of Healthcare and Family Services (HFS). Prior approvals are issued by HFS or by its authorized agent.

Note: Receiving a prior approval does not guarantee payment. The patient must be eligible on the date of service for prior approval to be given.

The item or service being requested must:

- Be appropriate to the patient's needs,
- Be necessary to avoid institutional care, and
- Be medically necessary to preserve health, alleviate sickness, or correct a handicapping condition.

Prior approval will not be given for an item or service if a less expensive item or service is considered appropriate to meet the participant's medical needs. Purchase of medical equipment will not be approved if the patient already has equipment meeting their medical needs.

With the exception of non-emergency transportation, the provider who will be rendering the service must make the request for prior approval. Prior approval for non-emergency transportation can be requested by the transportation provider, the medical provider, the patient or patient's representative.

More information on services and items requiring prior approval and the process for obtaining prior approval can be found in the Chapter 200 Handbooks at the following link: <http://www.hfs.illinois.gov/handbooks/chapter200.html>.

Audiology

Audiology providers are licensed audiologists licensed by the Department Financial and Professional Regulations and enrolled in the Medical Assistance Program. Hearing aid dispensers are registered by the Department of Public Health and must be enrolled in the Medical Assistance Program.

Covered Services

Audiologists may provide:

- Basic and advanced hearing tests,
- Hearing aid related testing and evaluation,
- Hearing aid counseling,
- Hearing aid fitting,
- Hearing aid and accessories,
- Replacement and repair of hearing aid parts
- Services to follow up after a cochlear implant.

Non-audiologists may provide:

- Hearing aid related testing and evaluation,
- Hearing aid counseling,
- Hearing aid fitting,
- Hearing aid and accessories
- Replacement and repair of hearing aid parts.

There are specific criteria that must be met to receive a hearing aid. See the Audiology Handbook (E203.31) linked below for the level of hearing loss required.

Excluded Services

The following services are excluded from audiology coverage:

- All non-medically necessary services,
- Routine periodic exams with no identified problem,
- Services provided in federal or state institutions,
- Postage and handling for any items,
- Travel expenses incurred when providing testing and

- Examinations to determine disability or incapacity.

Prior Approval

Some services require prior approval. The service provider must make the prior approval request. Requests must include a copy of physician's order with signature (dated within the past twelve months), the audiogram with the written recommendation and documentation of the cost. Requests must contain enough information for the Department to make a well-informed decision on the medical necessity, appropriateness and anticipated participant benefits. *The most common reason for denial is lack of adequate information required to make an informed decision.*

Services that require prior approval

- Binaural hearing aids – (aids in both ears),
- Monaural hearing aids that create a binaural situation – (an aid in one ear when the other ear is unimpaired),
- Repair costs over \$752*,
- Services that exceed quantity limits in allotted time frame(s)
- Hearing aid expenses that occur within three years of a previous purchase, such as fitting, counseling, or a new purchase.

Post approval may be granted up to 90 days after the provision of a service.

*HFS Audiology Handbook currently states \$250. A handbook update is in progress.

Resources

HFS Audiology Handbook

<http://www.hfs.illinois.gov/assets/100103audiology.pdf>

HFS Audiology Appendices

http://www.hfs.illinois.gov/assets/093005_audiology_appendices.pdf

Questions on Services and Billing for Prior Approval: 217-782-5565

Chiropractic

A chiropractic provider must have a valid Illinois (or state of practice) license to practice chiropractics and must be enrolled in the Medical Assistance Program.

Covered Services

The services covered in the chiropractic program are limited to the treatment of the spine by manual manipulation to correct a subluxation. Only Chiropractic Manipulative Treatment (CMT) of one or more regions of the spine or CMT of one or more regions outside of the spine are covered services. For each date of service no more than one procedure code may be billed.

Excluded Services

The following services are excluded from chiropractic coverage:

- Office visits for diagnostic or screening purposes
- Treatment when there has not been an identified problem
- X-rays or laboratory tests, although they may order either from other qualified providers

Resources

HFS Chiropractic Handbook

<http://www.hfs.illinois.gov/assets/032803chiropractic.pdf>

Chiropractic Appendices

http://www.hfs.illinois.gov/assets/092905_chiropractorappendices.pdf

Questions on Services and Billing for Prior Approval: 217-782-5565

Dental

Doral Dental of Illinois, Inc. is contracted for the administration of dental services for individuals enrolled in the Medical Assistance Program. Providers are licensed dentists who enroll with Doral and HFS.

Covered Services

Services covered for adults (age 21 and older) include:

- Fillings
- Root canals
- Extractions
- Crowns
- Dentures
- X-rays

For more detailed descriptions of covered services, or for information on services available to individuals under the age of 21, please refer to the Dental Handbook linked below.

Excluded Services

Routine examinations are not covered for adults 21 and older.

Prior Approval

Services that require prior approval include:

- Dentures
- Bridges
- Surgical extraction
- Anesthesia
- Sedation

Prior approval requests are sent to Doral. Doral must make a decision on prior approval requests within 30 days of receiving the request.

Resources

HFS Dental Handbook

http://www.hfs.illinois.gov/assets/010108_doral.pdf

Doral Brochure

http://www.doralusa.com/Members/Documents/IL/IL_annualbrochure_EN_111008.pdf

Doral Website

<http://www.doralusa.com>

For questions on services, or to find a provider - 1-888-286-2447

Durable Medical Equipment and Supplies

The services covered by Durable Medical Equipment (DME) vendors include only those reasonably necessary medical and remedial services, which are recognized as standard medical care required for immediate health and well being due to illness, disability, infirmity or impairment. Providers must be enrolled in the Medical Assistance program.

A written recommendation (order) or plan of care signed and dated by the participant's physician is required for the provision of medical supplies and equipment. Coverage is limited to those items that are specifically included in the physician's written order.

Covered Services

The following general types of services are covered with some limitations:

Nondurable Medical Supplies - Items that have a limited life expectancy, including but not limited to surgical dressings, bandages, and disposable syringes. These items are used for an individual's care for life maintenance or to expedite hospital discharge and enable the person to be cared for at home.

Durable Medical Equipment - Items that can withstand repeated use, are primarily designed for medical purposes, generally not useful in the absence of illness or injury and appropriate for use in the home, such as wheelchairs, walkers, and hospital beds.

Prostheses and Orthoses - Corrective or supportive devices prescribed to artificially replace a missing portion of the body or to prevent or correct physical deformity or malfunction, or to support a weak or deformed portion of the body.

Respiratory Equipment and Supplies - Respiratory items, including oxygen, necessary as a life saving measure, for prevention of a medical emergency or institutionalization, or to facilitate deinstitutionalization.

Repair, Alterations and Maintenance - Repair, alteration and maintenance of necessary durable medical equipment, prostheses, orthoses and hearing aids is limited to participant-owned items.

Rental of Medical Equipment - Under certain circumstances, such as when a participant's need is known to be temporary, coverage will be provided for rental rather than purchase of an item.

Excluded Services

- Items and services provided for participants without established medical necessity
- Items and services inappropriate for the participant's medical condition
- Items and services covered by another agency
- Items or services when there are less expensive ones available that would be appropriate to meet the participant's needs
- Disposable items, when there is a permanent equivalent
- Prepackaged 'kits,' when the components are available in bulk

For more specific guidelines and limitations see the DME Handbook linked at the end of this section.

Prior Approval

Prior approval is required for all medical equipment of supplies *except* when the item is:

- Reimbursed by Medicare
- Listed on HFS' website stating that prior approval is not required if the quantity dispensed is within the normal allowable quantity limits:
<http://www.hfs.illinois.gov/reimbursement/dme.html>
- Provided for a participant who has State-paid MCO (HMO) coverage.

Prior approval requests must include a current, signed, physician's order and a statement of medical necessity. Some items may require more detailed requests. The

DME handbook contains more detailed information. . Decisions on prior approval must be made within 30 days of the request *except* for decisions for medical supplies costing under \$100, artificial limbs, braces, standard wheelchairs, or hospital beds; decisions on these items must be made within 21 days of the request.

Expedited approval may be obtained for items or supplies that must be delivered within 24 hours of the request. This can be used to facilitate discharge from a hospital or nursing home. A maximum of one month's worth of supplies will be approved. To continue to receive the items, the standard request process must be followed. Post approval may be granted upon consideration of individual circumstances.

Resources

Durable Medical Equipment Handbook

<http://www.hfs.illinois.gov/assets/m200.pdf>

DME Handbook Appendices

<http://www.hfs.illinois.gov/assets/m200a.pdf>

DME Prior Approval 1-877-782-5565, select option 5 from the automated menu

Home Health Agencies

Providers may include the following: 1) Proprietary or home health agencies holding a valid license issued by IDPH with certification in the Medicare program or have been designated as Medicare certifiable by DPH. 2) Licensed community health agencies or health departments certified by the DPH as eligible to be considered for enrollment in the Medical Assistance Program. 3) For participants under the age of 21, a nursing agency approved by the University of Illinois, Division of Specialized Care for Children (DSCC) may provide home health services. Providers must be enrolled in the Medical Assistance Program.

Covered Services

Services must be aimed at rehabilitation and attainment of short-term goals outlined in a plan of care. Services include skilled nursing services, speech, physical and occupational therapy services, and home health aide services. Services must be provided according to the plan of care. Plans of care must be approved and reviewed every 60 days by the attending physician. Services are provided to facilitate and support the individual in transitioning from a more acute level of care to the home environment, or to prevent the need for a more acute level of care.

Definitions of Home Health Agency Services

- **Home Assessment Visit** - A service provided during the initial home visit by a registered nurse to assess the participant's condition and determine the level of care needed based on information received from the attending physician.

- **Skilled Nursing Services** – Services that are ordered by the physician and are provided in a participant's home by licensed nursing personnel. Services include initiation and implementation of restorative/palliative nursing procedures, coordination of plan of care and participant/family instruction.

- **Occupational Therapy Services** - Services that are ordered by the attending physician and given by a qualified occupational therapist or occupational therapy assistant under the supervision of an occupational therapist for the purpose of developing and improving the physical skills required to engage in activities of daily living.

- **Physical Therapy Services** - Physical therapy services ordered by a physician and provided to a participant by a qualified physical therapist or physical therapy assistant under the supervision of a physical therapist. These services include, but are not limited to, range of motion exercises, positioning, transfer activities, gait training, use of assistive devices for physical mobility and dexterity.

- **Speech Therapy Services** - Services ordered by the attending physician for individuals with speech disorders, and provided to a participant by a qualified speech pathologist and/or speech assistant under the supervision of a speech pathologist for individuals with speech disorders which include diagnostic, screening, preventive or corrective services.

- **Home Health Aide Services** - Services that are a part of the treatment plan outlined by the attending physician and are carried out under the supervision of a registered nurse or appropriate therapist. Services include the performance of simple procedures as an extension of therapeutic services; ambulation and exercise; personal care; household services essential to healthcare at home; assistance with medications that are ordinarily self-administered; and reporting changes in a participant's condition and needs to the registered nurse or appropriate therapist.

- **Nursing and Personal Care Services** – Medicaid eligible participants who are under the age of 21 may receive medically necessary in-home shift

nursing and personal care services provided by an RN, LPN or Certified Nurses Aide under the direction of a qualified home health agency.

Prior Approval

Prior approval is required to continue services after an initial sixty-day period following hospital discharge or to continue services beyond the initial approval period. Approval is required for individuals who have exhausted Medicare benefits, or who are eligible for Medicare benefits but the needed services are not covered by Medicare, or if individuals have other insurance coverage. Prior approval is required for individuals who require more than one skilled nurse visit per day, or who require Nursing and Personal Care Services as described above.

All requests for prior approval after the sixty-day period following discharge must include a copy of the plan of care for the period requested.

Resources

HFS Home Health Agency Handbook –

<http://www.hfs.illinois.gov/assets/071608hh.pdf>

HFS HHA Appendices

http://www.hfs.illinois.gov/assets/071608hh_append.pdf

Questions on Services and Billing for Prior Approval: 217-782-5565

Optical

Optical services must be provided by an optometrist, ophthalmologist, optician or optical company enrolled for participation in the Medical Assistance Program. An optometrist must hold a valid Illinois license to practice optometry to be eligible for enrollment. No license is required for enrollment as an optician or optical company, but the provider must be in compliance with relevant state laws. Participation requirements for an ophthalmologist require that he or she must hold a valid Illinois license to practice medicine in all its branches.

Covered Services

The following types of services are covered:

- Vision exams – with an identified problem,
- Glasses – frames and lenses,
- Contact Lenses,
- Low vision devices,
- Custom artificial eye and
- Other medically necessary services.

The provider may bill the Department for an examination and dispensing fee. Optometrists will receive payment for eye examinations only when the services have been requested because of an identified problem. The Department does not cover routine periodic examinations. If more frequent care is necessary due to an unusual circumstance, the participant's record must be documented explaining the special circumstances and the services provided.

Prior Approval

The Department will provide the following services and materials only with prior approval:

- Contact lens/lenses and related services,
- Custom made artificial eye,
- Low vision devices,

- Eyeglasses fabricated by suppliers other than the Department of Corrections laboratory and
- Services/materials not otherwise identified on the schedule of procedures for optical services and supplies.

Prior approval requirements are waived in instances in which Medicare payment is approved. If Medicare denies the service or material as non-covered or not medically necessary, post approval from the Department of Healthcare and Family Services may be requested.

Resources

HFS Optical Handbook

<http://www.hfs.illinois.gov/assets/031903optometrist.pdf>

HFS Optical Appendices

<http://www.hfs.illinois.gov/assets/092905optoappendices.pdf>

Questions on Services and Billing for Prior Approval: 217-782-5565

Physician

A physician must be a Doctor of Medicine (M.D.) or Osteopathy (D.O.) and hold a valid Illinois license to practice medicine in all its branches and must be enrolled in the Medical Assistance Program.

Covered Services

Covered are those reasonably necessary medical and remedial services, which are recognized as standard medical care required for immediate health and well being due to illness, disability, infirmity or impairment

Prior Approval

Prior authorization is required for certain services covered by the Medical Assistance Program. Such services include:

- Specified optical materials and services,
- Drug items not specified in HFS' Preferred Drug List, including brand name drugs, and
- Exceptional quantities of medication if medical documentation supports the need.

The prescribing physician or office personnel under the physician's direct supervision may initiate the request for prior approval. The Department will also accept requests for a pharmacist, social worker, or other individual who is making the request at the direction of a practitioner licensed to prescribe under applicable State laws.

Resources

HFS Physician Handbook

http://www.hfs.illinois.gov/assets/101006_physician.pdf

HFS Physician Handbook Appendices

<http://www.hfs.illinois.gov/assets/physappendices.pdf>

Questions on Services and Billing for Prior Approval: 217-782-5565

HFS Preferred Drug List

<http://www.hfs.illinois.gov/assets/pdl.pdf>

Podiatry

Podiatrists must hold a valid Illinois license to practice in the State of Illinois and must be enrolled in the Medical Assistance Program.

Covered Services

The services in the podiatry program are limited and include only essential services for which medical necessity is clearly established by the Department. Podiatrists may provide:

- Office visits and referrals
- Prescriptions
- Diagnostic and laboratory services
- Radiology services
- Surgical services, in office and in hospital
- Emergency and outpatient visits
- Home services when a patient cannot leave his or her home.

Excluded Services

The following services are excluded from podiatry coverage:

- Visits and services determined not medically necessary by Medicare
- Preventive or reconstructive services
- Screening for foot problems
- Provider transportation costs
- X-rays and laboratory work when not required for the primary condition for which the participant is being treated
- X-ray and laboratory procedures performed at a location other than the podiatrist's office
- Surgical assistants or co-surgeons
- Services available from other sources (such as governmental agencies)
- Services billed in association with non-covered services
- Repeat surgery performed because the original surgery was unsuccessful

- Treatment of flat feet, weak feet, pronation, non-involved sprains and strains and minor skin conditions, including services directed toward the care or correction of these conditions.

Prior Approval

If a podiatrist believes a service or procedure not usually covered is the most appropriate for a particular situation, a request for prior approval may be initiated.

Services that require prior approval include:

- Orthomechanics
- Specific types of surgeries
- Surgical procedures that occur within six months of a previous surgery
- Any unlisted services

Resources

HFS Podiatry Handbook

<http://www.hfs.illinois.gov/assets/032803podiatry.pdf>

HFS Podiatry Appendices

<http://www.hfs.illinois.gov/assets/092905podiatryappendices.pdf>

Questions on Services and Billing for Prior Approval: 217-782-5565

Therapy

The provider must be enrolled for the specific category of services for which charges are to be made. The categories of service for which a therapy provider may enroll are: Physical Therapy, Occupational Therapy, or Speech Therapy/Pathology. All therapists must be licensed by the Illinois Department of Professional Regulations and be enrolled in the Medical Assistance Program.

Covered Services

The following types of services are covered:

- Medically necessary evaluations and treatment when
 - Services are required because an illness, disability or infirmity limits functional performance, and
 - Services will improve functional skills performance
- Activities of daily living
- Any service that increases independence and/or decreases need for other support services
- Physical therapy provided in an outpatient or hospital based clinic setting

Services must be provided in accordance with a definite plan of care established by the therapist or clinical fellow, for the purpose of attaining maximum reduction of physical disability and restoration of the client to an acceptable functional level.

Prior Approval

All therapy services for adults require prior approval except the initial treatment period, which varies. (Some exceptions apply; see the handbook for more details.) Prior approval is required for the continuation of therapy after the initial sixty-day period. Post approval may be requested and granted upon consideration of individual circumstances.

Resources

HFS Therapy Services Handbook

http://www.hfs.illinois.gov/assets/081208_therapy_hb.pdf

HFS Therapy Services Appendices

<http://www.hfs.illinois.gov/assets/j200appendix.pdf>

Questions on Services and Billing for Prior Approval: 217-782-5565

Transportation

Transportation providers are enrolled for the requested mode of transportation and in good standing with HFS. Drivers and vehicles must also meet the Illinois Secretary of State licensing requirements.

Covered Services

The following types of services are covered:

- Transportation of a patient to or from a covered source of medically necessary care with payment made only if a cost-free mode of transportation is not available or is not appropriate
- Oxygen usage when medically necessary and administered in transport of a patient by ambulance
- Use of an attendant in transport of a patient by medicar, service care or taxicab when medically indicated. The use of an attendant for transport is subject to the department's transportation prior approval process in most instances
- Use of a stretcher in a medicar for non-emergency transport when the medical need of the patient does not require higher level of special medical services, i.e., paramedics, emergency medical technicians, medical equipment and supplies, or the administration of drugs or oxygen
- Basic Life Support (BLS) services, as defined in the rules and regulations of the Illinois Department of Public Health, when the patient's medical condition requires a BLS level of service. A BLS ambulance provides transportation plus the equipment and staff for basic services such as giving first aid, controlling bleeding, administering oxygen, treatment of shock, taking vital signs, or administering cardiac pulmonary resuscitation (CPR)
- Advanced Life Support (ALS) services, as defined in the rules and regulations of the Illinois Department of Public Health, when the patient's medical condition requires an ALS level of service. An ALS ambulance

provides all basic ambulance services and typically has complex life-sustaining equipment and radio or telephone contact with a physician or hospital. An ALS will have equipment and staff to provide services such as administration of appropriate drugs, intravenous therapy, airway intubation, or defibrillation of the heart

- Emergency helicopter transport when patient's medical condition cannot be provided by ground ambulance

Prior Approval

Prior approval is required for all non-emergency transportation services to and from a source of medical care. The only service it is not required is for ambulance service from one hospital for admission to a second hospital to receive inpatient services, which are not available at the sending hospital.

In the event it is not possible to obtain prior approval for non-emergency transportation, post approval must be requested.

Post Approval for Non-Emergencies

Post approvals will be made only in urgent situations, such as hospital discharge after hours or on a weekend, or medical appointments scheduled for the same day. Post approval requests *within* 20 business days of the date of service must be made to First Transit and include the information required for a prior approval. After 20 business days of the date of services, requests must be made to the department on either the single trip or standing approval form available at www.NETSPAP.com. Additionally, a letter from the provider must accompany the completed form with indication of what exception the post approval is being submitted under.

Resources

Clients requiring assistance obtaining non-emergency transportation may call First Transit toll-free at – 1-866-503-9040 (TTY: 1-630-873-1449 for the hearing impaired) 8 a.m. to 5 p.m. - Monday through Friday (closed on State holidays)

HFS Transportation Handbook

<http://www.hfs.illinois.gov/assets/t200.pdf>

HFS Transportation Appendices -

http://www.hfs.illinois.gov/assets/t200_appendicies.pdf

Questions on Services and Billing for Prior Approval: 217-782-5565

Helpful Phone Numbers

	Phone Number	TTY Number
HFS Health Benefits Helpline Call to get information on benefits, providers and covered services.	1-866-468-7543	1-877-204-1012
Illinois Nurse Helpline Call the Nurse Helpline after hours or on weekends if there are medical problems and you are unable to reach the primary doctor. A nurse will answer medical questions. A nurse can also help determine if an Emergency Room visit is necessary or to call 9-1-1 (if available in the area.)	1-800-571-8094	1-800-571-8419
Dental Services Call for help to find a dentist or find out if a certain dental service is covered.	1-888-286-2447	1-800-466-7560
Transportation Services Call to get approval for medical transportation when it is not an emergency.	1-877-725-0569	1-800-204-1012
General Questions on Services Call to get information regarding covered services, prior approval and post approval	1-217-782-5565	1-800-526-5812

List of Services

Audiology

HFS Audiology Handbook - <http://www.hfs.illinois.gov/assets/100103audiology.pdf>

HFS Audiology Appendices -

http://www.hfs.illinois.gov/assets/093005_audiology_appendices.pdf

Chiropractic

HFS Chiropractic Handbook - <http://www.hfs.illinois.gov/assets/032803chiropractic.pdf>

Chiropractic Appendices -

http://www.hfs.illinois.gov/assets/092905_chiropractorappendices.pdf

Dental

HFS Dental Handbook - http://www.hfs.illinois.gov/assets/010108_doral.pdf

Doral Brochure -

http://www.doralusa.com/Members/Documents/IL/IL_annualbrochure_EN_111008.pdf

Doral Customer Service – 1-888-281-2076

Durable Medical Equipment and Supplies

Durable Medical Equipment Handbook –

<http://www.hfs.illinois.gov/assets/020705dme.pdf>

DME Handbook Appendices –

<http://www.hfs.illinois.gov/assets/072006dmeappendix.pdf>

DME Prior Approval Phone: 1-877-782-5565, select option 5 from the automated menu

Home Health Agencies

HFS Home Health Agency Handbook – <http://www.hfs.illinois.gov/assets/071608hh.pdf>

HFS HHA Appendices – http://www.hfs.illinois.gov/assets/071608hh_append.pdf

Optical

HFS Optical Handbook - <http://www.hfs.illinois.gov/assets/031903optometrist.pdf>

HFS Optical Appendices - <http://www.hfs.illinois.gov/assets/092905optoappendices.pdf>

Physician

HFS Physician Handbook - http://www.hfs.illinois.gov/assets/101006_physician.pdf

HFS Physician Handbook Appendices -

<http://www.hfs.illinois.gov/assets/physappendices.pdf>

Podiatry

HFS Podiatry Handbook - <http://www.hfs.illinois.gov/assets/032803podiatry.pdf>

HFS Podiatry Appendices -

<http://www.hfs.illinois.gov/assets/092905podiatryappendices.pdf>

Therapy

HFS Therapy Services Handbook -

http://www.hfs.illinois.gov/assets/081208_therapy_hb.pdf

HFS Therapy Services Appendices - <http://www.hfs.illinois.gov/assets/j200appendix.pdf>

Transportation

HFS Transportation Handbook - <http://www.hfs.illinois.gov/assets/t200.pdf>

HFS Transportation Appendices -

http://www.hfs.illinois.gov/assets/t200_appendicies.pdf

First Transit (Non-emergency transportation) – 1-866-503-9040

(TTY: 1-630-873-1449 for the hearing impaired)