

CLAIM EXAMPLES FOR SKILLED NURSING FACILITIES (PT 33)

EXAMPLE ~MC1:

Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with no leave of absences.

Medicaid Primary

Statement Period: 10/01/16 – 10/31/16

Occurrence Code A2: 10/01/16

Value Code 80 = 31

Legacy Claim Coding:

10/01/16 – 10/31/16 (COS 70)

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-MC1*5000***21: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:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449 ~
HI*BH:A2:D8:20161001~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~

LX*1~

SV2*0110**5000*DA*31~

REF*6R*EI122215247135640-01~

SE*37*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME LTC TEST	2		3a PATIENT #	EXAMPLE MC1			4 TYPE OF BILL	0212															
555 NORTH STREET	CHICAGO, IL 60614502	b MED REC #	00712	5 FED TAX NO.	123456789	6 STATEMENT COVERS PERIOD FROM	100116	7 THROUGH	103116														
8 PATIENT NAME	a	9 PATIENT ADDRESS	e	555 NORTH STREET	b	DOE, JOHN	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			30															
31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37	38	39	40	41	42	43	44	45	46	47	48	49					
A2	100116																						
38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
	B	23	500.00	80	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																
0110	ROOM - BOARD/ PVT		100116	31	5000.00																		
001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00																		
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ABN 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																					
66 ICD	67	68																					
16350	B20	J449																					
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73																			
Z5189																							
74 PRINCIPAL PROCEDURE DATE	75 OTHER PROCEDURE DATE	76 ATTENDING	77 OPERATING	78 OTHER	79 OTHER																		
		NPI 122222222	NPI	NPI	NPI																		
		LAST JACKSON	LAST	LAST	LAST																		
		FIRST IGOR	FIRST	FIRST	FIRST																		
80 REMARKS	81CC a	82	83	84	85																		
	B3	314000000X																					

EXAMPLE ~MC2:

Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with leave of absences.

Medicaid Primary

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

Occurrence Code A2: 10/01/16

Value Code 80 = 25

Value Code 81 = 6

Legacy Claim Coding:

10/01/16 – 10/03/16 (COS 70)

10/04/16 – 10/04/16 (COS 70 with BR Type)

10/05/16 – 10/19/16 (COS 70)

10/20/16 – 10/24/16 (COS 70 with BR Type)

10/25/16 – 10/31/16 (COS 70)

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-MC2*4600***21: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:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449 ~
HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~

HI*BH:A2:D8:20161001~
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*41*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT CENTL #		EXAMPLE MC2		4 TYPE OF BILL																												
555 NORTH STREET				b MED REC #		00712		0213																												
CHICAGO, IL 606141502				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 606141502																												
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 DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 CODE		OCCURRENCE SPAN FROM		THROUGH		36 CODE		OCCURRENCE SPAN FROM		THROUGH		37																
A2 100116								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 / HIPPS 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 ASSO 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 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		B20		J449										68																						
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73																												
Z5189																																				
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 31400000X				78 OTHER NPI		QUAL																										
		b						LAST		FIRST																										
		c						79 OTHER NPI		QUAL																										
		d						LAST		FIRST																										

EXAMPLE ~MC3:

Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with leave of absences and TPL reported on claim.

Medicaid Primary

Statement Period: 11/01/16 – 11/30/16

Occurrence Span Code 74: 11/05/16 – 11/5/16

Occurrence Code A2: 10/01/16

Discharge Status Code = 01

Value Code 80 = 28

Value Code 81 = 1

Legacy Claim Coding:

11/01/16 – 11/03/16 (COS 70)

11/05/16 – 11/05/16 (COS 70 with BR Type)

11/05/16 – 11/29/16 (COS 70)

ISA*00* 00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635**^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*S25986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161201*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*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-MC3*4250***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161101-20161130~
DTP*435*DT*201610251900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~
HI*BI:74:RD8:20161105-20161105~
HI*BH:A2:D8:20161001~

HI*BE:23:::500*80:::28*BE: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*28~
REF*6R*EI122215247135642-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135642-02~
SE*55*0001~
GE*1*528986~
IEA*1*000525985~

1 ACME LTC TEST	2	3a PAT. CNTL. #	EXAMPLE MC3	4 TYPE OF BILL	0214
555 NORTH STREET	CHICAGO, IL 606141502	b MED. REC. #	00712	5 FED. TAX NO.	123456789
6 PATIENT NAME	a	b PATIENT ADDRESS	a	6 STATEMENT COVERS PERIOD FROM	110116
b	DOE, JOHN	b	CHICAGO	c	IL
d	606141502	7	113016	8	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC
09291926	M	102516	19	3	4
16 DHR	17 STAT	18	19	20	21
01	01				
22	23	24	25	26	27
28	29 ACCT STATE	30	31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE
A2	100116				
34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37 OCCURRENCE DATE	38 OCCURRENCE DATE	39 OCCURRENCE DATE
40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42 VALUE CODES AMOUNT	43 VALUE CODES AMOUNT	44 VALUE CODES AMOUNT	45 VALUE CODES AMOUNT
23	500.00	80	28.00	81	1.00
46	47	48	49	50	51
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0110	ROOM - BOARD/ PVT		110116	28	4150.00
0182	LOA/PT CONV		110516	1	100.00
0001	PAGE 1 OF 1	CREATION DATE	120116	TOTALS	4250.00
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASO DEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
HCSC-BCBS OF IL-STD A&B	00601	Y	Y	1050.00	56 NPI
ILLINOIS MEDICAID	37-1320188				1234567893
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	011545209A		
	DOE, JOHN	18	011545209		
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	66	67	68
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
		122222222			
		LAST JACKSON	FIRST IGOR	LAST	FIRST
80 REMARKS	81CC a	82	83	84	85
	b		314000000X		
	c				
	d				

EXAMPLE ~MC4 and MC4.1:

The next two claims represent a month that a recipient's Medicare benefits begin due to a Qualifying stay in the middle of the month the Medicaid and Medicare portions of the month should be billed on separate claims.

MC4

Claim for Medicaid covered days prior to discharge to hospital

Medicaid Primary

Statement Period: 10/01/16 – 10/02/16

Occurrence Code A2: 12/01/15

Discharge Status Code = 02

Value Code 80 = 1

Legacy Claim Coding:

10/01/16 – 10/01/16 (COS 70)

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 -MC4*400***21:A:1**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161002~
DTP*435*DT*201610011900~
CL1*3*4*02~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449* ~
HI*BH:A2:D8:20151201~

HI*BE:80:::1~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**400*DA*1~
REF*6R*EI122215247135643-01~
SE*38*0001~
GE*1*525986~
IEA*1*000525985~

MC4.1

Claim for Medicare coverage only after a qualifying inpatient hospital stay

Medicare Primary

Statement Period: 10/06/16 – 10/31/16

Occurrence Span Code 70: 10/02/16 – 10/05/16

Value Code 80 = 26

Value Code 82 = 6

Legacy Claim Coding:

10/06/16 – 10/25/16 (COS 65)

10/26/16 – 10/31/16 (COS 72)

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*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-MC4.1*5000***21:A:2**A*Y*Y~
DTP*434*RD8*20161006-20161031~
DTP*435*DT*201610061900~
CL1*3*4*30~
REF*EA*00712~

REF*D9*122215247135643~
HI*ABK:I630~
HI*ABJ:Z5189~
HI*ABF:B20*ABF:J449* ~
HI*BI:70:RD8:20161002-20161005~
HI*BH:50:D8:20161008~
HI*BE:80:::26*BE:82:::6~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*100~
CAS*PR*2*2000~
AMT*D*1900~
OI***Y***Y~
MIA*29****MA01*****26*****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21535700114307ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*26~
REF*6R*EI122215247135644-01~
LX*2~
SV2*0110**5000*DA*26~
REF*6R*EI122215247135644-02~
SE*56*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT. CNTL # EXAMPLE MC4		4 TYPE OF BILL	
555 NORTH STREET				b MED. REC. # 00712		0211	
CHICAGO IL 606141502				5 FED. TAX NO. 123456789		e STATEMENT COVERS PERIOD FROM 100116 THROUGH 100216	

8 PATIENT NAME	a	9 PATIENT ADDRESS	a	555 NORTH STREET
----------------	---	-------------------	---	------------------

b	DOE, JOHN	b	CHICAGO	c	IL	d	606141502
---	-----------	---	---------	---	----	---	-----------

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES 22-26					27	28	29 ACCT STATE	30
09291926	M	100116	19	3	4	13	02													

31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE SPAN FROM	37 OCCURRENCE SPAN THROUGH
A2	120115					

38	39 CODE	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT	42 VALUE CODES AMOUNT
	a	80	1.00	
	b			
	c			
	d			

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / ICPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0110	ROOM-BOARD/PVT		100116	1	400.00		
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	400.00		

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
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

66 DX	67	68
16350		

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
Z5189				

74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 OTHER PROCEDURE CODE	77 ATTENDING NPI	78 LAST	79 FIRST
			122222222	JACKSON	IGOR

80 REMARKS	81CC a	82	83	84	85
	B3	31400000X			

1 ACME LTC TEST	2	3a PAT. CNTL #	EXAMPLE MC4.1	4 TYPE OF BILL	0212
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	c	IL	d	60614502
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC
09291926	M	100616	19	3	4
17 STAT	18	19	20	21	CONDITION CODES 22
30					
29 ACDT STATE	30	31 OCCURRENCE DATE	32 CODE	33 OCCURRENCE DATE	34 CODE
50	100816				
35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH
70	100216	100516			
38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE
	a	80	26.00	82	6.00
	b				
	c				
	d				
42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES
0022	SNF PPS (RUG)	RUA30	100816	26	0.00
0110	ROOM - BOARD/ PVT		100116	26	5000.00
48 NON-COVERED CHARGES	49				
001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00
50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 AGO REL	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
MEDICARE	90901	Y	Y	1900.00	
ILLINOIS MEDICAID	37-1320188	Y	Y		57 OTHER PRV ID
58 INSURED'S NAME	59 PREL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
DOE, JOHN	18	011545209A			
DOE, JOHN	18	011545209			
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME			
66 DX	16350	B20	J449		68
69 ADMIT DX	Z5189	70 PATIENT REASON DX		71 PPS CODE	72 EC
74 PRINCIPAL PROCEDURE CODE	DATE	a	OTHER PROCEDURE CODE	DATE	b
c	OTHER PROCEDURE CODE	DATE	d	OTHER PROCEDURE CODE	DATE
78 ATTENDING	NPI	122222222	QUAL		
LAST	JACKSON	FIRST	IGOR		
77 OPERATING	NPI		QUAL		
LAST		FIRST			
80 REMARKS	81CC a	B3	314000000X	78 OTHER	NPI
	b			QUAL	
	c			LAST	FIRST
	d			79 OTHER	NPI
				QUAL	
				LAST	FIRST

EXAMPLE ~ MC5:

Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Full with Medicaid coverage beginning after Medicare coverage ended.

Medicare Primary

Statement period: 10/01/16 – 10/31/16

Occurrence Code 22: 10/15/16

Value Code 80 = 15

Value Code 81= 16

Legacy Claim Coding:

10/01/16 – 10/15/16 (COS 65)

10/16/16 – 10/31/16 (COS 70)

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*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_MC5*3000***21:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609301200~
CL1*2*4*30~
HI*ABK:Z589~
HI*ABJ:J189~
HI*ABF:M6281*ABF:R262*ABF:I509*ABF:R1312~
HI*BH:22:D8:20161015*BH:50:D8:20161001~
HI*BE:23:::500*BE:80:::15*BE:81:::16~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*200~
CAS*PR*2*300~

AMT*D*1500~
OI***Y***Y~
MIA*15****MA01*****15****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21600500273107ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*31~
REF*6R*EI122215247135645-01~
LX*2~
SV2*0120**3000*DA*31~
REF*6R*EI122215247135645-02~
SE*53*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT. CNTL # EXAMPLE MC5		4 TYPE OF BILL 0213	
555 NORTH STREET				b. MED. REC. # 00712			
CHICAGO IL 606141502				5 FED. TAX I.D. 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 606141502

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR			17 STAT	CONDITION CODES 22 23 24 25 26 27 28					29 ACCT STATE	30	
09291926	M	093016	12	2	4	30								

31 OCCURRENCE DATE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
22 101516	50 100116					

38		39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
a	23	500.00	80	15.00
b				
c				
d				16.00

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0022	SNF PPS (RUG)	RUA30	100116	31	0.00		
0120	ROOM-BOARD/SEMI		100116	31	3000.00		
0001 PAGE 1 OF 1					TOTALS	3000.00	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. REF. #	53 ADJ. REF. #	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
MEDICARE	90901	Y	Y	1500.00		1234567893	
ILLINOIS MEDICAID	37-1320188	Y	Y				

58 INSURED'S NAME	59 REL.	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE, JOHN	18	011545209A		
DOE, JOHN	18	011545209		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	M6281	R262	I509	R1312	68
-------	-------	------	------	-------	----

69 ADMIT DX	Z5189	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE			
76 ATTENDING NPI	122222222	QUAL			
77 OPERATING NPI		QUAL			

80 REMARKS	B3 31400000X	78 OTHER NPI	QUAL		
		79 OTHER NPI	QUAL		

EXAMPLE ~MC6:

Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Full & Coinsurance with Medicaid coverage beginning after Medicare coverage ended.

Medicare Primary

Recipient was readmitted to facility directly after the Qualifying Stay

Statement period: 10/16/16 – 10/31/16

Occurrence Span Code 70: 10/01/16 – 10/15/16

Occurrence Code 22 = 10/30/16

Value Code 80 = 15

Value Code 81 = 1

Value Code 82 = 10

Legacy Claim Coding:

10/16/16 – 10/20/16 (COS 65)

10/21/16 – 10/30/16 (COS 72)

10/31/16 – 10/31/16 (COS 70)

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*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-MC6*3000***21:A:2**A*Y*Y~
DTP*434*RD8*20161016-20161031~
DTP*435*DT*201610161200~
CL1*2*4*30~
HI*ABK:I6350~
HI*ABJ:Z5189~
HI*ABF:M6281~
HI*BI:70:RD8:20161001-20161015 ~
HI*BH:50:D8:201610016*BH:22:20161030~
HI*BE:23:::200*BE:80:::15*BE:81:::1*BE:82:::10~
NM1*71*1*JACKSON*IGOR****XX*122222222~

PRV*AT*PXC*207R00000X~
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*200~
CAS*PR*2*500~
AMT*D*1300~
OI***Y***Y~
MIA*15****MA01*****15*****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21600500273107ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*16~
REF*6R*EI122215247135646-01~
LX*2~
SV2*0120**3000*DA*16~
REF*6R*EI122215247135646-02~
SE*54*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT. CNTRL #		EXAMPLE MC6		4 TYPE OF BILL															
555 NORTH STREET				b. MED. REC. #		00712		0212															
CHICAGO, IL 606141502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH															
				123456789		101616		103116															
8 PATIENT NAME				9 PATIENT ADDRESS																			
a DOE, JOHN				a 555 NORTH STREET																			
b CHICAGO				c IL		d 606141502																	
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		CONDITION CODES				29 ACDT STATE		30	
09291926		M		101616		12		2		4		30											
31 OCCURRENCE DATE		32 CODE		33 OCCURRENCE DATE		34 CODE		35 OCCURRENCE DATE		36 CODE		OCCURRENCE SPAN FROM		THROUGH		38 CODE		OCCURRENCE SPAN FROM		THROUGH		37	
22		103016		50		100116				70		100116		101516									
38										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT			
										a 23		200.00		80		15.00		81		1.00			
										b 82		10.00											
										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					
0022		SNF PPS (RUG)				RUA30				101616		16		0.00									
0120		ROOM-BOARD/SEMI								101616		16		3000.00									
0001		PAGE 1 OF 1				CREATION DATE				110116		TOTALS		3000.00									
50 PAYER NAME				51 HEALTH PLAN ID				52 RCL INFO		53 ASG RDN		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		1234567893					
MEDICARE				90901				Y		Y		1300.00				57							
ILLINOIS MEDICAID				37-1320188				Y		Y						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		011545209A																	
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		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		b1CC		B3		314000000X						78 OTHER NPI				QUAL							
		a										LAST		FIRST									
		b										79 OTHER NPI				QUAL							
		c										LAST		FIRST									
		d																					

EXAMPLE ~MC7:

Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Coinsurance period with leave of absence days.

Medicare Primary

Statement period: 10/01/16 – 10/31/16

Occurrence Span Code 70: 09/01/16 – 09/03/16

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

Occurrence Span Code 74: 10/31/16 – 10/31/16

Occurrence Code A3: 10/31/16

Value Code 80 = 29

Value Code 81 = 2

Value Code 82 = 29

Legacy Claim Coding:

10/01/16 – 10/19/16 (COS 72)

10/20/16 – 10/20/16 (COS 70 with BR Type)

10/21/16 – 10/30/16 (COS 72)

10/31/16 – 10/31/16 (COS 70 with BR Type)

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*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-MC7*3500***21:A:3**A*Y*Y~

DTP*434*RD8*20161001-20161031~

DTP*435*DT*201609041200~

CL1*2*4*30~

HI*ABK:I6350~

HI*ABJ:Z5189~

HI*ABF:M6281~

HI*BI:70:RD8:20160901-20160903*BI:74:RD8:20161020-20161020*BI:74:RD8:20161031-20161031~

HI*BH:50:D8:20161001*BH:A3:D8:20161031~

HI*BE:80:::29*BE:81:::2*BE:82:::29~

NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*200~
CAS*PR*2*500~
AMT*D*1800~
OI***Y***Y~
MIA*15****MA01*****29*****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2**MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21600500273107ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*31~
REF*6R*EI122215247135647-01~
LX*2~
SV2*0120**3000*DA*29~
REF*6R*EI122215247135647-02~
LX*3~
SV2*0185**500*DA*2~
REF*6R*EI122215247135647-03~
SE*57*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		36 PAT. CNTRL #	EXAMPLE MC7	4 TYPE OF BILL	0213
555 NORTH STREET				37 MED. REC. #	00712		
CHICAGO, IL 606141502				5 FED. TAX NO	123456789	6 STATEMENT FROM	100116
						7 COVERS PER.OD THROUGH	103116

8 PATIENT NAME	a	9 PATIENT ADDRESS	a	555 NORTH STREET
b	DOE, JOHN	b	CHICAGO	c IL d 606141502 e

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19	20	21	CONDITION CODES						29 ACDT STATE	30
09291926	M	090416	12	2	4			30												
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	
50	100116	A3	103116																	
										35 CODE	36 OCCURRENCE SPAN FROM	37 THROUGH	38 CODE	39 OCCURRENCE SPAN FROM	40 THROUGH	41 CODE	42 VALUE CODES AMOUNT	43 CODE	44 VALUE CODES AMOUNT	
										70	090116	090316	74	102016	102016					
										74	103116	103116								
										a	80	29.00	81	2.00	82	29.00				
										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
0022	SNF PPS (RUG)	RUA30	100116	31	0.00		
0120	ROOM-BOARD/SEMI		100116	29	3000.00		
0185	LOA/NURS HOME		102016	2	500.00		
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	3500.00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASO BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
MEDICARE	90901	Y	Y	1800.00		57	
ILLINOIS MEDICAID	37-1320188	Y	Y			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	011545209A		
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		75 OTHER PROCEDURE CODE		76 ATTENDING NPI	122222222
				LAST JACKSON	FIRST IGOR
				77 OPERATING NPI	QUAL
				LAST	FIRST

80 REMARKS	81CC a	B3	314000000X	78 OTHER NPI	QUAL
	b			LAST	FIRST
	c			79 OTHER NPI	QUAL
	d			LAST	FIRST

EXAMPLE ~MC8:

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

Medicaid Primary

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

Occurrence Code A2: 10/01/16

Discharge Status Code = 01

Value Code 80 = 24

Value Code 81 = 6

Legacy Claim Coding:

10/01/16 – 10/03/16 (COS 70)

10/04/16 – 10/04/16 (COS 70 with BR Type)

10/05/16 – 10/19/16 (COS 70)

10/20/16 – 10/24/16 (COS 70 with BR Type)

10/25/16 – 10/30/16 (COS 70)

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*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-MC8*3200***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201601011900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~

HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~
HI*BH:A2:D8:20161001~
HI*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*EI122215247135648-01~
LX*2~
SV2*0182**500*DA*6~
REF*6R*EI122215247135648-02~
SE*55*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT. CNTL. #		EXAMPLE MC'S		4 TYPE OF BILL	
555 NORTH STREET				b. MED. REC. #		00712		0214	
CHICAGO, IL 606141502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
				123456789		100116		103116	

8 PATIENT NAME			9 PATIENT ADDRESS						
b DOE, JOHN			a 555 NORTH STREET						
b CHICAGO			c IL		d 606141502				

10 BIRTHDATE	11 SEX	12 DATE	ADMISSION			16 DHR	17 STAT	CONDITION CODES												28 ACDT STATE	30
09291926	M	010116	13 HR	14 TYPE	15 SRC	13	01	18	19	20	21	22	23	24	25	26	27	28			

31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE
A2	100116			74	100416	100416	74
					102016	102416	

38				39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
				a	80	24.00	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
0110	ROOM - BOARD/PVT		100116	24	2700.00		
0182	LOA/PT CONV		100416	6	500.00		
0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	3200.00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASO BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
MOLINA4	92001	Y	Y	2150.00		57 OTHER PRV ID	
ILLINOIS MEDICAID	37-1320188	Y	Y				

58 INSURED'S NAME	59 R. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
DOE, JOHN	18	011545209A		
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 IFS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	A.	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		

EXAMPLE ~MC9:

Claim for recipient with Medicare Advantage Plan (MAP) coverage on system and participates in the Long Term Services and Support Program. Claim can only be for the portion of the month that was billed to MAP and must contain the MAP payment information:

Medicaid Primary

Statement Period: 10/01/16 – 10/10/16

Occurrence Span Code 70: 09/10/16 – 09/20/16

Discharge Status Code = 01

Value Code 80 = 9

Value Code 82 = 5

Legacy Claim Coding:

10/01/16 – 10/04/16 (COS 65)

10/05/16 – 10/09/16 (COS 72)

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*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-MC9*1000***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161010~
DTP*435*DT*201609211900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~
HI*BI:70:RD8:20160910-20160920~
HI*BE:80:::9*BE:82:::5~

NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
SBR*P*18**MOLINA4*****HM~
CAS*CO*45*450.00***~
CAS*PR*2*50.00~
AMT*D*500.00~
OI***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209~
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**1000*DA*9~
REF*6R*EI122215247135649-01~
SE*51*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST		2		34 PAT. CATE # EXAMPLE MC9		4 TYPE OF BILL 0214	
555 NORTH STREET				5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101016	
CHICAGO, IL 606141502				7			

8 PATIENT NAME a		9 PATIENT ADDRESS a 555 NORTH STREET					
b DOE, JOHN		b CHICAGO				c IL	d 606141502

10 BIRTHDATE 09291926		11 SEX M	12 DATE 092116		13 HR 19	14 TYPE 3	15 SRC 4	16 DHR 13	17 STAT 01	18-21										CONDITION CODES 22-28					29 ACCT STATE	30
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38 OCCURRENCE SPAN FROM		39 OCCURRENCE SPAN THROUGH		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 VALUE CODES AMOUNT				
										70		091016 092016						80 9.00		82 5.00						

42 REV. CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0110	ROOM - BOARD/ PVT		100116	9	1000.00		
0001	PAGE 1 OF 1		CREATION DATE 110116	TOTALS	1000.00		

50 PAYER NAME MOLINA4 ILLINOIS MEDICAID		51 HEALTH PLAN ID 92001 37-1320188	52 REL. INFO Y Y	53 ADJ. BEN. Y Y	54 PRIOR PAYMENTS 500.00	55 EST. AMOUNT DUE	56 NPI 1234567893	57 OTHER PRV ID
---	--	------------------------------------	------------------	------------------	--------------------------	--------------------	-------------------	-----------------

58 INSURED'S NAME DOE, JOHN DOE, JOHN		59 REL. 18 18	60 INSURED'S UNIQUE ID 011545209A 011545209		61 GROUP NAME	62 INSURANCE GROUP NO.
---------------------------------------	--	---------------	---	--	---------------	------------------------

63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
----------------------------------	--	----------------------------	--	------------------	--	--	--

66 DX I6350 M6281	68
-------------------	----

69 ADMIT DX Z5189	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73				
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 ATTENDING NPI 122222222		QUAL
						LAST JACKSON		FIRST IGOR
78 OTHER PROCEDURE CODE DATE		79 OTHER PROCEDURE CODE DATE		80 OTHER PROCEDURE CODE DATE		77 OPERATING NPI		QUAL
						LAST		FIRST

80 REMARKS		81 CC a B3 314000000X	82	83	84	85	86	87	88
		b	c	d					

EXAMPLE ~ SNFEC9:

Claim for recipient receiving enhanced care (vent).

Statement Period: 10/01/16 – 10/31/16

Occurrence Code A2: 10/01/16

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*A*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- ICFEC9*7000***21: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*BH:A2:D8:20161001~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*122222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0194**7000*DA*31~
REF*6R*EI122215247135648-01~
SE*36*0001~

GE*1*525986~

IEA*1*000525985~

1 ACME LTC TEST		2		3a PAT CNTL #	EXAMPLE - SNFEC9	4 TYPE OF BILL	
555 NORTH STREET				b. MED. REC #	00712		0212
CHICAGO, IL 60614502				5 FED. TAX NO.	123456789	6 STATEMENT COVERS PERIOD FROM	7 THROUGH
						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	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 CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37
A2	100116					

38	39 CODE	40 VALUE CODES AMOUNT	41 CODE	42 VALUE CODES AMOUNT	
	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
0194	SUBACUTE/LEVELIV		100116	31	7000.00		

0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	7000.00
------	-------------	---------------	--------	--------	---------

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASO IND	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

66 DX	Z5189	I6350	68
-------	-------	-------	----

69 ADMIT DX	M6281	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	DATE	75 OTHER PROCEDURE CODE	DATE	76 ATTENDING NPI	77 QUAL
				122222222	
				LAST JACKSON	FIRST IGOR
				77 OPERATING NPI	78 QUAL
				LAST	FIRST

80 REMARKS	81CC a	B3	314000000X	78 OTHER NPI	79 QUAL
	b			LAST	FIRST
	c			79 OTHER NPI	80 QUAL
	d			LAST	FIRST