

**CLAIM EXAMPLES FOR INTERMEDIATE CARE SERVICES FOR
INTELLECTUALLY DISABLED (IID) (PT 29)**

Taxonomy Code 315P00000X = COS 73 ICF/MR

Taxonomy Code 3140N1450X = COS 74 Skilled Pediatric

Taxonomy Code 320600000X = COS 76 Specialized Living Center

EXAMPLE ~ IID1:

Claim for recipient residing in a regular intermediate care bed, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 73)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IID1*5000***66:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::31~

NM1*71*1*JACKSON*IGOR****XX*122222222~

PRV*AT*PXC*207R00000X~

LX*1~

SV2*0110**5000*DA*31~

REF*6R*EI122215247135640-01~

SE*36*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a. PAT. CNTL # b. MED. REC. #		EXAMPLE-IID1 00712		4 TYPE OF BILL 0662									
555 NORTH STREET CHICAGO, IL 60614502				5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116		7									
8 PATIENT NAME a			9 PATIENT ADDRESS a			555 NORTH STREET											
b DOE, JOHN			b CHICAGO			c IL		d 60614502									
10 BIRTHDATE 09291926		11 SEX M	12 DATE 100116		13 HR	14 TYPE	15 SRC	16 DHR	17 STAT								
18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30																	
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE SPAN FROM THROUGH									
36 CODE		36 CODE		36 CODE		36 CODE		36 CODE									
37		37		37		37		37									
38					39 CODE a 23		40 VALUE CODES AMOUNT 500.00		41 CODE 80								
					b		31.00		41 CODE								
					c				41 CODE								
					d				41 CODE								
42 REV. CD.		43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0110		ROOM-BOARD/ PVT						100116		31		5000.00					
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EXAMPLE ~ IID2:

Claim for recipient residing in a regular intermediate care bed with leave of absence days.

Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/04/16 – 10/04/16
Occurrence Span Code 74: 10/20/16 – 10/24/16
Value Code 80 = 25
Value Code 81 = 6

Legacy Claim Coding:

10/01/16 – 10/03/16 (COS 73)
10/04/16 – 10/04/16 (COS 73 with BR Type)
10/05/16 – 10/19/16 (COS 73)
10/20/16 – 10/24/16 (COS 73 with BR Type)
10/25/16 – 10/31/16 (COS 73)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IID2*4600***66:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201510151900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~
HI*BE:23:::500*80:::25*BE:81:::6~
NM1*71*1*JACKSON*IGOR*****XX*122222222~

PRV*AT*PXC*207R00000X~

LX*1~

SV2*0110**4500*DA*25~

REF*6R*EI122215247135641-01~

LX*2~

SV2*0185**100*DA*6~

REF*6R*EI122215247135641-02~

SE*40*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL. #		EXAMPLE-IID2		4 TYPE OF BILL											
555 NORTH STREET				b. MED. REC. #		00712		0663											
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH											
				123456789		100116		103116											
8 PATIENT NAME			a			9 PATIENT ADDRESS			a										
DOE, JOHN			b			CHICAGO			c IL d 60614502 e										
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19 20 21		CONDITION CODES 22 23 24 25 26 27 28		29 ACCT STATE		30		
09291926		M	101515		19 3 4				30										
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37							
								74		100416		100416		74		102016		102416	
39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT									
a 23		500.00		80		25.00		81		6.00									
b																			
c																			
d																			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
1 0110		ROOM-BOARD/ PVT				100116		25		4500.00									
2 0185		LOA/NURS HOME				100416		6		100.00									
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23 0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		4600.00									
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASS DEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957149356					
A ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID							
B																			
C																			
58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.											
A DOE, JOHN		18		011545209															
B																			
C																			
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME															
A																			
B																			
C																			
66 DX		Z5189		I6350															
A																			
B																			
C																			
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73									
A																			
B																			
C																			
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL							
A								LAST JACKSON		FIRST IGOR									
B								77 OPERATING NPI		QUAL									
C								LAST		FIRST									
78 OTHER NPI		QUAL						78 OTHER NPI		QUAL									
A								LAST		FIRST									
B								79 OTHER NPI		QUAL									
C								LAST		FIRST									
80 REMARKS		81CC a B3		315P00000X															
A																			
B																			
C																			
D																			

EXAMPLE ~ IID3:

Claim for recipient residing in a regular intermediate care bed with a leave of absence day and TPL reported on claim.

Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/05/16 – 10/5/16
Value Code 80 = 30
Value Code 81 = 1

Legacy Claim Coding:

10/01/16 – 10/04/16 (COS 73)
10/05/16 – 10/05/16 (COS 73 with BR Type)
10/06/16 – 10/31/16 (COS 73)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*****MC~
NM1*IL*1*DOE*JOHN*****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IID3*4250***66:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609301900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350 ~
HI*ABF: Z5189~
HI*BI:74:RD8:20161005-20161005~
HI*BE:23:::500*80:::30*81:::1~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~

SBR*P*18** HCSC-BCBS OF IL-STD A & B *****BC~
CAS*CO*45*3150.00***~
CAS*PR*2*50.00~
AMT*D*1050.00~
OJ***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*HCSC-BCBS OF IL-STD A & B*****PI*30024~
N3*300 EAST RANDOLPH, 13TH FLOOR~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161210~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*30~
REF*6R*EI122215247135642-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135642-02~
SE*53*0001~
GE*1*528986~
IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL. # EXAMPLE-IID3		4 TYPE OF BILL 0663												
555 NORTH STREET				b. MED. REC. # 00712														
CHICAGO, IL 60614502				5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116												
8 PATIENT NAME a		9 PATIENT ADDRESS a		555 NORTH STREET														
b DOE, JOHN		b CHICAGO		c IL		d 60614502												
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR			17 STAT			CONDITION CODES						29 ACCT STATE	30		
09291926	M	093016	19	3	4			30										
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37										
				74		100516 100516												
38									39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT				
									a 23	500.00	80	30.00	81	1.00				
									b									
									c									
									d									
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49										
1 0110	ROOM-BOARD/ PVT			100116	30	4150.00												
2 0182	LOA/PT CONV			100516	1	100.00												
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23 0001	PAGE 1 OF 1	CREATION DATE		110116	TOTALS	4250.00												
50 PAYER NAME		51 HEALTH PLAN ID	52 REL INFO	53 ASO BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356										
A HCSC-BCBS OF IL-STD A&B		00601			1050.00		57											
B ILLINOIS MEDICAID		37-1320188	Y	Y			OTHER											
C							PRV ID											
58 INSURED'S NAME		59 P.REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.											
A DOE, JOHN		18	011545209A															
B DOE, JOHN		18	011545209															
C																		
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME												
A			B			C												
B			C			D												
C			D			E												
66 DX	Z5189	I6350							68									
69 ADMIT DX		M6281	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73												
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE DATE	75		76 ATTENDING NPI		122222222										
						LAST JACKSON		FIRST IGOR										
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE DATE	e. OTHER PROCEDURE DATE			77 OPERATING NPI		QUAL										
						LAST		FIRST										
80 REMARKS		81CC a	B3	315P00000X		78 OTHER NPI		QUAL										
		b				LAST		FIRST										
		c				79 OTHER NPI		QUAL										
		d				LAST		FIRST										

EXAMPLE ~ IID4:

Claim for recipient residing in a regular intermediate care bed prior to discharge to hospital.

Medicaid Primary

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 02

Value Code 80 = 14

Legacy Claim Coding:

10/01/16 – 10/14/16 (COS 73)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*70009~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -IID4*1400***66:A:1**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201610011900~
CL1*3*4*02~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::14~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135643-01~

SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST	2	3a PAT. CNTL. #	EXAMPLE-IID4	4 TYPE OF BILL	0661
555 NORTH STREET	CHICAGO, IL 60614502	b. MED. REC. #	00712	5 FED. TAX NO.	123456789
6 PATIENT NAME	a	9 PATIENT ADDRESS	a	555 NORTH STREET	7 STATEMENT COVERS PERIOD FROM
b DOE, JOHN	b CHICAGO	c IL	d 60614502	e	101516
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC
09291926	M	100116	19	3	4
16 DHR	17 STAT	18	19	20	21
13	02	22	23	24	25
26	27	28	29 ACOT STATE	30	
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH
39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a 23	500.00	80	14.00		
b					
c					
d					
42 REV. CO.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1 0110	ROOM-BOARD/ PVT		100116	14	1400.00
2					
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17					
18					
19					
20					
21					
22					
23 0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASSO. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A ILLINOIS MEDICAID	37-1320188	Y	Y		56 NPI
B					2957149356
C					57 OTHER PRV ID
58 INSURED'S NAME	59 P.REL.	60 INSURED'S UNIQUE ID.	61 GROUP NAME	62 INSURANCE GROUP NO.	
A DOE, JOHN	18	011545209			
B					
C					
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME			
A					
B					
C					
66 DX	Z5189	I6350			68
69 ADMIT DX	M6281	70 PATIENT REASON DX		71 PPS CODE	72 ECI
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE DATE	75	76 ATTENDING NPI	122222222
				QUAL	
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE DATE	e. OTHER PROCEDURE DATE		77 OPERATING NPI	QUAL
				LAST JACKSON	FIRST IGOR
80 REMARKS	81CC a	B3	315P00000X	78 OTHER NPI	QUAL
	b			LAST	FIRST
	c			79 OTHER NPI	QUAL
	d			LAST	FIRST

EXAMPLE ~ IID5:

Claim for recipient residing in a regular intermediate care bed prior to discharge due to death.

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 20

Value Code 80 = 15

Legacy Claim Coding:

10/01/16 – 10/15/16 (COS 73)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635^^*00501*000525985*0*T*~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE –IID5*1400***66:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201609301900~
CL1*3*4*20~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::15~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*15~
REF*6R*EI122215247135644-01~
SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL #		EXAMPLE-HDS		4 TYPE OF BILL	
555 NORTH STREET				b. MED. REC. #		00712		0664	
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
				123456789		100116		101516	
8 PATIENT NAME			9 PATIENT ADDRESS			a 555 NORTH STREET			
b DOE, JOHN			b CHICAGO			c IL		d 60614502	
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT
09291926		M	093016		19 3 4		13		20
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM	
								THROUGH	
36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT	
						a 23 500.00		b 80 15.00	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS	
1 0110		ROOM-BOARD/ PVT				100116		15	
								47 TOTAL CHARGES	
								1400.00	
								48 NON-COVERED CHARGES	
								49	
23 0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS	
								1400.00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASO DEFL		54 PRIOR PAYMENTS	
A ILLINOIS MEDICAID		37-1320188		Y		Y		55 EST. AMOUNT DUE	
								56 NPI	
								2957149356	
58 INSURED'S NAME		59 P.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
A DOE, JOHN		18		011545209					
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME					
66 DX		Z5189		I6350				68	
69 ADMIT DX.		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI	
								122222222	
								QUAL	
								LAST JACKSON	
								FIRST IGOR	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		77 OPERATING NPI		QUAL	
								LAST	
								FIRST	
80 REMARKS		81CC a		B3 315P00000X		78 OTHER NPI		QUAL	
								LAST	
								FIRST	
						79 OTHER NPI		QUAL	
								LAST	
								FIRST	

EXAMPLE ~ IIDDT6:

Claim for Developmental Training Services.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 82)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDDT6*1800***79:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:24:::481*BE:80:::31~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135645-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL #		EXAMPLE-IHDDT6		4 TYPE OF BILL									
555 NORTH STREET				b. MED. REC. #		00712		0792									
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH									
				123456789		100116		103116									
8 PATIENT NAME			a			9 PATIENT ADDRESS			a 555 NORTH STREET								
b DOE, JOHN			b CHICAGO			c IL			d 60614502								
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR		14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES				29 ACCT STATE	30	
09291926		M	100116		19	3	4		30								
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH					
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT											
		a 24 481.00		b 80 31.00													
42 REV. CO.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49						
1 0942	EDUC/TRAINING						100116	31	1800.00								
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23	0001	PAGE 1 OF 1			CREATION DATE			110116	TOTALS	1800.00							
50 PAYER NAME			51 HEALTH PLAN ID			52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356						
A ILLINOIS MEDICAID			37-1320188			Y	Y			57 OTHER PRV ID							
B																	
C																	
58 INSURED'S NAME			59 FREL	60 INSURED'S UNIQUE ID			61 GROUP NAME			62 INSURANCE GROUP NO.							
A DOE, JOHN			18	011545209													
B																	
C																	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME									
A																	
B																	
C																	
66 DX	Z5189	I6350									68						
69 ADMIT DX	M6281	70 PATIENT REASON DX									73						
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	76 ATTENDING NPI	122222222	QUAL								
							LAST JACKSON		FIRST IGOR								
							77 OPERATING NPI		QUAL								
							LAST		FIRST								
							78 OTHER NPI		QUAL								
							LAST		FIRST								
							79 OTHER NPI		QUAL								
							LAST		FIRST								
80 REMARKS			81CC a	B3	31SP00000X												
			b														
			c														
			d														

EXAMPLE ~ IIDDT7:

Claim for Developmental Training Services for recipient who has dis-enrolled from Developmental Training Agency.

Statement Period: 10/01/16 – 10/15/16

Discharge Code = 70

Value Code 80 = 14

Legacy Claim Coding:

10/01/16 – 10/14/16 (COS 82)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN*****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDDT7*800***79:A:1**A*Y*Y~
DTP*096*TM*1400~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201610011900~
CL1*3*4*70~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:24:::1480*BE:80:::14~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**800*DA*14~
REF*6R*EI122215247135646-01~

SE*36*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST	2	3a PAT. CNTL. #	EXAMPLE-IIDDT7	4 TYPE OF BILL	0791
555 NORTH STREET	CHICAGO, IL 60614502	b. MED. REC. #	00712	5 FED. TAX NO.	123456789
6 STATEMENT COVERS PERIOD FROM	100116	7 THROUGH	101516		
8 PATIENT NAME		a	9 PATIENT ADDRESS	a	555 NORTH STREET
b	DOE, JOHN	c	IL	d	60614502
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC
09291926	M	100116	19	3	4
16 DHR	17 STAT	18	19	20	21
70					
22	23	24	25	26	27
28	29 ACDT STATE	30			
31 OCCURRENCE DATE	32 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH
37					
38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE
a	24	1480.00	80	14.00	
b					
c					
d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	0942	EDUC/TRAINING	100116	14	800.00
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS 800.00
50 PAYER NAME	ILLINOIS MEDICAID	51 HEALTH PLAN ID	37-1320188	52 REL INFO	Y
A	B	C	53 ASSO DEN.	Y	54 PRIOR PAYMENTS
55 EST. AMOUNT DUE	56 NPI	2957149356	57 OTHER PRV ID		
58 INSURED'S NAME	DOE, JOHN	59 P.REL	18	60 INSURED'S UNIQUE ID	011545209
A	B	C	61 GROUP NAME	62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME			
A	B	C			
66 DX	Z5189	16350	68		
69 ADMIT DX	M6281	70 PATIENT REASON DX		71 PPS CODE	
72 ECI		73			
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE DATE	77 ATTENDING NPI	122222222	QUAL
			LAST JACKSON	FIRST IGOR	
78 OTHER NPI	79 OTHER NPI	80 REMARKS	81CC a	B3	315P00000X
			b		
			c		
			d		
80 REMARKS					

EXAMPLE ~ IIDEC8:

Claim for recipient receiving enhanced care (vent).

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 38)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE- IID8*7000***66:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0190**7000*DA*31~
REF*6R*EI122215247135647-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST	2		3a PAT. CNTL. #		EXAMPLE-HDEC8		4 TYPE OF BILL				
555 NORTH STREET			b. MED. REC. #		00712		0662				
CHICAGO, IL 60614502			5 FED. TAX NO.		123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116				
8 PATIENT NAME			9 PATIENT ADDRESS		a 555 NORTH STREET						
b DOE, JOHN			b CHICAGO		c IL		d 60614502				
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR				
09291926		M	100116		19 3 4		17 STAT 30				
18		19		20		21		CONDITION CODES 22 23 24 25 26 27 28			
29 ACDT STATE		30									
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH			
								36 OCCURRENCE SPAN FROM THROUGH			
38											
39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE			
a 23		500.00		80		31.00					
b											
c											
d											
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS			
1 0190		SUBACUTE				100116		31			
2								47 TOTAL CHARGES			
3								7000.00			
4								48 NON-COVERED CHARGES			
5								49			
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23 0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS 7000.00			
50 PAYER NAME			51 HEALTH PLAN ID		52 REL INFO		53 ASO BEN		54 PRIOR PAYMENTS		
A ILLINOIS MEDICAID			37-1320188		Y		Y		55 EST. AMOUNT DUE		
B									56 NPI 2957149356		
C									57 OTHER PRV ID		
58 INSURED'S NAME			59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.		
A DOE, JOHN			18		011545209						
B											
C											
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME			
A				B				C			
B				C				D			
C				D				E			
68 DX		Z5189		I6350						68	
69 ADMIT DX		M6281		70 PATIENT REASON DX						73	
74 PRINCIPAL PROCEDURE CODE		a OTHER PROCEDURE DATE		b OTHER PROCEDURE DATE		75		76 ATTENDING NPI 122222222		QUAL	
								LAST JACKSON		FIRST IGOR	
c OTHER PROCEDURE CODE		d OTHER PROCEDURE DATE		e OTHER PROCEDURE DATE				77 OPERATING NPI		QUAL	
								LAST		FIRST	
80 REMARKS		b1CC a B3		315P00000X				78 OTHER NPI		QUAL	
		b						LAST		FIRST	
		c						79 OTHER NPI		QUAL	
		d						LAST		FIRST	

EXAMPLE ~ IIDHOSPIC9:

Claim for recipient discharging to hospice.

Statement Period: 10/01/16 – 10/05/16

Value Code 80 = 4

Discharge Status Code = 51

Legacy Claim Coding:

10/01/16 – 10/04/16 (COS 73)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE- IIDHOSPIC9*500***66:A:1**A*Y*Y~
DTP*096*TM*1400
DTP*434*RD8*20161001-20161005~
DTP*435*DT*201610011900~
CL1*3*4*51~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::4~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**500*DA*4~
REF*6R*EI122215247135648-01~
SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL. #		EXAMPLE-IIDHOSPIC9		4 TYPE OF BILL																													
555 NORTH STREET				b. MED. REC. #		00712		0661																													
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																													
				123456789		100116		100516																													
8 PATIENT NAME				9 PATIENT ADDRESS																																	
a				a 555 NORTH STREET																																	
b DOE, JOHN				b CHICAGO				c IL		d 60614502																											
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACCT STATE		30	
09291926		M		100116		19 3 4		14		51																											
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37																									
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT																															
		a 23 500.00		b 80 4.00																																	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HI/PPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																							
1 0110		ROOM - BOARD/ PVT				100116		4		500.00																											
2																																					
3																																					
4																																					
5																																					
6																																					
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21																																					
22																																					
23 0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		500.00																											
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASG/BDL		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957149356																							
A ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID																									
B																																					
C																																					
58 INSURED'S NAME		59 P.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																													
A DOE, JOHN		18		011545209																																	
B																																					
C																																					
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																	
A																																					
B																																					
C																																					
66 DX		67		68																																	
Z5189		16350																																			
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73																													
M6281																																					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI																											
M6281				122222222																																	
a		b		c		d		e		f																											
OTHER PROCEDURE CODE		OTHER PROCEDURE DATE		OTHER PROCEDURE CODE		OTHER PROCEDURE DATE		OTHER PROCEDURE CODE		OTHER PROCEDURE DATE																											
80 REMARKS		81CCI a		82		83		84		85																											
		B3		315P00000X																																	
		b																																			
		c																																			
		d																																			

EXAMPLE ~ IIDHOSPIC10:

Claim for recipient after hospice election ends.

Statement Period: 10/24/16 – 10/31/16

Value Code 80 = 8

Legacy Claim Coding:

10/24/16 – 10/31/16 (COS 73)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*70009~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE- IIDHOSPIC10*800***66:A:2**A*Y*Y~
DTP*434*RD8*20161024-20161031~
DTP*435*DT*201610241900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::8~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**800*DA*8~
REF*6R*EI122215247135649-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTRL #		EXAMPLE-IIDHOSPIC10		4 TYPE OF BILL								
555 NORTH STREET				b. MED. REC. #		00712		0662								
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH								
				123456789		102416		103116								
8 PATIENT NAME			a			9 PATIENT ADDRESS			a							
DOE, JOHN			b			CHICAGO			c IL							
10 BIRTHDATE			11 SEX			12 DATE			13 HR							
09291926			M			102416			14 TYPE							
						19			15 SRC							
						3			16 DHR							
						4			17 STAT							
						30			18							
									19							
									20							
									21							
									22							
									23							
									24							
									25							
									26							
									27							
									28							
									29 ACDT							
									30 STATE							
31 OCCURRENCE CODE			32 OCCURRENCE DATE			33 OCCURRENCE CODE			34 OCCURRENCE DATE							
35 OCCURRENCE CODE			36 OCCURRENCE DATE			37 OCCURRENCE CODE			38 OCCURRENCE DATE							
39 VALUE CODES			40 VALUE CODES			41 VALUE CODES										
a 23			500.00			80			8.00							
b																
c																
d																
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		
1 0110		ROOM - BOARD/ PVT				102416		8		800.00						
2																
3																
4																
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7																
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20																
21																
22																
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		800.00				
50 PAYER NAME			51 HEALTH PLAN ID			52 REL. INFO		53 AGO BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		
ILLINOIS MEDICAID			37-1320188			Y		Y						2957149356		
57 OTHER PRV ID																
58 INSURED'S NAME			59 R.REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.							
DOE, JOHN			18		011545209											
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME										
66 DX			Z5189		I6350										69	
69 ADMIT DX			M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73					
74 PRINCIPAL PROCEDURE CODE			a OTHER PROCEDURE CODE		b OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL			
									LAST JACKSON		FIRST IGOR					
77 OPERATING CODE			d OTHER PROCEDURE CODE		e OTHER PROCEDURE CODE				78 OTHER NPI				QUAL			
									LAST		FIRST					
80 REMARKS			81 CC a		B3		315P00000X		79 OTHER NPI				QUAL			
			b						LAST		FIRST					
			c						79 OTHER NPI				QUAL			
			d						LAST		FIRST					

EXAMPLE ~ IIDSP1:

Claim for recipient residing in a skilled pediatric bed, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 74)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSP1*5000***66:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**5000*DA*31~
REF*6R*EI122215247135650-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL. #		EXAMPLE-IIDSPI		4 TYPE OF BILL							
555 NORTH STREET				b. MED. REC. #		00712		0662							
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH							
				123456789		100116		103116							
8 PATIENT NAME				9 PATIENT ADDRESS											
a				a 555 NORTH STREET											
b DOE, JOHN				b CHICAGO				c IL		d 60614502					
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR		17 STAT		CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30					
09291926		M		100116		19 3 4		30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH					
38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT							
				a 23 500.00		b 80 31.00									
				c		d									
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0110		ROOM - BOARD/ PVT				100116		31		5000.00					
2															
3															
4															
5															
6															
7															
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18															
19															
20															
21															
22															
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		5000.00			
50 PAYER NAME				51 HEALTH PLAN ID		52 REL. INFO		53 ASO BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI	
A ILLINOIS MEDICAID				37-1320188		Y		Y						57 OTHER PRV ID	
B															
C															
58 INSURED'S NAME				59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.					
A DOE, JOHN				18		011545209									
B															
C															
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME							
A															
B															
C															
66 DX		Z5189		I6350										68	
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI				73	
74 PRINCIPAL PROCEDURE CODE		n. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL			
								LAST JACKSON				FIRST IGOR			
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI				QUAL			
								LAST				FIRST			
80 REMARKS		81CC a		B3		3140N1450X		78 OTHER NPI				QUAL			
		b						LAST				FIRST			
		c						79 OTHER NPI				QUAL			
		d						LAST				FIRST			

EXAMPLE ~ IIDSP2:

Claim for recipient residing in a skilled pediatric bed with leave of absence days.

Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/04/16 – 10/04/16
Occurrence Span Code 74: 10/20/16 – 10/24/16
Value Code 80 = 25
Value Code 81 = 6

Legacy Claim Coding:

10/01/16 – 10/03/16 (COS 74)
10/04/16 – 10/04/16 (COS 74 with BR Type)
10/05/16 – 10/19/16 (COS 74)
10/20/16 – 10/24/16 (COS 74 with BR Type)
10/25/16 – 10/31/16 (COS 74)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSP2*4600***66:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201510151900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~
HI*BE:23:::500*80:::25*BE:81:::6~
NM1*71*1*JACKSON*IGOR****XX*122222222~

PRV*AT*PXC*207R00000X~

LX*1~

SV2*0110**4500*DA*25~

REF*6R*EI122215247135651-01~

LX*2~

SV2*0185**100*DA*6~

REF*6R*EI122215247135651-02~

SE*40*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CTRL. # EXAMPLE-IIDSP2		4 TYPE OF BILL 0663	
555 NORTH STREET				b. MED. REC. # 00712			
CHICAGO, IL 60614502				5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116	
8 PATIENT NAME a		9 PATIENT ADDRESS a		555 NORTH STREET			
b DOE, JOHN		b CHICAGO		c IL		d 60614502	
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT	
09291926		M		101515		19 3 4 30	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 CODE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH	
74		100416		100416		74	
102016		102416		102416		102416	
38		39 CODE		40 VALUE CODES AMOUNT		41 CODE	
a 23		500.00		80		25.00	
b							
c							
d						81 6.00	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0110		ROOM - BOARD/ PVT				100116 25 4500.00	
2 0185		LOA/NURS HOME				100416 6 100.00	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		0001 PAGE 1 OF 1		CREATION DATE 110116		TOTALS 4600.00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 AGG DEN.	
A ILLINOIS MEDICAID		37-1320188		Y Y		54 PRIOR PAYMENTS	
B						55 EST. AMOUNT DUE	
C						56 NPI 2957149356	
56 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME	
A DOE, JOHN		18		011545209		62 INSURANCE GROUP NO.	
B							
C							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
A							
B							
C							
66 DX		67		68		69	
Z5189		16350					
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
M6281							
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75	
DATE		DATE		DATE		76 ATTENDING NPI 122222222	
						QUAL	
						LAST JACKSON	
						FIRST IGOR	
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE		77 OPERATING NPI	
DATE		DATE		DATE		QUAL	
						LAST	
						FIRST	
80 REMARKS		81CC a		B3 3140N1450X		78 OTHER NPI	
		b				QUAL	
		c				LAST	
		d				FIRST	
						79 OTHER NPI	
						QUAL	
						LAST	
						FIRST	

EXAMPLE ~ IID3:

Claim for recipient residing in a skilled pediatric bed with a leave of absence day and TPL reported on claim.

Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/05/16 – 10/5/16
Value Code 80 = 30
Value Code 81 = 1

Legacy Claim Coding:

10/01/16 – 10/04/16 (COS 74)
10/05/16 – 10/05/16 (COS 74 with BR Type)
10/06/16 – 10/31/16 (COS 74)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSP3*4250***66:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609301900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350 ~
HI*ABF: Z5189~
HI*BI:74:RD8:20161005-20161005~
HI*BE:23:::500*80:::30*81:::1~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~

SBR*P*18** HCSC-BCBS OF IL-STD A & B *****BC~
CAS*CO*45*3150.00***~
CAS*PR*2*50.00~
AMT*D*1050.00~
OI***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*HCSC-BCBS OF IL-STD A & B*****PI*30024~
N3*300 EAST RANDOLPH, 13TH FLOOR~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161210~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*30~
REF*6R*EI122215247135652-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135652-02~
SE*53*0001~
GE*1*528986~
IEA*1*000525985~

EXAMPLE ~ IIDSP4:

Claim for recipient residing in a skilled pediatric bed prior to discharge to hospital.

Medicaid Primary

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 02

Value Code 80 = 14

Legacy Claim Coding:

10/01/16 – 10/14/16 (COS 74)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*70009~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -IIDSP4*1400***66:A:1**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201610011900~
CL1*3*4*02~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::14~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135653-01~

SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST	2		3a PAT. CNTL #		EXAMPLE-HDSP4		4 TYPE OF BILL		
555 NORTH STREET			b. MED. REC. #		00712		0661		
CHICAGO, IL 60614502			5 FED. TAX NO.		123456789		6 STATEMENT COVERS PERIOD FROM		
							7 THROUGH		
8 PATIENT NAME			9 PATIENT ADDRESS		555 NORTH STREET				
b DOE, JOHN			b CHICAGO		c IL		d 60614502		
10 BIRTHDATE		11 SEX		12 DATE			13 HR		
09291926		M		100116			13		
14 TYPE		15 SRC		16 DHR		17 STAT			
3		4		13		02			
18			19			20			
21			22			23			
24			25			26			
27			28			29 ACDT STATE			
30			31 OCCURRENCE DATE			32 OCCURRENCE DATE			
33 OCCURRENCE DATE			34 OCCURRENCE DATE			35 OCCURRENCE SPAN FROM			
36 OCCURRENCE SPAN THROUGH			37			38			
39 CODE			40 VALUE CODES AMOUNT			41 CODE			
23			500.00			80			
						14.00			
42 REV. CD.			43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			
1 0110			ROOM - BOARD/ PVT			45 SERV. DATE			
2						100116			
3						46 SERV. UNITS			
4						14			
5						47 TOTAL CHARGES			
6						1400.00			
7						48 NON-COVERED CHARGES			
8						49			
9									
10									
11									
12									
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EXAMPLE ~ IIDSP5:

Claim for resident in skilled pediatric bed prior to discharge due to death.

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 20

Value Code 80 = 15

Legacy Claim Coding:

10/01/16 – 10/15/16 (COS 74)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -IIDSP5*1400***66:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201609301900~
CL1*3*4*20~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::15~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*15~
REF*6R*EI122215247135654-01~
SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST	2		3a PAT. CNTRL # b. MED. REC. #		EXAMPLE-IIDSP5 00712			4 TYPE OF BILL 0664												
555 NORTH STREET CHICAGO, IL 60614502			5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116		7 THROUGH 101516													
8 PATIENT NAME a			9 PATIENT ADDRESS a		555 NORTH STREET															
b DOE, JOHN			b CHICAGO		c IL		d 60614502													
10 BIRTHDATE 09291926	11 SEX M	12 DATE 093016	13 HR 19	14 TYPE 3	15 SRC 4	16 DHR 13	17 STAT 20	18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH	38	39 CODE	40 CODE	41 CODE	42	43	44	45	46	47	48	49		
								a 23	b 500.00	c 80	d 15.00									
42 REV. CD. 0110	43 DESCRIPTION ROOM - BOARD/ PVT		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE 100116	46 SERV. UNITS 15	47 TOTAL CHARGES 1400.00	48 NON-COVERED CHARGES	49											
0001	PAGE 1 OF 1		CREATION DATE		110116	TOTALS	1400.00													
50 PAYER NAME ILLINOIS MEDICAID			51 HEALTH PLAN ID 37-1320188		52 REL. INFO Y	53 ACCT. BENL Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 2957149356	57 OTHER PRV ID										
58 INSURED'S NAME DOE, JOHN			59 P. REL. 18	60 INSURED'S UNIQUE ID 011545209		61 GROUP NAME	62 INSURANCE GROUP NO.													
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME													
66 DX Z5189	I6350								69											
69 ADMIT DX M6281	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73											
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE DATE	75	76 ATTENDING NPI	122222222	QUAL		FIRST	IGOR											
c. OTHER PROCEDURE DATE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE DATE		77 OPERATING NPI		QUAL		LAST												
80 REMARKS	B3	3140N1450X		78 OTHER NPI		QUAL		LAST												
	b			79 OTHER NPI		QUAL		FIRST												
	c																			
	d																			

EXAMPLE ~ IIDSPDT6:

Claim for Developmental Training Services for recipient is a skilled pediatric bed.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 82)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*3140N1450X~
NM1*85*2*DD LTC TEST*****XX*2957149356~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDDT6*1800***79:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:24:::481*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135655-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST	2	3a PAT. CNTL #	EXAMPLE-IIDSPDT6	4 TYPE OF BILL	0792
555 NORTH STREET		b. MED. REC. #	00712	5 FED. TAX NO.	123456789
CHICAGO, IL 60614502		6 STATEMENT COVERS PERIOD FROM	100116	7 STATEMENT COVERS PERIOD THROUGH	103116

8 PATIENT NAME	a	9 PATIENT ADDRESS	a	555 NORTH STREET	
b	DOE, JOHN	b	CHICAGO	c	IL
d	60614502	e			

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09291926	M	100116	19 3 4	30													
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37											
38		39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT													
		a 24	481.00	80	31.00												
		b															
		c															
		d															

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0942	EDUC/TRAINING		100116	31	1800.00		
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1800.00		

50 PAYER NAME	ILLINOIS MEDICAID	51 HEALTH PLAN ID	37-1320188	52 REL INFO	Y	53 ASSO BEN	Y	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
57 OTHER PRV ID		58 INSURED'S NAME	DOE, JOHN	59 P.REL	18	60 INSURED'S UNIQUE ID	011545209	61 GROUP NAME	62 INSURANCE GROUP NO.		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

68 DX	Z5189	69	16350
69 ADMIT DX	M6281	70 PATIENT REASON DX	
71 PPS CODE		72 ECI	

74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	76 ATTENDING NPI	122222222	QUAL	
		LAST	JACKSON	FIRST	IGOR
77 OTHER PROCEDURE DATE	78 OTHER NPI	QUAL			
		LAST		FIRST	
80 REMARKS	81CC a	B3	3140N1450X	79 OTHER NPI	QUAL
	b			LAST	FIRST
	c			79 OTHER NPI	QUAL
	d			LAST	FIRST

EXAMPLE ~ IIDSPLC1:

Claim for recipient residing in a Specialized Living Center, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 76)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*320600000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSPLC1*5000***66:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**5000*DA*31~
REF*6R*EI122215247135656-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST	2		3a PAT. CNTRL.#		EXAMPLE-IIDSPLC1		4 TYPE OF BILL	
555 NORTH STREET			b. MED. REC.#		00712		0662	
CHICAGO, IL 60614502			5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
			123456789		100116		103116	
8 PATIENT NAME			9 PATIENT ADDRESS		a 555 NORTH STREET			
b DOE, JOHN			b CHICAGO		c IL		d 60614502	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18
09291926	M	100116	19	3	4		30	
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37		
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43	44	45	46
	a 23	500.00	80	31.00				
	b							
	c							
	d							
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0110 ROOM - BOARD/ PVT		100116	31	5000.00			
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21								
22								
23	0001 PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00			
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASSO. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	2957149356
A ILLINOIS MEDICAID	37-1320188	Y	Y					
56 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.				
A DOE, JOHN	18	011545209						
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME						
A								
66 DX	Z5189	I6350						68
69 ADMIT DX	M6281	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73			
74 PRINCIPAL PROCEDURE CODE	a. OTHER PROCEDURE CODE	b. OTHER PROCEDURE DATE	75	76 ATTENDING NPI	122222222	QUAL	FIRST	IGOR
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE DATE	e. OTHER PROCEDURE DATE		77 OPERATING NPI		QUAL	FIRST	
80 REMARKS	81CC a	B3	320600000X	78 OTHER NPI		QUAL	FIRST	
	b							
	c			79 OTHER NPI		QUAL	FIRST	
	d							

EXAMPLE ~ IIDSPLC2:

Claim for recipient residing in a Specialized Living Center with leave of absence days.

Statement Period: 10/01/16 – 10/31/16

Occurrence Span Code 74: 10/04/16 – 10/04/16

Occurrence Span Code 74: 10/20/16 – 10/24/16

Value Code 80 = 25

Value Code 81 = 6

Legacy Claim Coding:

10/01/16 – 10/03/16 (COS 76)

10/04/16 – 10/04/16 (COS 76 with BR Type)

10/05/16 – 10/19/16 (COS 76)

10/20/16 – 10/24/16 (COS 76 with BR Type)

10/25/16 – 10/31/16 (COS 76)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~

GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~

ST*837*0001*005010X223A2~

BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~

NM1*41*2*ACME CORP*****46*36-9999999~

PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~

NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~

HL*1**20*1~

PRV*BJ*PXC*320600000X~

NM1*85*2*DD LTC TEST*****XX*2957149356 ~

N3*555 NORTH STREET~

N4* CHICAGO *IL*606141502~

REF*EI*999999999~

HL*2*1*22*0~

SBR*P*18*****MC~

NM1*IL*1*DOE*JOHN****MI*011545209~

N3*555 NORTH STREET ~

N4*CHICAGO*IL*606141502~

DMG*D8*19260929*M~

NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~

N3*201 S GRAND AVENUE E~

N4*SPRINGFIELD*IL*62763~

CLM*EXAMPLE-IIDSPLC2*4600***66:A:3**A*Y*Y~

DTP*434*RD8*20161001-20161031~

DTP*435*DT*201510151900~

CL1*3*4*30~

REF*EA*00712~

REF*D9*122215247135643~

HI*ABK: M6281~

HI*ABJ: I6350~

HI*ABF: Z5189~

HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~

HI*BE:23:::500*80:::25*BE:81:::6~

NM1*71*1*JACKSON*IGOR****XX*122222222~

PRV*AT*PXC*207R00000X~

LX*1~

SV2*0110**4500*DA*25~

REF*6R*EI122215247135657-01~

LX*2~

SV2*0185**100*DA*6~

REF*6R*EI122215247135657-02~

SE*40*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTL. #		EXAMPLE-IIDSPLC2		4 TYPE OF BILL						
555 NORTH STREET				b. MED. REC. #		00712		0663						
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH						
				123456789		100116		103116						
8 PATIENT NAME			9 PATIENT ADDRESS			a 555 NORTH STREET								
b DOE, JOHN			b CHICAGO			c IL		d 60614502						
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT					
09291926		M	101515		19 3 4		30		18 19 20 21 22 23 24 25 26 27 28					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH				
								74 100416 100416		74 102016 102416				
38				39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT						
				a 23 500.00		b 80 25.00		c 81 6.00						
				d										
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49
1 0110		ROOM - BOARD/ PVT				100116		25		4500.00				1
2 0185		LOA/NURS HOME				100416		6		100.00				2
3														3
4														4
5														5
6														6
7														7
8														8
9														9
10														10
11														11
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16														16
17														17
18														18
19														19
20														20
21														21
22														22
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		4600.00		23
50 PAYER NAME			51 HEALTH PLAN ID			52 REL INFO	53 ASO BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957149356
A ILLINOIS MEDICAID			37-1320188			Y	Y					57 OTHER PRV ID		
B														
C														
58 INSURED'S NAME			59 P.REL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.						
A DOE, JOHN			18	011545209										
B														
C														
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME						
A				B				C						
B				C				D						
C				D				E						
66 DX		Z5189		I6350								68		
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73				
74 PRINCIPAL PROCEDURE CODE		a OTHER PROCEDURE CODE		b OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL		
								LAST JACKSON		FIRST IGOR				
c OTHER PROCEDURE CODE		d OTHER PROCEDURE CODE		e OTHER PROCEDURE CODE				77 OPERATING NPI		QUAL				
								LAST		FIRST				
80 REMARKS		81CC a B3		320600000X				78 OTHER NPI		QUAL				
		b						LAST		FIRST				
		c						79 OTHER NPI		QUAL				
		d						LAST		FIRST				

EXAMPLE ~ IIDSPLC3:

Claim for recipient residing in a Specialized Living Center with a leave of absence day and TPL reported on claim.

Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/05/16 – 10/5/16
Value Code 80 = 30
Value Code 81 = 1

Legacy Claim Coding:

10/01/16 – 10/04/16 (COS 76)
10/05/16 – 10/05/16 (COS 76 with BR Type)
10/06/16 – 10/31/16 (COS 76)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*320600000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSPLC3*4250***66:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609301900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350 ~
HI*ABF: Z5189~
HI*BI:74:RD8:20161005-20161005~
HI*BE:23:::500*80:::30*81:::1~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~

SBR*P*18** HCSC-BCBS OF IL-STD A & B *****BC~
CAS*CO*45*3150.00***~
CAS*PR*2*50.00~
AMT*D*1050.00~
OJ***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*HCSC-BCBS OF IL-STD A & B*****PI*30024~
N3*300 EAST RANDOLPH, 13TH FLOOR~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161210~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*30~
REF*6R*EI122215247135658-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135658-02~
SE*53*0001~
GE*1*528986~
IEA*1*000525985~

1 ACME DD LTC TEST	2		3a PAT. CNTL #		EXAMPLE-IIDSPLC3		4 TYPE OF BILL	
555 NORTH STREET			b. MED. REC. #		00712		0663	
CHICAGO, IL 60614502			5 FED. TAX NO.		123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116	
8 PATIENT NAME			a		9 PATIENT ADDRESS		a 555 NORTH STREET	
b DOE, JOHN			b CHICAGO		c IL		d 60614502	
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18
09291926	M	093016	19	3	4	30	20	21
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37	38	39
				74	100516	100516		
39	a	b	c	d	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42 VALUE CODES AMOUNT	43 VALUE CODES AMOUNT
	23	500.00	80	30.00	81	1.00		
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
1	0110	ROOM - BOARD/ PVT	100116	30	4150.00			
2	0182	LOA/PT CONV	100516	1	100.00			
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22								
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4250.00		
50 PAYER NAME	51 HEALTH PLAN ID	52 REL RFD	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID	2957149356
A HCSC-BCBS OF IL-STD A&B	00601	Y	Y	1050.00				
B ILLINOIS MEDICAID	37-1320188							
58 INSURED'S NAME	59 R.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.				
A DOE, JOHN	18	011545209A						
B DOE, JOHN	18	011545209						
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME						
A								
B								
C								
66 DX	Z5189	I6350						68
69 ADMIT DX	M6281	70 PATIENT REASON DX		71 PPS CODE	72 ECI			73
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	122222222	QUAL	QUAL
		LAST JACKSON	FIRST IGOR					
c. OTHER PROCEDURE CODE	d. OTHER PROCEDURE CODE	e. OTHER PROCEDURE CODE						
80 REMARKS	81CC a	B3	320600000X					
	b							
	c							
	d							

EXAMPLE ~ IIDSPLC4:

Claim for recipient residing in a regular intermediate care bed prior to discharge to hospital.

Medicaid Primary

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 02

Value Code 80 = 14

Legacy Claim Coding:

10/01/16 – 10/14/16 (COS 76)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*70009~
HL*1**20*1~
PRV*BI*PXC*320600000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -IIDSPLC4*1400***66:A:1**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201610011900~
CL1*3*4*02~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::14~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135659-01~

SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CONTL #		EXAMPLE-IIDSPLC4		4 TYPE OF BILL							
555 NORTH STREET				b. MED. REC. #		00712		0661							
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH							
				123456789		100116		101516							
9 PATIENT NAME			a			9 PATIENT ADDRESS			a 555 NORTH STREET						
b DOE, JOHN			b CHICAGO			c IL			d 60614502						
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19 20 21 22 23 24 25 26 27 28 29 30		CONDITION CODES	
09291926		M		100116		19 3 4		13		02					
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37			
38		38 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT			
		a 23		500.00		b 80		14.00							
		c				d									
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0110		ROOM - BOARD/ PVT				100116		14		1400.00					
2															
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4															
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21															
22															
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		1400.00			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASSO. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957149356	
A ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID			
B															
C															
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.							
A DOE, JOHN		18		011545209											
B															
C															
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME											
A															
B															
C															
66 DX		Z5189		I6350										68	
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73					
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 OTHER PROCEDURE CODE		77 ATTENDING NPI		122222222		QUAL					
						LAST JACKSON				FIRST IGOR					
78 OTHER NPI		79 OTHER NPI		80 OTHER NPI		81 OTHER NPI		82 OTHER NPI		83 OTHER NPI		84 OTHER NPI		85 OTHER NPI	
80 REMARKS		B1CC a B3		320600000X											
		b													
		c													
		d													

EXAMPLE ~ IIDSPLC5:

Claim for recipient residing in a Specialized Living Center prior to discharge due to death.

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 20

Value Code 80 = 15

Legacy Claim Coding:

10/01/16 – 10/15/16 (COS 76)

ISA*00* 00* ZZ*030230130 ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*320600000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -IID5*1400***66:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161015~
DTP*435*DT*201609301900~
CL1*3*4*20~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:23:::500*BE:80:::15~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*15~
REF*6R*EI122215247135660-01~
SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME DD LTC TEST		2		38 PAT. CNTL # b. MED. REC. #		EXAMPLE-IIDSPLC5		4 TYPE OF BILL 0664																																	
555 NORTH STREET				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																																	
CHICAGO, IL 60614502				123456789		100116		101516																																	
8 PATIENT NAME a				9 PATIENT ADDRESS a				555 NORTH STREET																																	
b DOE, JOHN				b CHICAGO				c IL		d 60614502																															
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION CODES 22		23		24		25		26		27		28		29 ACDT STATE		30	
09291926		M		093016		19		3		4		13		20																											
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		THROUGH		37 OCCURRENCE SPAN FROM		THROUGH																									
38										39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT																									
										a 23		500.00		80		15.00																									
										b																															
										c																															
										d																															
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
1 0110		ROOM - BOARD/ PVT				100116		15		1400.00																															
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23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		1400.00																													
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASSO BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957149356																											
A ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID																													
B																																									
C																																									
58 INSURED'S NAME		59 REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																																	
A DOE, JOHN		18		011545209																																					
B																																									
C																																									
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																					
A																																									
B																																									
C																																									
66 DX		Z5189		I6350										68																											
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73																															
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL																													
								LAST JACKSON		FIRST IGOR																															
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI		QUAL																															
								LAST		FIRST																															
80 REMARKS		81CC a		B3		320600000X		78 OTHER NPI		QUAL																															
		b						LAST		FIRST																															
		c						79 OTHER NPI		QUAL																															
		d						LAST		FIRST																															

EXAMPLE ~ IIDSPLCDT6:

Claim for Developmental Training Services from Specialized Living Center

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 82)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*::~~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BJ*PXC*320600000X~
NM1*85*2*DD LTC TEST*****XX*2957149356~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*****MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-IIDSPLCDT6*1800***79:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK: M6281~
HI*ABJ: I6350~
HI*ABF: Z5189 ~
HI*BE:24:::481*BE:80:::31~
NM1*71*1*JACKSON*IGOR*****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135661-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME DD LTC TEST		2		3a PAT. CNTRL #		EXAMPLE-IIDSPLCDT6		4 TYPE OF BILL																																	
555 NORTH STREET				b. MED. REC. #		00712		0792																																	
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																																	
				123456789		100116		103116																																	
8 PATIENT NAME			a			9 PATIENT ADDRESS			a 555 NORTH STREET																																
b DOE, JOHN			b CHICAGO			c IL			d 60614502																																
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 CHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACDT STATE		30	
09291926		M		100116		19		3		4		30																													
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 THROUGH		38 OCCURRENCE SPAN FROM		39 THROUGH		40		41		42		43		44		45		46		47		48		49					
38		39 CODE		40 CODE		41 CODE		42 CODE		43 CODE		44 CODE		45 CODE		46 CODE		47 CODE		48 CODE		49 CODE		50 CODE		51 CODE		52 CODE		53 CODE		54 CODE		55 CODE		56 CODE					
		a 24		b 481.00		c 80		d 31.00																																	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49																											
1 0942		EDUC/TRAINING				100116		31		1800.00																															
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22																																									
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		1800.00																													
50 PAYER NAME		51 HEALTH PLAN ID		52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		57 OTHER PRV ID																											
A ILLINOIS MEDICAID		37-1320188		Y		Y						2957149356																													
B																																									
C																																									
58 INSURED'S NAME		59 P.REL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.																																	
A DOE, JOHN		18		011545209																																					
B																																									
C																																									
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																																					
A																																									
B																																									
C																																									
66 DX		67		68																																					
Z5189		I6350																																							
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73																																	
M6281																																									
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI																											
								122222222																																	
								LAST JACKSON		FIRST IGOR																															
								LAST		FIRST																															
80 REMARKS		81CC a		82		83		LAST		FIRST																															
		B3		320600000X				LAST		FIRST																															
		b						LAST		FIRST																															
		c						LAST		FIRST																															
		d						LAST		FIRST																															