

## Therapy Services

Charges for physical, speech and occupational therapy services should be billed using CPT codes.

## Prescription Drugs

The NDC number, prescription (RX) number, quantity and name of individual with prescriptive authority, including their Drug Enforcement Administration (DEA) number.

### Submit Provider Billings to:

Attn: Claims Processing Unit  
3135 Old Jacksonville Rd.  
Springfield, IL 62704-6488

**For detailed reimbursement  
rates for individual medical  
services, providers may  
contact the DSCC  
Call Center at:**

(877) 791-5170 (Toll Free)  
(217) 785-4728 (TTY)  
(217) 558-0773 (Fax)  
(217) 558-2001 (Springfield Area)

**Visit our Web Page at:  
[www.uic.edu/hsc/dscc](http://www.uic.edu/hsc/dscc)**

## 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)



# Medical Benefit Plan and Billing Guidelines for Providers



**Effective January 2008**

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The University of Illinois at Chicago, the Division of Specialized Care for Children (DSCC) will support those medical services and supplies arranged and prior approved for eligible children, in accordance with DSCC's Administrative Rules and Policies. These prior approved services are coordinated by staff located in the DSCC Regional Offices throughout Illinois. The following DSCC Benefit Plan is not an all-inclusive list of the medical services covered by DSCC's medical program. For more information please contact the DSCC Regional Office in your area.

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## **BENEFIT PLAN**

### **Hospital Services**

- Inpatient Care and Services (including room, board and ancillary care)
- Outpatient Care (including 23-hour observation care, surgery and ER)

### **Durable Medical Equipment and Medical Supplies**

- Medical Equipment (including orthotics, prosthetics, and specialized equipment)
- Ramps/Lifts/Chairs
- Disposable Medical Supplies
- Hearing Aids (maximum dollar per hearing aid)
- Hearing Aid Supplies
- Eyeglasses and Frames

### **Physician Services**

- Office and Clinic Visits
- Hospital Visits
- Surgery
- Anesthesia Services
- Dental

### **Other Services**

- Laboratory and Radiology Services
- Physical, Speech and Occupational Therapy
- Prescription Drugs
- Orthodontics
- Nutrition Services

## **BILLING GUIDELINES**

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DSCC's reimbursement rates are reviewed annually based on regional and national fee surveys, customary provider charges for service and geographical and Resource Based Relative Value Schedule (RBRVS) data. DSCC pays a maximum dollar benefit per year for medical services approved from July 1 through June 30 of each year.

### **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 CMS 1500, UB04, 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 UB04 billing form. An itemized statement, including CPT codes, must accompany the hospital's UB04 billing form for all outpatient services.

### **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.