

Completion	Form Locator	Form Locator Explanation and Instructions for Inpatient Claims
Conditionally Required	54A,B.	Prior Payments – TPL payments are identified on Lines A and B to correspond to any insurance source in FL 51 Lines A and B.
Required	56.	National Provider Identifier – Billing Provider Required for claims received as of May 23, 2008. The NPI is the unique identification number assigned to the provider submitting the bill.
Optional	57.	Other (Billing) Provider Identifier Enter the HFS legacy provider number on the line that corresponds to Illinois Medicaid. For claims received on or after May 23, 2008, the HFS legacy number will not be used for adjudication.
Required	58.	Insured's Name – Enter the patient's name exactly as it appears on the Identification Card or Notice issued by the department.
Required	60.	Insured's Unique Identifier (Recipient Identification Number) – Enter the nine-digit recipient number assigned to the individual as shown on the Identification Card or Notice issued by the department. Use no punctuation or spaces. Do not use the Case Identification Number.
Conditionally Required	64.	Document Control Number – At the time the department implements the void/rebill process, the DCN will be required when the Type of Bill Frequency Code (FL 4) indicates this claim is a replacement or void to a previously adjudicated claim. Enter the DCN of the previously adjudicated claim.
Required	67.	Principal Diagnosis Code and Present on Admission (POA) Indicator - Enter the specific ICD 9-CM code without the decimal. If required based on the diagnosis code, the POA indicator is placed in the 8 th position shaded area. If the POA indicator is not placed in the shaded areas noted, it will be captured as part of the diagnosis code, which may cause the claim to be rejected.
Conditionally Required	67A-Q.	Other Diagnosis Codes Enter the specific ICD 9-CM code without the decimal. If required based on the diagnosis code, the POA indicator is placed in the 8 th position shaded area.

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Required	69.	Admitting Diagnosis Code – Enter the specific ICD 9-CM code without the decimal.
Conditionally Required	72a-c.	External Cause of Injury (ECI) Code – The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.
Conditionally Required	74.	Principal Procedure Code and Date - Required if a procedure is performed.
Conditionally Required	74a-e.	Other Procedure Codes and Dates – Required if there were any additional procedures performed.
= Required <i>Effective August 2011</i>	76.	Attending Provider Name and Identifiers For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI.
=Conditionally Required <i>Effective August 2011</i>	77.	Operating Physician Name and Identifiers – Required if a surgical procedure is performed. For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI.
=Conditionally Required <i>Effective August 2011</i>	78-79.	Other Provider (Individual) Names and Identifiers – For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI. Refer to the UB-04 Data Specifications Manual for usage requirements. If utilizing this field, the provider must use the two-digit provider type qualifier code in conjunction with 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 Web site. 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**

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

Completion	Form Locator	Form Locator Explanation and Instructions for General Outpatient, Outpatient Rehabilitation, and Outpatient Psychiatric Claims
Conditionally Required	54A,B.	Prior Payments – TPL payments are identified on Lines A and B to correspond to any insurance source in FL 51 Lines A and B.
Required	56.	National Provider Identifier – Billing Provider Required for claims received as of May 23, 2008. The NPI is the unique identification number assigned to the provider submitting the bill.
Optional	57.	Other (Billing) Provider Identifier Enter the HFS legacy provider number on the line that corresponds to Illinois Medicaid. For claims received on or after May 23, 2008, the HFS legacy number will not be used for adjudication.
Required	58.	Insured's Name – Enter the patient's name exactly as it appears on the Identification Card or Notice issued by the department.
Required	60.	Insured's Unique Identifier (Recipient Identification Number) – Enter the nine-digit recipient number assigned to the individual as shown on the Identification Card or Notice issued by the department. Use no punctuation or spaces. Do not use the Case Identification Number.
Conditionally Required	64.	Document Control Number – At the time the department implements the void/rebill process, the DCN will be required when the Type of Bill Frequency Code (FL 4) indicates this claim is a replacement or void to a previously adjudicated claim. Enter the DCN of the previously adjudicated claim.
Required	67.	Principal Diagnosis Code and Present on Admission (POA) Indicator - Enter the specific ICD 9-CM code without the decimal. The POA indicator is not required for outpatient claims.
Conditionally Required	67A-Q.	Other Diagnosis Codes - Enter the specific ICD 9-CM code without the decimal. The POA indicator is not required for outpatient claims.
Conditionally Required	72a-c.	External Cause of Injury (ECI) Code – The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.

Completion	Form Locator	Form Locator Explanation and Instructions for General Outpatient, Outpatient Rehabilitation, and Outpatient Psychiatric Claims
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=Conditionally Required <i>Effective August 2011</i>	77.	Operating Physician Name and Identifiers – Required if a surgical procedure is performed. For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI.
=Conditionally Required <i>Effective August 2011</i>	78-79.	Other Provider (Individual) Names and Identifiers – For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI. Refer to the UB-04 Data Specifications Manual for usage requirements. If utilizing this field, the provider must use the two-digit provider type qualifier code in conjunction with the NPI.
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***Additional notes**

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

Completion	Form Locator	Form Locator Explanation and Instructions for Renal Dialysis Outpatient Claims
Conditionally Required	54A-B.	Prior Payments – TPL payments are identified on Lines A and B to correspond to any insurance source in FL 51 Lines A and B.
Required	56.	National Provider Identifier – Billing Provider Required for claims received as of May 23, 2008. The NPI is the unique identification number assigned to the provider submitting the bill.
Optional	57.	Other (Billing) Provider Identifier Enter the HFS legacy provider number on the line that corresponds to Illinois Medicaid. For claims received on or after May 23, 2008, the HFS legacy number will not be used for adjudication.
Required	58.	Insured’s Name – Enter the patient’s name exactly as it appears on the Identification Card or Notice issued by the department.
Required	60.	Insured’s Unique Identifier (Recipient Identification Number) – Enter the nine-digit recipient number assigned to the individual as shown on the Identification Card or Notice issued by the department. Use no punctuation or spaces. Do not use the Case Identification Number.
Conditionally Required	64.	Document Control Number – At the time the department implements the void/rebill process, the DCN will be required when the Type of Bill Frequency Code (FL 4) indicates this claim is a replacement or void to a previously adjudicated claim. Enter the DCN of the previously adjudicated claim.
Required	67.	Principal Diagnosis Code and Present on Admission (POA) Indicator - Enter the specific ICD 9-CM code without the decimal. The POA indicator is not required for renal dialysis claims.
Conditionally Required	67A-Q.	Other Diagnosis Codes - Enter the specific ICD 9-CM code without the decimal. The POA indicator is not required for renal dialysis claims.
Conditionally Required	72a-c.	External Cause of Injury (ECI) Code – The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.

Completion	Form Locator	Form Locator Explanation and Instructions for Renal Dialysis Outpatient Claims
=Required <i>Effective August 2011</i>	76.	Attending Provider Name and Identifiers - For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI.
=Required <i>Effective August 2011</i>	78-79.	Other Provider (Individual) Names and Identifiers - For claims received on and after October 1, 2008, the department will adjudicate claims based on the NPI. Refer to the UB-04 Data Specifications Manual for usage requirements. If utilizing this field, the provider must use the two-digit provider type qualifier code in conjunction with the NPI.
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