

Appendix G-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 ASTC is located. It is also used to identify a state if the ASTC's location is outside of Illinois. 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>Enrollment Specifics</p>	<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 that the provider was approved to render services for each category listed. Refer to the instructions for the Provider Enrollment Application (HFS 2243) (pdf), which 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 ASTC. The payee is assigned a single digit Payee Code.</p>
	<p>Payee ID Number is a sixteen-digit identification number assigned to each payee to 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 charges to the Department of Healthcare and Family Services.</p>

Appendix G-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: 10/06/14 RUN TIME: 11:47:06 MAINT DATE: 10/06/14 PAGE: 84
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- -PROVIDER KEY- - 000011111111	PROVIDER NAME AND ADDRESS COUNTY 089-SCOTT TELEPHONE NUMBER RE-ENRL IND: E DATE: 03/23/13	PROVIDER TYPE: 046 - ASTC ORGANIZATION TYPE: 03 - CORPORATION ENROLLMENT STATUS B - ACTIV NOCST EXCEPTION INDICATOR - NO EXCEPT BEGIN 01/10/01 END ACTIVE BEGIN END AGR: YES BILL: NONE
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CERTIFIC/LICENSE NUM -	ENDING	CLIA #:	MEDICARE #:
LAST TRANSACTION COR	AS OF 04/24/13	S.S. #:	

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

COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG	BEG DATE	COS	ELIGIBILITY CATEGORY OF SERVICE	ELIG	BEG DATE	TERMINATION
001	PHYSICIAN SERVICES		01/10/01	024	OUTPATIENT SERVICES (GENERAL)		01/10/01	REASON

PAYEE	PAYEE NAME	PAYEE STREET	PAYEE CITY	ST	ZIP	PAYEE ID NUMBER	EFF DATE
CODE							
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 G-2

UB-04 Requirements for HFS Adjudication of ASTC Claims

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 website. For billing purposes, providers must still submit an original UB-04.

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 G-2

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC 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. 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.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC Claims
Conditionally Required	18-28.	Condition Codes – Claims containing an abortion procedure need a corresponding abortion condition code.
Conditionally Required	35-36.	Occurrence Span Code/From/Through – When reporting non-covered days, providers must indicate the non-covered date span.
Conditionally Required	39-41.	<p>Value Codes – The value codes below are conditionally required based upon the particular claim. Value Code entries, if a non-dollar amount, must be positioned right-justified to the left of the dollar/cents delimiter.</p> <p>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.</p> <p>Value Code 80 – The number of covered days is required for series claims.</p>
Required	42.	Revenue Code – Enter the appropriate revenue code for the service provided. 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.	<p>Revenue Description - Refer to the UB-04 Manual for details.</p> <p>NDC reporting of all drug codes is required. When a provider uses more than one NDC for a drug, the provider must include all NDCs on the claim. Duplicate revenue codes identifying the same HCPCS code but different NDCs on the same claim are not to have the HCPCS Units and Charges rolled into the first Revenue Code line. Each Revenue Code line must contain detailed reporting.</p> <ul style="list-style-type: none"> • Report the N4 qualifier in the first two (2) positions, left- justified • Followed immediately by the 11-character National Drug Code (NDC), in the 5-4-2 format (no hyphens) • Immediately following the last digit of the NDC (no delimiter) the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows: <ul style="list-style-type: none"> • F2 – International Unit • GR – Gram • ML – Milliliter • UN – Unit • Immediately following the Unit of Measurement Qualifier, the unit quantity with a floating decimal for fractional units limited to three digits (to the right of the decimal). • Any spaces unused for the quantity are left blank.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC Claims
Required	44.	HCPCS/Accommodation Rates – Claims must contain a valid procedure code. Claims containing observation services must identify specific procedure codes. Refer to the final page of the APL on the department’s website. Providers are required to bill modifiers according to national coding guidelines.
Required	45.	Service Date
Conditionally Required	46.	Service Units – Claims for the following services must contain an entry: <ul style="list-style-type: none"> • Observation claims must contain the number of hours of observation. • For dates of service prior to July 1, 2014, claims containing an expensive drug, as identified on the department’s website, and associated with revenue code 0636, must contain the number of units given. • Series claims for series-billable revenue codes must contain an entry that is at least equal to the number of Covered Days.
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 ASTC 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 –The patient’s numeric three-digit code must be entered in this field. If payment was received from a third party resource not identified by the department, 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>

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC 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 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. 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-9-CM, or upon implementation, ICD-10-CM code without the decimal. The POA indicator is not required for outpatient ASTC claims.
Conditionally Required	67A-Q.	Other Diagnosis Codes - Enter the specific ICD-9-CM, or upon implementation, ICD-10-CM code without the decimal. The POA indicator is not required for outpatient ASTC claims.
Conditionally Required	70a-c.	Patient's Reason for Visit – This field is required if the claim contains Revenue code 045X, 0516, 0526, or 0762.
Conditionally Required	72A-C.	External Cause of Injury (ECI) Code – The ICD-9-CM, or upon implementation, ICD-10-CM diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.
Required	76.	Attending Provider Name and Identifiers The department will adjudicate claims based on the NPI.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC Claims
Required	77.	Operating Physician Name and Identifiers – Required for the surgical procedure performed. The department will adjudicate claims based on the NPI.
Required	81.	Code-Code Field – HFS Requirement (Needed for Adjudication) Qualifier “B3” – Healthcare Provider Taxonomy Code. Taxonomy codes are identified in Chapter 300 , Handbook for Electronic Processing, available on the department’s website. 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.

***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 G-2a

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 Comprehensive Health Services
P.O. Box 19128
Springfield, Illinois 62794-9128

Adjustments (Form HFS 2249):

Illinois Department of Healthcare and Family Services
MMIS Adjustments
P.O. Box 19101
Springfield, Illinois 62794-9101

Forms Requisition:

The Department does not supply the UB billing form. The HFS 2249 Adjustment form is available in an electronic PDF-fillable format on the department's [Medical Programs Forms page](#). 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 G-2b

Billing Scenarios

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

Billing Scenario 1 Outpatient Same Day Surgery with Spenddown

The patient received outpatient laser surgery of the eye on September 2, 20XX. The procedure is listed in the Ambulatory Procedures Listing (APL). Total charges on the ASTC claim were \$4,872.00. The patient has a \$276.00 Spenddown to meet monthly. The ASTC's bill was used to meet the Spenddown.

FL 39-41 – Value Codes. Enter Value Code 66 and the Patient Liability Amount (\$276.00) identified on the HFS 2432, Split Billing Transmittal.

FL 42 – Revenue Code. When a surgical procedure is used on a claim, Revenue Code 0360 must be identified.

FL 44 – HCPCS/Rate. Use the appropriate APL code to identify the procedure.

Note: A claim that identifies Spenddown must be billed on the UB-04 paper claim format with the HFS 2432 Split Billing Transmittal attached. See Topic G-260.2.1 for additional information regarding Spenddown.

Billing Scenario 2 Late Ancillary Charges

A provider submitted a claim that was approved and paid by Illinois Medicaid. The provider then discovered ancillary charges that were omitted from the bill. This claim will be submitted to identify the undercharge from the original claim.

FL 4 – Type of Bill. The frequency digit (fourth digit) must be a “5.”

FL 6 – Statement Covers Period. Enter the date or dates of service from the original paid claim.

FL 42 – Revenue Codes. Enter **only** the revenue code that identifies the missing ancillary service.

FL 47 – Total Charges. Enter the charges missing from the original claim.

A late ancillary claim does not affect a previously paid claim. If the omitted charges would have affected the payment, the claim must be voided and resubmitted and include all charges.

Billing Scenario 3 Outpatient Claim with Third Party Liability (TPL)

The patient underwent a surgical procedure on May 18, 20XX. The patient has Blue Cross/Blue Shield insurance that paid toward the ASTC service, and also has 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.

Appendix G-3

Revenue Code Information

Certain revenue codes are considered non-covered by the department, or are age or sex-restricted. Listings of these revenue codes are shown in the [appendices of the Handbook for Hospital Services \(pdf\)](#).

Appendix G-4

Pricing Calculator for EAPG Reimbursement

For outpatient dates of service on and after July 1, 2014, an [EAPG pricing calculator spreadsheet](#) is available on the department's website.

Appendix G-5

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.illinois.gov/hfs/Pages/default.aspx
Administrative Rules	http://www.illinois.gov/hfs/Pages/default.aspx
All Kids Program	http://www.allkids.com/
Care Coordination	http://www.illinois.gov/hfs/csassist/Pages/default.aspx
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.hbwdivillinois.com/
Home and Community Based Waiver Services	http://www.illinois.gov/hfs/MedicalClients/HCBS/Pages/default.aspx
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/
Maternal and Child Health Promotion	http://www.illinois.gov/hfs/MedicalClients/MaternalandChildHealth/Pages/default.aspx
Medical Electronic Data Interchange (MEDI)	http://www.myhfs.illinois.gov/
State Chronic Renal Disease Program	http://www.illinois.gov/hfs/MedicalClients/renal/Pages/default.aspx
Medical Card	http://www.illinois.gov/hfs/MedicalClients/medicalcard/Pages/default.aspx
Medical Forms Requests	http://www.illinois.gov/hfs/MedicalProviders/Forms%20Request/Pages/default.aspx
Medical Programs Forms	http://www.illinois.gov/hfs/info/Brochures%20and%20Forms/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.illinois.gov/hfs/impact/Pages/ProviderEnrollment.aspx
Provider Fee Schedules	http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx
Provider Handbooks	http://www.illinois.gov/hfs/MedicalProviders/Handbooks/Pages/default.aspx
Provider Releases	http://www.illinois.gov/hfs/MedicalProviders/cc/spwd/Pages/DataRelease.aspx
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/