

# CLAIM EXAMPLES FOR INTERMEDIATE CARE SERVICES FOR SKILLED NURSING AND INTERMEDIATE CARE FACILITIES (PT 33)

## EXAMPLE ~ ICFSN1:

Skilled Nursing Facility billing claim for recipient residing in an intermediate care bed.

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

### Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 71)

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\*314000000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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-ICFSN1\*5000\*\*\*65: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 LTC TEST	2	3a PAT CNTRL #	EXAMPLE -ICFSN1	4 TYPE OF BILL	0652
555 NORTH STREET	CHICAGO, IL 60614502	b. MED. REC. #	00712	5 FED. TAX NO.	123456789
8 PATIENT NAME	a. 555 NORTH STREET	9 PATIENT ADDRESS	b. CHICAGO	c. IL	d. 60614502
10 INTH DATE	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
30	CONDITION CODES	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 SPAN FROM	36 OCCURRENCE SPAN THROUGH
37	38	39	40	41	42
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 / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0110	ROOM-BOARD/ PVT		100116	31	5000.00
48 NON-COVERED CHARGES	49				
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00
50 PRYER NAME	51 HEALTH PLAN ID	52 REL. BFD	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
ILLINOIS MEDICAID	37-1320188	Y	Y		1234567893
56 NP1	57 OTHER PRV ID	58 INSURED'S NAME	59 P. REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME
		DOE, JOHN	18	011545209	62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66 DX	67	68
			Z5189	16350	
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 EC	73	
M6281					
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
		122222222			
80 REMARKS	81CC a	82	83	84	85
	B3	31400000X			

**EXAMPLE ~ ICFSN2:**

**Skilled Nursing Facility billing claim for recipient residing in an 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 71)

10/04/16 – 10/04/16 (COS 71 with BR Type)

10/05/16 – 10/19/16 (COS 71)

10/20/16 – 10/24/16 (COS 71 with BR Type)

10/25/16 – 10/31/16 (COS 71)

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\*314000000X~

NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~

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-ICFSN2\*4600\*\*\*65: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 LTC TEST		2		3a PAT. CNTL. #		EXAMPLE-ICFSN2		4 TYPE OF BILL	
555 NORTH STREET				b. MED. REC. #		00712		0653	
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	
		LL		d		60614502		n	

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		101515		19		3		4				30																																	

31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM		THROUGH		36 CODE		OCCURRENCE SPAN FROM		THROUGH		37	
								74		100416		100416		74		102016		102416			

38		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 / IHPSS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0110	ROOM - BOARD/ PVT		100116	25	4500.00		
0185	LOA/NURS HOME		100416	6	100.00		
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4600.00		

50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASD. REN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893	
ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID			

58 INSURED'S NAME		59 P.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	

68 DX		Z5189		16350										68	
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69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI		73	
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75	
c		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE	

80 REMARKS		B1CC		B3		31-4000000X		76 ATTENDING		NPI		122222222		QUAL	
		b						LAST		JACKSON		FIRST		IGOR	
		c						77 OPERATING		NPI		QUAL			
		d						LAST				FIRST			
								78 OTHER		NPI		QUAL			
								LAST				FIRST			
								79 OTHER		NPI		QUAL			
								LAST				FIRST			

**EXAMPLE ~ ICF3:**

**Skilled Nursing Facility billing claim for recipient residing in an 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 71)  
10/05/16 – 10/05/16 (COS 71 with BR Type)  
10/06/16 – 10/31/16 (COS 71)

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\*313M00000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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-ICF3\*4250\*\*\*65: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\*011545209A~  
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\*20161201~  
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 LTC TEST	2	3a PAT ENCL #	EXAMPLE-ICF3	4 TYPE OF BILL	0653
555 NORTH STREET		b MED REC #	00712		
CHICAGO, IL 60614502		5 FED TAX NO.	123456789	6 STATEMENT FROM	7 COVERS PERIOD THROUGH
				100116	103116
8 PATIENT NAME	a	9 PATIENT ADDRESS	a	555 NORTH STREET	
b	DOE, JOHN	b	CHICAGO	c	d
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC
09291926	M	093016	19	3	4
16 DHR	17 STAT	18	19	20	21
30					
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	OCCURRENCE SPAN FROM
				74	100516
					100516
38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE
	a	23	500.00	80	30.00
	b				
	c				
	d				
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
1	0110	ROOM - BOARD/ PVT	100116	30	4150.00
2	0182	LOA/PT CONV	100516	1	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
					4250.00
50 PAYER NAME	51 HEALTH PLAN ID	52 REL BPO	53 ASO BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
A	HCSC-BCBS OF IL-STD A&B	00601	Y	Y	1050.00
B	ILLINOIS MEDICAID	37-1320188			
C					57 OTHER PRV ID
58 INSURED'S NAME	59 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					
66 DX	Z5189	I6350			68
69 ADMIT DX	M6281	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	d	OTHER PROCEDURE CODE	b	OTHER PROCEDURE CODE	75
c	OTHER PROCEDURE CODE	d	OTHER PROCEDURE CODE	e	OTHER PROCEDURE CODE
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	313M00000X		
	b				
	c				
	d				

**EXAMPLE ~ ICF4:**

**Claim for Medicaid covered days 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 71)

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\*313M00000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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 -ICF4\*1400\*\*\*65: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\*EI122215247135643-02~

SE\*37\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 ACME LTC TEST		2		3a PAT. CNTL #		EXAMPLE -ICF4		4 TYPE OF BILL													
555 NORTH STREET				b. MED. REC. #		00712		0651													
CHICAGO, IL 60614502				5 FED. TAX NO.		123456785		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516													
8 PATIENT NAME			9 PATIENT ADDRESS			a															
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 ACCT STATE		30			
09291926		M		100116		19 3 4 13		02													
31 OCCURRENCE DATE		32 CODE		33 OCCURRENCE DATE		34 CODE		35 OCCURRENCE SPAN FROM THROUGH		36 CODE		37 OCCURRENCE SPAN FROM THROUGH									
38										39 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							
0110		ROOM - BOARD/ PVT				100116		14		1400.00											
0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		1400.00											
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO		53 ASG. MH.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893			
ILLINOIS MEDICAID				37-1320188				Y Y								57 OTHER PRV ID					
58 INSURED'S NAME				59 P. 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													
68 DX		Z5189		I6350																	
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI											
74 PRINCIPAL PROCEDURE CODE		DATE		a OTHER PROCEDURE CODE		DATE		b OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		122222222		QUAL			
														LAST JACKSON		FIRST IGOR					
c OTHER PROCEDURE CODE		DATE		d OTHER PROCEDURE CODE		DATE		e OTHER PROCEDURE CODE		DATE				77 OPERATING NPI		QUAL					
														LAST		FIRST					
80 REMARKS				81CC a		B3		313M00000X						78 OTHER NPI		QUAL					
				b										LAST		FIRST					
				c										79 OTHER NPI		QUAL					
				d										LAST		FIRST					

**EXAMPLE ~ ICF5:**

**Claim for Medicaid covered days prior to discharge due to death.**

Medicaid Primary

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 71)

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\*313M00000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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 –ICF5\*1400\*\*\*65: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 LTC TEST		2		3a PAT CNTRL #		EXAMPLE -ICF5		4 TYPE OF BILL																	
555 NORTH STREET				b MED REC #		00712		0654																	
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																	
				123456789		100116		101516																	
8 PATIENT NAME			9 PATIENT ADDRESS																						
b DOE, JOHN			a 555 NORTH STREET																						
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 ACCT STATE		30	
09291926		M	093016		19 3 4			13		20															
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37													
38		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		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											
0110		ROOM - BOARD/ PVT				100116		15		1400.00															
0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		1400.00															
50 PAYER NAME			51 HEALTH PLAN ID			52 REL INFO		53 ABO DEN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893									
ILLINOIS MEDICAID			37-1320188			Y		Y						57 OTHER PRV ID											
58 INSURED'S NAME			59 P. 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																	
68 DX		Z5189		I6350										68											
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI				73											
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		122222222		QUAL							
														LAST JACKSON		FIRST IGOR									
c OTHER PROCEDURE CODE		DATE		d OTHER PROCEDURE CODE		DATE		e OTHER PROCEDURE CODE		DATE		76		77 OPERATING NPI		QUAL									
														LAST		FIRST									
80 REMARKS		BICCC a		B3		313M00000X								78 OTHER NPI		QUAL									
		b												LAST		FIRST									
		c												79 OTHER NPI		QUAL									
		d												LAST		FIRST									

**EXAMPLE ~ ICF 6:**

**Claim for recipient in a Medicaid bed who has Medicare Advantage Plan (MAP) coverage on system but not in a Managed Care Program, with leave of absences on claim.**

Statement Period: 10/01/16 – 10/31/16

Occurrence Span Code 74: 10/04/16 – 10/4/16 and 10/20/16 – 10/24/16

Discharge Status Code = 01

Value Code 80 = 24

Value Code 81 = 6

**Legacy Claim Coding:**

10/01/16 – 10/03/16 (COS 71)

10/04/16 – 10/04/16 (COS 71 with BR Type)

10/05/16 – 10/19/16 (COS 71)

10/20/16 – 10/24/16 (COS 71 with BR Type)

10/25/16 – 10/30/16 (COS 71)

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\*313M00000X~

NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~

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-ICF6\*3300\*\*\*65:A:1\*\*A\*Y\*Y~

DTP\*96\*TM\*1400~

DTP\*434\*RD8\*20161001-20161031~

DTP\*435\*DT\*20161001900~

CL1\*3\*4\*01~

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\*BE:80:::24\*BE:81:::6~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*XX\*122222222~  
PRV\*AT\*PXC\*207R00000X~  
SBR\*P\*18\*\*MOLINA4\*\*\*\*\*HM~  
CAS\*CO\*45\*1000.00\*\*\*~  
CAS\*PR\*2\*50.00~  
AMT\*D\*2150.00~  
OI\*\*\*Y\*\*\*Y~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209A~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
NM1\*PR\*2\*MOLINA MEDICARE ADVANTAGE\*\*\*\*\*PI\*30024~  
N3\*233 EAST PEORIA ROAD~  
N4\*CHICAGO\*IL\*60601~  
DTP\*573\*D8\*20161101~  
REF\*2U\*92001~  
LX\*1~  
SV2\*0110\*\*2700\*DA\*24~  
REF\*6R\*EI122215247135645-01~  
LX\*2~  
SV2\*0182\*\*100\*DA\*1~  
REF\*6R\*EI122215247135645-02~  
LX\*3~  
SV2\*0185\*\*500\*DA\*5~  
REF\*6R\*EI122215247135645-03~  
SE\*57\*0001~  
GE\*1\*525986~  
IEA\*1\*000525985~

1 ACME LTC TEST		2		34 PAT. CNTL. #		EXAMPLE - ICF6		4 TYPE OF BILL				
555 NORTH STREET				b MED. REC. #		00712		0651				
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		18 19 20 21			
09291926		M	100116		19 3 4 13		01					
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		
39 CODE		39 VALUE CODES AMOUNT		40 CODE		40 VALUE CODES AMOUNT		41 CODE		41 VALUE CODES AMOUNT		
		a 23 500.00		b 80 24.00		c 81 6.00						
42 REV. CD.		43 DESCRIPTION		44 HCPCS / IATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		
0110		ROOM - BOARD/ PVT				100116		24		2700.00		
0182		LOA/PT CONV				100416		1		100.00		
0185		LOA/NURS HOME				102016		5		500.00		
0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		3300.00		
50 PAYER NAME			51 HEALTH PLAN ID		52 REL. INFO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE	
A MOLINA MEDICARE ADV			92001		Y		Y		2150.00		56 NPI 1234567893	
B ILLINOIS MEDICAID			37-1320188		Y		Y				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		011545209A							
B 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		73		
74 PRINCIPAL PROCEDURE CODE		a OTHER PROCEDURE CODE		b OTHER PROCEDURE CODE		75		76 ATTENDING NPI		76 QUAL		
								122222222				
c OTHER PROCEDURE CODE		d OTHER PROCEDURE CODE		e OTHER PROCEDURE CODE				LAST JACKSON		FIRST IGOR		
								77 OPERATING NPI		77 QUAL		
								LAST		FIRST		
80 REMARKS		81CC a		B3 313M0000X				78 OTHER NPI		78 QUAL		
		b						LAST		FIRST		
		c						79 OTHER NPI		79 QUAL		
		d						LAST		FIRST		

**EXAMPLE ~ ICFDT7:**

**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 83)

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\*313M00000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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-ICFDT7\*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\*EI122215247135646-01~  
SE\*35\*0001~  
GE\*1\*525986~  
IEA\*1\*000525985~

1 ACME LTC TEST		2		3a PAT. CNTRL #		EXAMPLE - ICFDT7		4 TYPE OF BILL									
555 NORTH STREET				b. MED. REC. #		00712		0792									
CHICAGO, IL 6061-4502				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 6061-4502									
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT								
09291926		M	100116		19 3 4		30		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 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				51 HEALTH PLAN ID		52 REL. INFO		53 ASST. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893	
ILLINOIS MEDICAID				37-1320188		Y		Y						57 OTHER PRV ID			
58 INSURED'S NAME				59 P. 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									
68 DX		Z5189		I6350													
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 EC							
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		122222222	
														LAST JACKSON		FIRST IGOR	
77 OPERATING CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		78 OTHER NPI		QUAL			
														LAST		FIRST	
80 REMARKS				81 CC		B3 313M0000X						78 OTHER NPI		QUAL			
				a										LAST		FIRST	
				b										78 OTHER NPI		QUAL	
				c										LAST		FIRST	
				d										78 OTHER NPI		QUAL	
														LAST		FIRST	

**EXAMPLE ~ ICFDT8:**

**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 83)

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\*31300000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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-ICNFDT8\*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\*EI122215247135647-01~

SE\*36\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 ACME LTC TEST		2		38 PAT. CMT. #		EXAMPLE - ICFDTS		4 TYPE OF BILL																			
555 NORTH STREET				6 MED. REC. #		00712		0791																			
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																			
				123456789		100116		101516																			
8 PATIENT NAME				9 PATIENT ADDRESS																							
a				b 555 NORTH STREET																							
b DOE, JOHN				c CHICAGO		d IL		e 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	100116		19		3	4	14	70																	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37															
38										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT							
										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		48 NON-COVERED CHARGES		49									
0942		EDUC/TRAINING								100116		14		800.00													
0001		PAGE 1 OF 1				CREATION DATE				110116		TOTALS		800.00													
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO	53 ASO REL.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893											
ILLINOIS MEDICAID				37-1320188				Y	Y					57 OTHER PRV ID													
58 INSURED'S NAME				59 F. 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		16350																							
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI																	
74 PRINCIPAL PROCEDURE CODE		DATE		a OTHER PROCEDURE CODE		DATE		b OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		122222222		QUAL									
														LAST JACKSON		FIRST IGOR											
c OTHER PROCEDURE CODE		DATE		d OTHER PROCEDURE CODE		DATE		e OTHER PROCEDURE CODE		DATE				77 OPERATING NPI				QUAL									
														LAST		FIRST											
80 REMARKS				81CC a		B3		313M00000X				78 OTHER NPI				QUAL											
				b								LAST		FIRST													
				c								79 OTHER NPI				QUAL											
				d								LAST		FIRST													

**EXAMPLE ~ ICFHOSPIC10:  
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 71)

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\*314000000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
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- ICFHOSPIC10\*500\*\*\*65: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\*EI122215247135649-01~  
SE\*37\*0001~



GE\*1\*525986~

IEA\*1\*000525985~

1 ACME LTC TEST	2		3a PAT. ENCL #		EXAMPLE -ICFHOSPIC10		4 TYPE OF BILL															
555 NORTH STREET			b MED. REC #		00712		0651															
CHICAGO, IL 60614502			5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH															
			123456789		100116		100516															
8 PATIENT NAME			9 PATIENT ADDRESS																			
a			b 555 NORTH STREET																			
b DOE, JOHN			c CHICAGO																			
			d IL																			
			e 60614502																			
10 BIRTH DATE	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	14	51															
31 OCCURRENCE DATE	32 CODE	33 OCCURRENCE DATE	34 CODE	35 OCCURRENCE DATE	36 CODE	37 OCCURRENCE DATE	38 CODE	39 OCCURRENCE DATE	40 CODE	41 OCCURRENCE DATE	42 CODE	43 OCCURRENCE DATE	44 CODE	45 OCCURRENCE DATE	46 CODE	47 OCCURRENCE DATE	48 CODE	49 OCCURRENCE DATE	50 CODE			
38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT	45 CODE	46 VALUE CODES AMOUNT	47 CODE	48 VALUE CODES AMOUNT	49 CODE	50 VALUE CODES AMOUNT	51 CODE	52 VALUE CODES AMOUNT	53 CODE	54 VALUE CODES AMOUNT	55 CODE	56 VALUE CODES AMOUNT	57 CODE	58 VALUE CODES AMOUNT		
	a 23	500.00	80	4.00																		
	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															
0110	ROOM - BOARD/ PVT		100116	4	500.00																	
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	500.00																	
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 AMT BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID															
ILLINOIS MEDICAID	37-1320188	Y	Y			1234567893																
58 INSURED'S NAME	59 P. 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																				
68 DX	69	70	71	72	73	74	75															
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	80 REMARKS																
		122222222				B3 314000000X																
76 ATTENDING	77 OPERATING	78 OTHER	79 OTHER	80 REMARKS																		
JACKSON	IGOR																					
81CC a	81CC b	81CC c	81CC d	81CC e																		

**EXAMPLE ~ ICFHOSPIC11:**  
**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 71)

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\*36-99999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*314000000X~  
NM1\*85\*2\*ACME LTC TEST\*\*\*\*\*XX\*1234567893 ~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*9999999999~  
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- ICFHOSPIC11\*800\*\*\*65: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\*EI122215247135650-01~  
SE\*36\*0001~  
GE\*1\*525986~  
IEA\*1\*000525985~

1 ACME LTC TEST		2		38 PAT CNTRL #		EXAMPLE -ICFHOSPIC1		4 TYPE OF BILL											
555 NORTH STREET				D. MED. REC. #		00712		0652											
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH											
				123456789		102416		103116											
8 PATIENT NAME			9 PATIENT ADDRESS																
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	102416		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		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT					
								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			
0110		ROOM - BOARD/ PVT						102416		8		800.00							
0001		PAGE 1 OF 1			CREATION DATE			110116		TOTALS		800.00							
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO		53 ASO IND		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893	
ILLINOIS MEDICAID				37-1320188				Y Y								57 OTHER PRV ID			
58 INSURED'S NAME				59 P. 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														68	
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 EC								73	
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		122222222		QUAL	
														LAST JACKSON		FIRST IGOR			
c OTHER PROCEDURE CODE		DATE		d OTHER PROCEDURE CODE		DATE		o OTHER PROCEDURE CODE		DATE				77 OPERATING NPI				QUAL	
														LAST		FIRST			
80 REMARKS				81 CC a		B3		31400000X				78 OTHER NPI				QUAL			
				b								LAST		FIRST					
				c								79 OTHER NPI				QUAL			
				d								LAST		FIRST					