

What do I do when my claim is not getting paid?

Review your auth. again, does it match your billing?

Denial reasons will be documented on your Provider Claims Summary.
Below are suggestions for correcting denials.

If typographical errors were made or information was missing, you may submit a corrected claim. Visit the [CBO](#) website for instructions.

If your authorization is incorrect, but errors were not noticed prior to service delivery, nothing may be done by the CBO. Contact IDHS if exceptional circumstances exist.

CBO (Central Billing Office) Contact Information

Phone: 1-800-634-8540
Mailing Address:
PO Box 19485
Springfield, IL 62794-9485
Website: Eicbo.info

IDEC, Illinois Department of Early Childhood

Contact Information
Phone: 1-217-785-9160
Mailing Address:
4800 Wabash Ave.
Springfield, IL 62711
Website: <https://idec.illinois.gov>
Questions: Questions.IDEC@illinois.gov
(with no protected healthcare information)

**TIP: 6 middle
Digit authorization
Number without
dashes is required in
box 19 or 23 of your
1500 claim form for**

[LVV \(POS 02\) &
Interpreter/
Translator claim](#)
If auth. number is
missing, claims
will be denied,
and will need to
be corrected/
resubmitted.

Was the
Insurance EOB
denial reason
determined
invalid?

If denial reason is
incorrect, contact
insurance co. to
request a
corrected EOB, if
possible.

If an acceptable EOB is
received, resubmit to CBO
by mail with copy of claim.

Exceptional Circumstances will be considered for further action by IDEC. Please send a packet that includes all of the documentation pertaining to the claim with an appeal letter outlining the exceptional circumstance that occurred and how it will be prevented in the future.

Contact your SC
to inquire if any
adjustments were
made to your
auth.

If adjustments
were made
without your
knowledge,
request a copy of
the revised auth.,
if possible.

If you are unable to obtain
a corrected EOB, nothing
may be done by the CBO.
Contact IDEC if
exceptional circumstances
exist.

If denied due to
90-day filing limit,
nothing may be
done by the CBO.
If proof of timely
filing is available,
resubmit to CBO

If proof of timely
filing is not
available, nothing
may be done by
the CBO.
Contact IDHS if
exceptional
circumstances
exist.

If insurance has
changed, contact
the SC to obtain
new insurance
info. and run a
new benefit
verification.

If insurance has
specific
requirements that
require a waiver
or an exemption is
requested, work
with SC to obtain
information.

TIP: Insurance Waivers: There are two types; pre billing and post-billing waivers. These are granted by CBO when Payees are unable to be paid due to a variety of situations. Auths. will be issued as "Bill Insurance First".
Insurance Exemptions: Special situations where CBO determines insurance cannot be billed, such as HSA/HRA accounts, lifetime caps, or non-group/self-funded plans. Auths. will be issued as "Bill Insurance First" or "Insurance Declined". Details may be found within the [EICBO Billing Information for Provider](#) link

Other Helpful Notes: With new EI claim requirements, you cannot bill two different service types on the same claim form or dates of service that span over one month, i.e., May and June.

For families who have chosen not to use their HSA/HRA accounts, providers **may not bill** those linked insurances. Providers will be required to refund any funds received for EI services.

Please review *Payee Safety Net Policy* within [EICBO Billing Information for Providers](#), under # 10 if an insurance company is not responding to your submissions or you are having trouble obtaining required information to bill the CBO. Individual providers and provider groups of seven (7) or fewer, may utilize the [CBO Insurance Billing Unit](#) for insurance billing assistance.