

Anesthesia Services

Charges for anesthesia should be billed using CPT surgical procedures codes or 5-digit anesthesia procedure codes.

Durable Medical Equipment and Medical Supplies

An itemized statement must be submitted identifying the HCPCS National Level II codes in addition to the quantities provided.

Therapy Services

CPT codes and the number of units are required. Physical, speech and occupational therapy services have a maximum dollar benefit allowance per benefit year.

Prescription Drugs

The NDC number, prescription (RX) number, quantity and prescribing physician name, including their Drug Enforcement Administration (DEA) number, is required for pharmacy billings.

Submit Provider Billings to:

Attn: Claims Processing
Division of Specialized Care for Children
2815 W. Washington, Suite 300
P.O. Box 19481
Springfield, Illinois 62794-9481

Contact Call Center:

(877) 791-5170 (Toll Free)
(800) 322-3722 (Toll Free/TTY)
(217) 793-0773 (Fax)
(217) 558-2001 (Springfield Area)

REGIONAL OFFICE INFORMATION

Champaign

(217) 333-6528 (Voice)
(800) 779-0889 (Toll Free)
(217) 244-8390 (TTY)

Chicago North

(312) 433-4114 (Voice)
(800) 425-1068 (Toll Free)
(312) 433-4122 (TTY)

Chicago South

(312) 433-4100 (Voice)
(800) 905-9995 (Toll Free)
(312) 433-4108 (TTY)

DuPage

(630) 964-9887 (Voice)
(800) 455-2639 (Toll Free)
(630) 964-9603 (TTY)

Marion

(618) 997-4396 (Voice)
(800) 451-0464 (Toll Free)
(618) 993-2481 (TTY)

North Cook County

(773) 444-0043 (Voice)
(800) 924-0623 (Toll Free)
(773) 444-0178 (TTY)

Olney

(618) 395-8461 (Voice)
(888) 841-3232 (Toll Free)
(618) 392-3869 (TTY)

Peoria

(309) 693-5350 (Voice)
(800) 382-8569 (Toll Free)
(309) 693-5345 (TTY)

Rockford

(815) 987-7571 (Voice)
(800) 651-9319 (Toll Free)
(815) 987-7995 (TTY)

Rock Island

(309) 788-4300 (Voice)
(800) 651-9526 (Toll Free)
(309) 788-6443 (TTY)

St. Clair

(618) 624-0508 (Voice)
(800) 842-7204 (Toll Free)
(618) 624-0544 (TTY)

South Cook County

(708) 482-0633 (Voice)
(800) 425-5454 (Toll Free)
(708) 482-1103 (TTY)

Springfield

(217) 524-2000 (Voice)
(800) 946-8468 (Toll Free)
(217) 524-2011 (TTY)

REIMBURSEMENT AND BILLING GUIDELINES FOR PROVIDERS



Visit our Web Page at:
www.uic.edu/hsc/dscc

Effective July 2006

The Division of Specialized Care for Children (DSCC) will support those medical services and supplies arranged and prior approved through DSCC's Regional Offices in accordance with DSCC Administrative Rules and Policies. For additional information, contact the DSCC Call Center at (877) 791-5170.

DSCC REIMBURSEMENT SCHEDULE

Hospital Services	Reimbursement Rates*
Inpatient Hospital Care	80% of U&C
23 Hour Observation Care	80% of U&C
Outpatient Surgery	80% of U&C
Emergency Room	80% of U&C
Durable Medical Equipment and Medical Supplies (Quotes required for items over \$3,000 will not be discounted.)	
Medical Equipment (including orthotics, prosthetics, and specialized equipment)	80% of U&C
Ramps/Lifts	80% of U&C
Disposable Medical Supplies	80% of U&C
Hearing Aids (maximum dollar benefit per aid)	80% of U&C
Hearing Aid Supplies	80% of U&C
Physician Services	
Office and Clinic Visits (including laboratory and x-ray services)	100% of U&C
Hospital Visits	100% of U&C
Surgery and Anesthesia Services	100% of U&C
Other Services	
Laboratory and X-ray Services	100% of U&C
Therapy Services/Physical, Speech, Occupational (maximum dollar benefit per discipline per benefit year)	100% of U&C
Prescription Drugs	100% of U&C
Eyeglasses	100% of U&C
Dental/Orthodontics	100% of U&C
Skilled Nursing Facility	100% of U&C

DSCC pays a maximum dollar benefit per year for medical services approved from July 1 through June 30 of each year, in addition to capitations on certain specialized services.

* DSCC's Reimbursement Rates are based on a percent of the provider's normal charge for that service or 100% of the full Usual & Customary (U&C) fee allowed on DSCC's payment schedule. Reimbursement rates are reviewed annually and are based on fee surveys and customary provider charges for medical services for children with special health care needs.

BILLING GUIDELINES

All Providers

- Billings for all services and supplies are to be submitted with dates of service and appropriate ICD-9 diagnostic codes. In addition, Current Procedural Terminology (CPT) codes, HCPCS National Level II codes, American Dental Association (ADA) codes, or National Drug Codes (NDC) are required on billings for respective services.
- Billings for approved services must be submitted on a standard HCFA 1500, UB92, or other approved billing form.
- Billings for approved services must be received by DSCC no later than 18 months from service date.
- Payments for children with insurance benefits will not be made until insurance has paid or rejected the charge(s). An Explanation of Benefits (EOB) must accompany the provider's bill.
- Health care providers that accept a Prior Approval to provide medical services, equipment or supplies from DSCC must agree not to seek further payment from the child or child's family beyond the amounts available from third party payers and/or DSCC.

Hospital Services

Charges for inpatient services must be submitted on the UB92 billing form. An itemized statement, including CPT codes, must accompany the hospital's UB92 billing form for all outpatient services.