

**ILLINOIS DEPARTMENT OF HEALTHCARE and FAMILY SERVICES (HFS)
PROVIDER RELEASES SUMMARY
APRIL, MAY and JUNE 2009**

Practitioner Fee Schedule

The Illinois Department of Healthcare and Family Services have posted a new [Practitioner Fee Schedule](#) effective April 1, 2009.

Update to the Expensive Drugs and Devices (EDD) Listing for January 1, 2009

The Illinois Department of Healthcare and Family Services (HFS) issued an informational [notice](#) on April 15, 2009 informing hospitals of changes regarding the expensive drugs and devices (EDD) listing that are eligible for additional payment termed an “outlier payment” for specified drugs and devices provided in conjunction with a procedure from the ambulatory procedures listing (APL). Prior approval requirements have been removed for all drugs and devices with dates of service on or after January 1, 2009. However, note future updates to the EDD listing may contain codes that will require prior approval. “C” codes have been added for pacemakers, cardioverter-defibrillators and neurostimulators. Codes have also been revised to denote skin replacement.

Change in Vaccines for Children Plus Coverage for 19 and 20 years olds

The Illinois Department of Healthcare and Family Services (HFS) issued an informational [notice](#) on April 15, 2009 informing providers effective January 1, 2009, there was a change in how providers were to bill vaccinations provided to enrolled participants who are 19 or 20 years of age.

HFS FY2010 Hospital Assessment Program Notice of Assessment

The Illinois Department of Healthcare and Family Services sent out a notice on June 5, 2009, regarding “Fiscal Year 2010 Hospital Assessment Program Notice of Assessment,” to the attention of the Chief Financial Officer of hospital providers.

Beginning in FY2010, which starts July 1, 2009, hospitals must remit the monthly assessment using the Illinois State Treasurer’s E-Pay Program. In order to use this service, your hospital will need an Internet connection, checking account information (bank routing number and account number), from which the payment will be made, and the hospital’s current remittance card. The [attached notice and instructions](#) contain very important information for your hospital to make the payment.

Elimination of the One-Digit Payee Code for Institutional Claim Submittals

The Illinois Department of Healthcare and Family Services issued an informational [notice](#) on June 24, 2009, informing providers effective with claims received on or after August 1, 2009, the department will implement a dual process for reporting the payee in the 837I electronic format, Direct Data Entry (DDE) and the UB04 paper claim format. The dual process period will allow providers to transition from using the one-digit payee code to using the Pay-To Provider (Payee) NPI. The Pay-To Provider (Payee) NPI is only required when the Pay-To Provider is a different entity than the Billing Provider. This

will allow time for providers to register with the department an NPI for each of their 16-digit Healthcare and Family Services (HFS) payee numbers.

Effective with claims received on or after December 1, 2009, the department will no longer accept the one-digit payee code and will begin using the Billing Provider NPI or the Pay-To Provider NPI to derive the payee for claims submitted in the 837I electronic format, DDE, or UB04 paper claim format. If a payee cannot be derived and a payee NPI is required to designate a payee, the claim will be rejected.