

Attachment A

Electronic Attachment Instructions

The submission of the Attachment Control Number (ACN) in Loop 2300 (PWK06) of the 837 electronic claim alerts the HFS system that an attachment was uploaded via the Attachment Upload Portal. Detailed instructions on how to submit an attachment, as well as the link to the electronic attachment upload portal is listed below:

<https://claims.hfs.illinois.gov/iec/AttachmentUpload.doit?action=new>

Claims and attachments must be submitted on the same day before 7:00 pm Central Time. If a claim is received with an ACN identified in PWK06 in Loop 2300 and the attachment cannot be associated to the claim, the claim will be processed without the attachment.

Submitting an electronic attachment:

Step 1: Enter required fields: Submitter ID, Provider ID, NPI, Contact E-mail, RIN, service from dates and service through dates

Step 2: Enter the Attachment Control Number. The suggested ACN assignment is 21 digits: 9 digit Recipient Identification Number, 8 digit Date of Service and 4 digit sequence number (999999999010120220001)

Step 3: Select the Attachment Category: Professional or Institutional. Home Health providers always select Professional.

Step 4: Select Browse to Upload PDF attachment(s)

Step 5: Select Submit to upload the electronic attachment.

Providers should **use only one ACN** for the entire claim in Loop 2300, PWK06 and utilize the first ACN field available within the X12 claims transactions to facilitate the association of the submitted electronic attachments.

When submitting electronic claims via 837I or 837P - Enter claim information in Loop 2300

Loop ID	Reference	Use	Name	Codes	IL Medicaid Notes
2300	PWK01	R	Claim supplemental information	IL specific Codes: OZ, CK, 10, B2, 03 15, 21, EB, HC, OD	This field is required when the provider will be submitting electronic attachments/ documentation. Please refer to the provider notice dated 11/24/21.
2300	PWK02	S	Report Transmission Code	FT	This code will always be "FT" indicating file transfer
2300	PWK05	S	Identification Code Qualifier	AC	
2300	PWK06	R	Attachment Control Number	Suggested ACN format: 9-digit recipient identification number, 8 digit date of service and 4 digit sequence number (999999999010120220001)	Generate a unique attachment control number for use in matching the attachment to the electronic claim record

Questions regarding submission of electronic attachments may be directed to a billing consultant in the Bureau of Professional and Ancillary Services at 877-782-5565 or the Bureau of Claims Processing (217-782-0472).