

Appendix BC-1

Explanation of Information on Provider Information Sheet

The Provider Information Sheet is produced when a provider is enrolled in the department's Medical Programs. It will also be generated when there is a change or update to the provider record. This sheet will then be mailed to the provider and will serve as a record of all the data that appears on the Provider Data Base.

If, after review, the provider notes that the Provider Information Sheet does not reflect accurate data, the provider is to line out the incorrect information, note the correct information, sign and date the signature on the document and return it to the Provider Participation Unit in Springfield, Illinois. (See Topic H-201.5 for instructions.) If all the information noted on the sheet is correct, the provider is to keep the document and reference it when completing any department forms.

The following information will appear on the Provider Information Sheet.

Field	Explanation
Provider Key	This number uniquely identifies the provider, and is used internally by the department. It is linked to the reported NPI(s).
Provider Name And Location	This area contains the Name and Address of the provider as carried in the department's records. The three-digit County code identifies the county where the birth center is located. The Telephone Number is the primary telephone number of the provider's primary office.
Enrollment Specifics	This area contains basic information reflecting the manner in which the provider is enrolled with the department. Provider Type is a three-digit code and corresponding narrative that indicates the provider's classification.

Field	Explanation
	<p>Organization Type is a two-digit code and corresponding narrative indicating the legal structure of the environment in which the provider primarily performs services. The possible codes are:</p> <ul style="list-style-type: none"> 01 = Sole Proprietary 02 = Partnership 03 = Corporation <p>Enrollment Status is a one-digit code and corresponding narrative that indicates whether or not the provider is currently an active participant in the department’s Medical Programs. Cost report requirements are also indicated. The possible codes are:</p> <ul style="list-style-type: none"> B = Active, Cost Report Not Required I = Inactive N = Non Participating <p>Immediately following the enrollment status indicator are the Begin date indicating when the provider was most recently enrolled in the department’s Medical Programs and the End date indicating the end of the provider’s most current enrollment period. If the provider is still actively enrolled, the word “ACTIVE” will appear in the End date field.</p> <p>Exception Indicator may contain a one-digit code and corresponding narrative indicating that the provider’s claims will be reviewed manually prior to payment. The possible codes are:</p> <ul style="list-style-type: none"> A = Intent to Terminate B = Expired License C = Citation to Discover Assets D = Delinquent Child Support E = Provider Review F = Fraud Investigations G = Garnishment I = Indictment L = Student Loan Suspensions R = Intent to Terminate/Recovery S = Exception Requested by Provider Participation Unit T = Tax Levy X = Tax Suspensions <p>If this item is blank, the provider has no exception.</p> <p>Immediately following the Exception Indicator are the Begin date indicating the first date when the provider’s claims are to be manually reviewed and the End date indicating the last date the provider’s claims are to be manually reviewed. If the provider has no exception, the date fields will be blank.</p>

Field	Explanation
Categories of Service	<p>This area identifies the types of service a provider is enrolled to provide.</p> <p>Eligibility Category of Service contains one or more three-digit codes and corresponding narrative indicating the types of service a provider is authorized to render to patients covered under the department's Medical Programs. Each entry is followed by the date on which the provider was approved to render services for each category listed. Birth Centers may only enroll for Category of Service 024. The Provider Enrollment Application (HFS 2243), located on the Medical Programs General Provider Enrollment Requirements webpage, defines all applicable categories of services.</p>
Payee Information	<p>This area records the name and address of the entity authorized to receive payments on behalf of the birth center. The payee is assigned a single-digit Payee Code.</p>
	<p>Payee ID Number is a sixteen-digit identification number assigned to each payee, for whom warrants may be issued. A portion of this number is used for tax reporting purposes; therefore, no payments can be made to a payee unless the number is on file. Immediately following this number is the effective date when payment may be made to each payee on behalf of the provider.</p>
NPI	<p>The National Provider Identification Number contained in the department's database.</p>
Signature	<p>The provider is required to affix an original signature when submitting changes to the Department of Healthcare and Family Services.</p>

Appendix BC-1a Reduced Facsimile of Provider Information Sheet

MEDICAID SYSTEM (MMIS)
PROVIDER SUBSYSTEM
REPORT ID: A2741KD1
SEQUENCE: PROVIDER TYPE
PROVIDER NAME

STATE OF ILLINOIS
HEALTHCARE AND FAMILY SERVICES
PROVIDER INFORMATION SHEET

RUN DATE: 10/16/13
RUN TIME: 11:47:06
MAINT DATE: 10/16/13
PAGE: 84

--PROVIDER KEY--

PROVIDER NAME AND ADDRESS

000011111111

COUNTY 089-SCOTT
TELEPHONE NUMBER

RE-ENRL IND: N DATE:

INSTITUTION INFORMATION:

INSTITUTION BED CNT: INST BED: BEGIN

HEALTHY KIDS/HEALTHY MOMS INFORMATION: BEGIN DATE: / /

PROVIDER TYPE: 019 - BIRTH CENTER
ORGANIZATION TYPE: 03 - CORPORATION
ENROLLMENT STATUS B - ACTIV NO CST BEGIN 09/05/13 END ACTIVE
EXCEPTION INDICATOR - NO EXCEPT BEGIN END
AGR: YES BILL: NONE

CERTIFIC/LICENSE NUM - ENDING
CLIA #: AS OF 10/16/13 MEDICARE #
LAST TRANSACTION ADD
FACILITY CTL/AFFIL:
FISCAL YEAR END: PSYCH BED COUNT: ACUTE BED COUNT:

COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG BEG DATE	COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG BEG DATE	TERMINATION REASON
-----	---------------------------------	---------------	-----	---------------------------------	---------------	--------------------

PAYEE CODE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER	DMERC#	EFF DATE
1	DBA:					VENDOR ID: 01		

*** NPI NUMBERS REGISTERED FOR THIS HFS PROVIDER ARE:
XXXXXXXXXX

***** PLEASE NOTE: *****

* ORIGINAL SIGNATURE OF PROVIDER REQUIRED WHEN SUBMITTING CHANGES VIA THIS FORM: DATE

X

Appendix BC-2

UB-04 Requirements for HFS Adjudication of Birth Center Covered Services

Instructions for completion of this form follow in the order entries appear on the form. Mailing instructions follow the claim preparation instructions. **For detailed form locator information, all providers should have a copy of the UB-04 Data Specifications Manual for reference.** To become a UB-04 Subscriber, refer to the [National Uniform Billing Committee \(NUBC\)](#) website. The UB-04 Data Specifications Manual contains a blank facsimile of the UB-04. Providers may also view a UB-04 facsimile on the department's [Medical Forms Request webpage](#). For billing purposes, providers must still submit an original UB-04 (no photocopies or laser-printed copies).

The left hand column of the following instructions identifies mandatory and optional items for form completion as follows:

- Required** = Entry always required.
- Optional** = Entry optional – In some cases failure to include an entry will result in certain assumptions by the department and will preclude corrections of certain claiming errors by the department.
- Conditionally Required** = Entries that are required based on certain circumstances. Conditions of the requirement are identified in the instruction text.

Appendix BC-2a

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient Birth Center Claims
Required	1.	Provider Name – Enter the provider’s name exactly as it appears on the Provider Information Sheet.
Conditionally Required	2.	<p>Pay-To Name and Address – Report the Pay-To Provider (Payee) NPI, which is registered to the appropriate 16-digit payee number, on Line 4.</p> <p>Payee information is only required when the payee is a different entity than the Billing Provider. Refer to the Provider Information Sheet for payee information.</p> <p>The Pay-To Address is required when the address for payment is different than that of the Billing Provider in FL1.</p>
Optional	3a.	Patient Control Number
Optional	3b.	Medical Record Number
Required	4.	Type of Bill – A four-digit field is required. The only valid Type of Bill for birth centers is 0841. Do not drop the leading zero in this field.
Optional	5.	Fed. Tax No.
Required	6.	Statement Covers Period
Optional	10.	Patient Birth Date - If the birth date is entered, the department will, where possible, correct claims suspended due to recipient name and number errors. If the birth date is not entered, the department will not attempt corrections.
Conditionally Required	18-28.	Condition Codes
Conditionally Required	35-36.	Occurrence Span Code/From/Through – When reporting non-covered days, providers must indicate the non-covered date span.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient Birth Center Claims
Conditionally Required	39-41.	Value Codes – Value Code 66 - Spenddown liability must be reported using Value Code 66 along with a dollar amount to identify the patient's Spenddown liability. The HFS 2432, Split Billing Transmittal, must accompany the claim.
Required	42.	Revenue Code – Enter the appropriate revenue code for the service provided. 0724 – Birthing Center. For delivery and transfer services. 0762 – Observation Hours. For observation services. The 23 rd Revenue Line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.
Required	43.	Revenue Description - Refer to the UB-04 Manual for details.
Required	44.	HCPCS/Accommodation Rates – Claims must contain a valid procedure code for the service(s) rendered. Refer to the Birth Center Fee Schedule for covered codes.
Optional	45.	Service Date – If a date is entered, it will be edited.
Conditionally Required	46.	Service Units – Claims for observation services must contain an entry. Observation claims must contain the number of hours of observation.
Required	47.	Total Charges (By Revenue Code category) For Revenue Code 0001, see FL 42 above.
Conditionally Required	48.	Non-Covered Charges – Reflects any non-covered charges pertaining to the related revenue code.
Required	50.	Payer - Illinois Medicaid or 98916 must be shown as the payer of last resort

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient Birth Center Claims
Conditionally Required	51.	<p>Health Plan Identification Number – HFS will require that providers report our legacy three-digit TPL codes and two-digit TPL status codes in this field until the HIPAA National Plan Identifier is mandated. The format will continue to be the three-digit TPL code, one space, and then the two-digit status code. Required if there is a third party source.</p> <p>TPL Code –If the patient's medical card contains a TPL code, the numeric three-digit code must be entered in this field. If payment was received from a third party resource not listed on the patient's card, enter the appropriate TPL Code as listed in Chapter 100, General Appendix 9.</p> <p>Status – If a TPL code is shown, a two-digit code indicating the disposition of the third party claim must be entered. No entry is required if the TPL code is blank.</p> <p>The TPL Status Codes are:</p> <p>01 – TPL Adjudicated – total payment shown: TPL Status Code 01 is to be entered when payment has been received from the patient's third party resource. The amount of payment received must be entered in the TPL amount box.</p> <p>02 – TPL Adjudicated – patient not covered: TPL Status Code 02 is to be entered when the provider is advised by the third party resource that the patient was not insured at the time services were provided.</p> <p>03 – TPL Adjudicated – services not covered: TPL Status Code 03 is to be entered when the provider is advised by the third party resource that services provided are not covered.</p> <p>05 – Patient not covered: TPL Status Code 05 is to be entered when a patient informs the provider that the third party resource identified on the MediPlan Card is not in force.</p> <p>06 – Services not covered: TPL Status Code 06 is to be entered when the provider determines that the identified resource is not applicable to the service provided.</p> <p>07 – Third Party Adjudication Pending: TPL Status Code 07 may be entered when a claim has been submitted to the third party, thirty (30) days have elapsed since the third party was billed, and reasonable follow-up efforts to obtain payment have failed.</p> <p>08 – Estimated Payment: TPL Status Code 08 may be entered if the provider has billed the third party, contact was made with the third party, and payment is forthcoming but not yet received. The provider must indicate the amount of the payment estimated by the third party. The provider is responsible for any adjustment, if required, after the actual receipt of the payment from the third party.</p> <p>10 – Deductible Not Met: TPL Status Code 10 is to be entered when the provider has been informed by the third party resource that non-payment of the service was because the deductible was not met.</p> <p>99 – Zero or Negative Payment: TPL Status Code 99 identifies a zero or negative payment by Medicare on a crossover claim.</p>

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient Birth Center Claims
Conditionally Required	54A,B.	Prior Payments – TPL payments are identified on Lines A and B to correspond to any insurance source in FL 51 Lines A and B.
Required	56.	National Provider Identifier – Billing Provider Required for claims received as of May 23, 2008. The NPI is the unique identification number assigned to the provider submitting the bill.
Optional	57.	Other (Billing) Provider Identifier Enter the HFS legacy provider number on the line that corresponds to Illinois Medicaid. For claims received on or after May 23, 2008, the HFS legacy number will not be used for adjudication.
Required	58.	Insured's Name – Enter the patient's name exactly as it appears on the Identification Card or Notice issued by the department.
Required	60.	Insured's Unique Identifier (Recipient Identification Number) – Enter the nine-digit recipient number assigned to the individual as shown on the Identification Card or Notice issued by the department. Use no punctuation or spaces. Do not use the Case Identification Number.
Conditionally Required	64.	Document Control Number – At the time the department implements the void/rebill process, the DCN will be required when the Type of Bill Frequency Code (FL 4) indicates this claim is a replacement or void to a previously adjudicated claim. Enter the DCN of the previously adjudicated claim.
Required	67.	Principal Diagnosis Code and Present on Admission (POA) Indicator - Enter the specific ICD diagnosis code without the decimal. The POA indicator is not required for birth center claims.
Conditionally Required	67A-Q.	Other Diagnosis Codes - Enter the specific ICD diagnosis code without the decimal. The POA indicator is not required for birth center claims.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient Birth Center Claims
Conditionally Required	72A-C.	External Cause of Injury (ECI) Code – The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.
Required	76.	Attending Provider Name and Identifiers - For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI.
Conditionally Required	78-79.	Other Provider (Individual) Names and Identifiers – Refer to the UB-04 Data Specifications Manual for usage requirements.
Required	81.	<p>Code-Code Field – HFS Requirement (Needed for Adjudication) Qualifier “B3” – Healthcare Provider Taxonomy Code. Birth centers must use designated taxonomy code 241QB0400X.</p> <p>This form locator can also be used to report additional codes related to a form locator (overflow) or to report externally maintained codes approved by the NUBC for inclusion in the institutional data set.</p>

***Additional notes**

FL 80 - Remarks – HFS utilizes this field to assign each claim’s unique Document Control Number. Providers do not utilize this field

Appendix BC-2b

Mailing Instructions

The provider is to submit an original UB-04 form to the department. The pin-feed guide strip should be detached from the sides of continuous feed forms. A copy of the claim is to be retained by the provider.

UB-04 paper claims should be sent to the applicable post office box as follows:

UB-04 Claims Without Attachments:

Illinois Department of Healthcare and Family Services
UB-04 Inpatient/Outpatient Invoices
P.O. Box 19132
Springfield, Illinois 62794-9132

UB-04 Claims With Attachments:

Illinois Department of Healthcare and Family Services
UB-04 Inpatient/Outpatient Invoices
P.O. Box 19133
Springfield, Illinois 62794-9133

UB-04 Claims Requiring Special Handling by the Billing Consultants:

Illinois Department of Healthcare and Family Services
Bureau of Hospital and Provider Services
P.O. Box 19128
Springfield, Illinois 62794-9128

Adjustments (Form HFS 2249):

Illinois Department of Healthcare and Family Services
Hospital Adjustment Unit
P.O. Box 19101
Springfield, Illinois 62794-9101

Forms Requisition:

The department does not supply the UB billing form. The [HFS 2249 Adjustment form \(pdf\)](#) is available in an electronic PDF-fillable format on the [department's Medical Programs Listing of Forms webpage](#). The department does supply a pre-addressed mailing envelope, the HFS 1416 envelope, which providers may use to submit their adjustment forms. These envelopes may be ordered from the [Forms Request](#) page of the department's website.

Appendix BC-2c

Billing Scenarios

This appendix contains examples of various types of birth center services that may be submitted to the department. Particular form locators affected and instructions for completion are identified with each scenario. Birth centers still need to reference Appendix K-2a, Required Fields.

**Billing Scenario 1
Claim with Third Party Liability (TPL)**

The patient was admitted to the birth center on May 18, 20XX and discharged on May 20, 20XX. The patient has Blue Cross/Blue Shield insurance that paid toward her stay, and also Illinois Medicaid coverage.

FL 50, Line A – Payer. Enter “Blue Cross/Blue Shield.” Illinois Medicaid is listed after all other payers.

FL 51, Line A - Enter the appropriate legacy three-digit TPL code for Blue Cross/Blue Shield; a space; and then two-digit TPL status code “01.”

FL 54, Line A – Prior Payment. Enter the actual payment received from the third party payer.

Billing Scenario 2
Transfer from Birth Center to Hospital for Delivery

The patient was admitted to the birth center on November 2, 20XX but due to complications was transferred on November 3rd.

FL 4 – Type of bill. Enter “0841” (admission through discharge claim.)

FL 6 – Statement Covers Period.

FL 42 – Appropriate Procedure Code for a transfer as shown in the Birth Center Fee Schedule must be identified on the claim.

Billing Scenario 3 Observation with Transfer

The patient was placed in observation at 9:00 P.M. on March 3, 20XX. At 5:00 A.M. the birth center staff made the decision to transfer the patient to a hospital due to unforeseen complications.

FL 46 – Service Units. The patient was in observation for eight hours. An entry of “8” must be identified in this field.

FL 42 – Revenue Code. Use Revenue Code 0724 for the transfer service. Use Revenue Code 0762 for observation services.

FL 44 – HCPCS/Accommodation Rates. Use valid procedure codes for the observation and the transfer services as shown in the Birth Center Fee Schedule.

Note: As the rate for the transfer fee is higher than the rate for the observation period, the claim will be reimbursed at the transfer fee rate.

Appendix BC-3

Internet Quick Reference Guide

The department's handbooks are designed for use via the Web and contain hyperlinks to the pertinent information. This appendix was developed to provide a reference guide for providers who print the department's handbooks and prefer to work from a paper copy.

Internet Site	Web Address
Healthcare and Family Services website	http://www.hfs.illinois.gov/
Administrative Rules	http://www.hfs.illinois.gov/lawsrules/
All Kids Program	http://www.allkids.com/
Child Support Enforcement	http://www.childsupportillinois.com/
FamilyCare	http://www.familycareillinois.com/
Family Community Resource Centers	http://www.dhs.state.il.us/
Health Benefits for Workers with Disabilities	http://www.hbwdillinois.com/
Health Information Exchange	http://www.illinois.gov/sites/ilhie/Pages/default.aspx
Home and Community Based Waiver Services	http://www.hfs.illinois.gov/hcbswaivers/
Illinois Health Connect	http://www.illinoishealthconnect.com/
Illinois Healthy Women	http://www.illinoishealthywomen.com/
Illinois Veterans Care	http://www.illinoisveteranscare.com/
Illinois Warrior Assistance Program	http://www.illinoiswarrior.com/
Managed Care Program	http://www.hfs.illinois.gov/managedcare/
Maternal and Child Health Promotion	http://www.hfs.illinois.gov/mch/
Medical Electronic Data Interchange (MEDI)	http://www.myhfs.illinois.gov/
State Chronic Renal Disease Program	http://www.hfs.illinois.gov/renalprogram/
Medical Forms Requests	http://www.hfs.illinois.gov/forms/
Medical Programs Forms	http://www.illinois.gov/hfs/MedicalProviders/MedicalProgramForms/Pages/default.aspx
National Uniform Billing Committee (NUBC)	http://www.nubc.org/
Pharmacy Information	http://www.hfs.illinois.gov/pharmacy/
Provider Enrollment Information	http://www.hfs.illinois.gov/enrollment/
Provider Fee Schedules	http://www.hfs.illinois.gov/reimbursement/
Provider Handbooks	http://www.hfs.illinois.gov/handbooks/
Provider Releases	http://www.hfs.illinois.gov/releases/
Registration for E-mail Notification	http://www.hfs.illinois.gov/provrel/
Place of Service Codes	http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place of Service Code Set.html
Centers for Medicare and Medicaid Services (CMS)	http://www.cms.hhs.gov/

