Department of Healthcare and Family Services (HFS)

Medical and Dental Services
Accessing Medical Services

- This presentation is designed to provide a general overview of Medical Assistance Program services and to be a resource for answering questions or resolving problems when accessing medical services.
Prior Approval Overview

- Prior approval is required on certain services/items in order for payment to be made by HFS.

- Prior approvals are issued by HFS, or its authorized agent.

- Services/items requiring prior approval and the processes for obtaining prior approval are identified in the Chapter 200 Handbooks pertaining to the specific service.
Prior Approval Overview – Continued

- The item or service being requested must:
  - be appropriate to the patient’s medical needs,
  - be necessary to avoid institutional care,
  - be medically necessary to preserve health, alleviate sickness, or correct a handicapping condition.

- Receiving a prior approval does not guarantee payment. Patient must be eligible on the date of service.
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.
Prior Approval Overview – Continued

- 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.
Services

- The following information on services focuses on adults age 21 or older. Participants under the age of 21 may have access to different or more extensive services.

- Covered and non-covered services/items are identified in the Chapter 100 Handbook on general policies and Chapter 200 Handbooks pertaining to a specific service.
Providers

- In order to be eligible for reimbursement from HFS the provider must be enrolled as a Medicaid provider.

- To find a medical provider, call the Health Benefits Hotline at 1-800-226-0768 or TTY 1-877-204-1012 or contact Illinois Health Connect at 877-912-1999.

- To find a dental provider contact Doral at 1-888-286-2447 or TTY 1-800-466-7566.

- To find a non-emergency transportation provider contact First Transit at 1-877-725-0569
Providers – Continued

For information on provider enrollment:

• Visit the HFS Web site at: [www.hfs.illinois.gov/enrollment/](http://www.hfs.illinois.gov/enrollment/)

• Or, call 217-782-0538
Dual Eligibility

- If a person is eligible for both Medicare and Medicaid, Medicare must be billed first.
Audiology – Providers

- Providers are audiologists licensed by the Illinois Department of Financial and Professional Regulation, or state of licensure, and enrolled in the Medical Assistance Program.

- Hearing aid dispensers are registered by the Department of Public Health and enrolled in the Medical Assistance Program.
Audiology Covered Services

- Basic and advanced hearing tests.
- Hearing aid testing, evaluation, counseling and fitting.
- Hearing aid purchase, repairs, replacement of parts and purchase of hearing aid accessories.
Audiology – Prior Approval

- Services that require prior approval:
  - Repair costs over $752.*
  - Services that exceed quantity limits in allotted time frame(s).

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

*The current Handbook states $250. An update is in progress.
Chiropractic Services

- Providers must hold a valid license to practice chiropractics and be enrolled in the Medical Assistance Program.

- Covered services are limited to the treatment of the spine to correct a subluxation and include:
  - manipulative treatment of one to five regions of the spine,
  - manipulative treatment of non-spinal regions

- Office visits for diagnostic or screening purposes are NOT covered.
Dental – Providers

- Doral Dental of Illinois, Inc. is contracted for the administration of dental services for eligible individuals.

- Providers are licensed dentists who enroll through Doral for participation in the Medical Assistance Program.
Dental – Covered Services

- Adults (age 21 and older) may receive a limited set of services, including:
  - Fillings, root canals, extractions, crowns of facial front teeth, full dentures and X-rays.
  - Routine examinations are **NOT** covered for adults.

- Participants under age 21 have additional coverage for routine exams, cleanings, periodontal services and orthodontia.
Dental - Prior Approval

- Services that require prior approval
  - Dentures
  - Bridges
  - Surgical Extractions
  - Anesthesia
  - Sedation

- Doral must make a decision on prior approval requests within 30 days of receiving the request
Durable Medical Equipment (DME) and Supplies - Providers

- Eligible providers are those that supply or service nondurable medical supplies, durable medical and respiratory equipment, prostheses, orthoses, oxygen and hearing aids and are enrolled in the Medical Assistance Program.

- Covered services include those reasonably necessary medical and remedial services recognized as standard medical care that are required for immediate health and well-being.
DME – Covered Services

- **Nondurable Medical Supplies** - Items which have a limited life expectancy, such as surgical dressings, bandages, disposable syringes, etc.

- **Durable Medical Equipment** – Items that stand up to repeated use and are designed for medical purposes such as wheelchairs.
DME – Covered Services
Continued

- **Prostheses and Orthoses**
  - Corrective or supportive devices

- **Respiratory Equipment and Supplies**
  - Oxygen and other supplies

- **Repair, Alterations and Maintenance**

- **Rental of Medical Equipment**
  - Under certain circumstances, coverage will be for rental rather than purchase of an item.
DME- Prior Approval

- Required for provision of all medical equipment or 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 allowable quantity limits.
  - Provided to a participant who has State paid MCO (HMO) coverage.
DME – Prior Approval
Continued

- HFS must issue decisions on prior approval within 30 days of the request
  - EXCEPTIONS: Decisions for medical supplies costing under $100, artificial limbs, braces, standard wheelchairs, or hospital beds must be made within 21 days of the request.
- Post approval may be granted upon consideration of individual circumstances.
DME – Prior Approval
Continued

- Expedited approval may be obtained for items or supplies which must be delivered within 24 hours of the request. This can be used to facilitate discharge from a hospital or nursing home.

- Approval is for a maximum of one month. To continue to receive equipment or supplies the items must be requested through the standard process.
Home Health – Providers

- Providers eligible to be enrolled in the Medical Assistance Program include:
  - Proprietary or home health agencies holding a valid license issued by DPH with certification in the Medicare program or has been designated as Medicare certifiable by DPH.
  - Licensed community health agencies or health departments certified by DPH.
  - Nursing agencies approved by the U of I, Division of Specialized Care for Children.
Home Health – Covered Services

- Must be aimed at rehabilitation and attainment of short-term goals outlined in plan of care

- This includes the following services:
  - Skilled nursing services
  - Speech, physical and occupational therapy services
  - Home health aid services
Home Health – Prior Approval

- Prior approval is required for individuals who:
  - Require continuation of services after initial sixty calendar day period following hospital discharge.
  - Require continuation of services beyond the initial approval period.
  - Have exhausted Medicare benefits.
  - Are eligible for Medicare benefits, but services are not covered by Medicare.
  - Have primary insurance coverage that will pay a portion but a balance is still remaining.
Home Health – Prior Approval Continued

- Prior Approval is required for individuals who:
  - Require more than one skilled nurse visit per day.
  - Require in-home shift nursing (limited to participants under the age of 21).

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

- Optical services can be provided by the following providers enrolled in the Medical Assistance Program:
  - Optometrists,
  - Ophthalmologists,
  - Opticians
  - Optical companies
Optical – Covered Services

- Vision and comprehensive eye exams
- Glasses – frames and lenses
- Medically necessary contact lenses
- Low vision devices
- Custom artificial eye
- Other medically necessary services
Optical – Prior Approval

- Services that require 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.
  - 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 the service or material is denied by Medicare as non-covered or not medically necessary, post approval from HFS may be requested.
Pharmacy Services - Providers

- Eligible providers are pharmacies holding a valid license, issued by the state in which the pharmacy is located and enrolled in the Medical Assistance Programs.
Pharmacy Services – Covered Services

- Coverage limited to drug products manufactured by companies that have signed rebate agreements with the federal government.

- Most drugs on HFS’ Preferred Drug List do not require prior approval.
Pharmacy Services – Prior Approval

- Prior approval required on certain drugs and pharmacy items in order to control utilization.

- Prior approval can be requested by the prescriber or the dispensing pharmacy.
Pharmacy Services – Prior Approval
Continued

- Typical reasons a drug requires prior approval are:
  - Less expensive alternative is available without prior approval.
  - Utilization should be controlled for safety reasons.
  - Drug is multi-source (generic) and RX is written for brand product.
  - Drug should be used as second-line after other first-line products have failed.
  - Drug has potential for abuse.
Physician Services – Providers

- Providers are physicians (M.D. or D.O.) and Advanced Practice Nurses (APNs) who are enrolled in the Illinois Medical Assistance Program.

- Must hold a valid license in Illinois or from their state of practice.
Physician Services – Covered Services

- Reasonably necessary medical and remedial services which are recognized as standard medical care required for immediate health and well-being because of illness, disability, infirmity or impairment.
In general, physician services do not require prior approval.

Physicians may order services or items that do require prior approval, such as:

- Certain optical materials and services.
- Prescription drugs.
- Durable medical equipment.
Podiatry – Providers

- Providers are state-licensed podiatrists enrolled in the Medical Assistance Program.
Podiatry- Covered Services

- Office visits and referrals
- Prescriptions
- Diagnostic and Laboratory services
- Radiology Services
- Surgical Services, in office and in hospital
- Emergency and Outpatient
- Home services when a participant cannot leave his or her home.
Services that require prior approval

- Orthomechanics,
- Specific types of surgeries,
- Surgical procedures that occur within six months of a previous surgery,
- Procedures that will be billed with unlisted procedure codes.
Therapy – Providers

- Includes occupational, physical, and speech therapists.

- Therapists must be licensed and enrolled in the Medical Assistance Program.
Therapy – Covered Services

- Medically necessary evaluations and treatment.
- Therapy to improve activities of daily living skills.
- Any service that increases independence and/or decreases need for other support services.
- Physical therapy provided in a hospital outpatient department or therapist’s office setting.
Therapy – Prior Approval

- All therapy services for adults (age 21 and older), except services rendered during the initial treatment period. Initial treatment periods are defined in Appendix J-4 and J-5 of Chapter 200 Handbook for Therapy.

- Post approvals may be granted based upon consideration of individual circumstances.
Transportation - Providers

Providers are:

- Enrolled in the Medical Assistance Program and are in good standing with HFS, and
- Enrolled for specific mode of transportation –
  - Such as private auto, taxicab, service car, medicar or ambulance.

Drivers must meet the licensing requirement of the Illinois Secretary of State or state of licensure.
Transportation - Covered Services

- Emergency transportation services.
- Basic Life Support when medically necessary.
- Advanced Life Support when medically necessary.
- Employee or non-employee attendant when medically necessary.
- Non-emergency transportation to and from a source of medical care covered by HFS.
Transportation – Covered Services Continued

- Examples of covered medical services eligible for non-emergency transportation:
  - Doctor appointments
  - Hospital admission or discharge
  - X-rays, lab work, MRIs
  - Chiropractic care
  - Dental appointments
  - Renal dialysis, therapy services, chemotherapy, radiation services.
  - Behavioral health services
  - Outpatient surgery
Examples of services NOT eligible for non-emergency transportation:

- Prescription pick-up
- Wheelchair repair or pick-up
- Acupuncture
- SSI evaluations
- Methadone pick-up or treatment
- Smoking Cessation
- Day Treatment Programs
Transportation – Prior Approval

- Required for ALL non-emergency transportation services.

- Emergency transportation does not require prior approval.

- Post approval must be requested if prior approval of non-emergency transportation cannot be obtained. Post approval is requested by the transportation provider.
Transportation – Prior Approval Continued

- First Transit administers the Non-Emergency Transportation Services Prior Approval Program (NETSPAP) for HFS.
- First Transit follows HFS’ policies for non-emergency transportation.
- First Transit can assist in finding and enrolled transportation provider, but they do not provide or arrange for the transportation service.
Non-emergency transportation will be authorized when the:

- Appointment scheduled is for a covered medical service, and
- Transport is to the closest appropriate medical provider, and
- Level of transport is appropriate for participant’s medical needs (i.e. service car, medicar, non-emergency ambulance)
Requests for prior approval for non-emergency transportation can be made by:

- Transportation provider
- Medical provider
- Participant
- Participant’s representative (require release authorization from participant)

To request prior approval contact First Transit at: 1-877-725-0569
Provider Handbooks

- Most provider handbooks are available on-line.
- If a handbook is not available on-line, a copy may be requested by calling 217-782-0538.
- Chapter 100 Handbook contains general policy, procedures and appendices applicable to all participating providers.
- Chapter 200 Handbooks contain policy, procedures and appendices applicable to a specific service or type of provider.
- Chapter 300 contains the companion guides for all providers who bill HFS electronically.
Contact Information

- For information on:
  - Covered medical services, billing, and prior approval requirements for medical services call HFS at 1-877-782-5565.
  - Covered dental services, billing and prior approval requirements for dental services call Doral Dental at 1-888-286-2447.

- To obtain prior approval for non-emergency transportation, call First Transit at: 1-877-725-0569
Web site Links

- HFS Medical Programs:  http://www.hfs.illinois.gov/

- Provider Releases:  http://www.hfs.illinois.gov/releases/

- Provider Handbooks:  
  http://www.hfs.illinois.gov/handbooks/

- Doral Dental:  
  http://www.doralusa.com/Members/Members.aspx
Web site Links
Continued

- First Transit:  
  http://www.netspap.com/

- HFS DME List:  
  http://www.hfs.illinois.gov/reimbursement/dme.html

- HFS Preferred Drug List:  
  http://www.hfs.illinois.gov/preferred/

- Drug Rebate Agreements:  
  http://www.hfs.illinois.gov/pharmacy/labelers.html
Questions and Answers