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.

Prior Approval Overview – Continued

- 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/**
- 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.

Optical – Prior Approval Continued

- 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.

Physician Services – Prior Approval

- 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.

Podiatry – Prior Approval

- 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

Transportation – Covered Services Continued

- 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.

Transportation – Prior Approval Continued

- 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)

Transportation – Prior Approval Continued

- 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