

## UB-04 Requirements for HFS Adjudication of ASTC Claims

### Attachment to UB-04 Billing Requirements Notice

Instructions for completion of this form follow in the order entries appear on the form. Mailing instructions follow the claim preparation instructions. **For detailed form locator information, all providers should have a copy of the UB-04 Data Specifications Manual for reference.** To become a UB-04 Subscriber, refer to the [National Uniform Billing Committee \(NUBC\)](#) Web site. The UB-04 Data Specifications Manual contains a blank facsimile of the UB-04. Providers may also view a [UB-04 facsimile](#) on the department's Web site. For billing purposes, providers must still submit an original UB-04.

The left hand column of the following instructions identifies mandatory and optional items for form completion as follows:

Entry Requirement	Explanations
Required	Entry always required.
Optional	Entry optional – In some cases failure to include an entry will result in certain assumptions by the department and will preclude corrections of certain claiming errors by the department.
Conditionally Required	Entries that are required based on certain circumstances. Conditions of the requirement are identified in the instruction text

<b>Completion</b>	<b>Form Locator</b>	<b>Form Locator Explanation and Instructions for Outpatient ASTC Claims</b>
<b>Required</b>	<b>1.</b>	<b>Provider Name</b> – Enter the provider’s name exactly as it appears on the Provider Information Sheet.
<b>Conditionally Required</b>	<b>2.</b>	<p><b>Pay-To Name and Address</b> –Effective with claims received August 1, 2009, through September 30, 2010, HFS allowed a dual process for reporting the payee. The dual process period allowed providers to transition from using the one-digit payee code to using the Pay-To Provider (Payee) NPI.</p> <p><b>For claims received on and after October 1, 2010, the department will only accept the Pay-To Provider (Payee) NPI.</b> Report the Pay-To Provider (Payee) NPI, which is registered to the appropriate 16-digit payee number, on Line 4.</p> <p>Payee information is only required when the payee is a different entity than the Billing Provider. Refer to the Provider Information Sheet for payee information.</p> <p>The Pay-To Address is required when the address for payment is different than that of the Billing Provider in FL1.</p>
<b>Optional</b>	<b>3a.</b>	<b>Patient Control Number</b>
<b>Optional</b>	<b>3b.</b>	<b>Medical Record Number</b>
<b>Required</b>	<b>4.</b>	<b>Type of Bill</b> – A four-digit field is required. Do not drop the leading zero in this field.
<b>Optional</b>	<b>5.</b>	<b>Fed. Tax No.</b>
<b>Required</b>	<b>6.</b>	<b>Statement Covers Period</b>
<b>Optional</b>	<b>10.</b>	<b>Patient Birth Date</b> - If the birth date is entered, the department will, where possible, correct claims suspended due to recipient name and number errors. If the birth date is not entered, the department will not attempt corrections.
<b>Conditionally Required</b>	<b>18-28.</b>	<b>Condition Codes</b> – Claims containing an abortion procedure need a corresponding abortion condition code.

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC Claims
Conditionally Required	35-36.	<b>Occurrence Span Code/From/Through</b> – When reporting non-covered days, providers must indicate the non-covered date span.
Conditionally Required	39-41.	<p><b>Value Codes</b> – The value codes below are conditionally required based upon the particular claim. Value Code entries, if a non-dollar amount, must be positioned right-justified to the left of the dollar/cents delimiter.</p> <p>Value Code 66 - Spenddown liability must be reported using Value Code 66 along with a dollar amount to identify the patient's Spenddown liability. The 2432, Split Billing Transmittal, must accompany the claim.</p> <p>Value Code 80 – The number of covered days is required for series claims.</p>
Required	42.	<b>Revenue Code</b> – Enter the appropriate revenue code for the service provided. The 23 <sup>rd</sup> revenue line contains an incrementing page count and total number of pages for the claim on each page, creation date of the claim on each page, and a claim total for covered and non-covered charges on the final claim page only indicated using Revenue Code 0001.
Required	43.	<p><b>Revenue Description</b> - Refer to the UB-04 Manual for details.</p> <p>NDC reporting of certain injectable drugs associated with revenue line 0636 is required. The <a href="#">expensive drugs</a> that require NDC reporting are referenced on the department's Web site.</p> <ul style="list-style-type: none"> <li>• Report the N4 qualifier in the first two (2) positions, left-justified</li> <li>• Followed immediately by the 11-character National Drug Code (NDC), in the 5-4-2 format (no hyphens)</li> <li>• Immediately following the last digit of the NDC (no delimiter) the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:             <ul style="list-style-type: none"> <li>• F2 – International Unit</li> <li>• GR – Gram</li> <li>• ML – Milliliter</li> <li>• UN – Unit</li> </ul> </li> <li>• Immediately following the Unit of Measurement Qualifier, the unit quantity with a floating decimal for fractional units limited to three digits (to the right of the decimal).</li> <li>• Any spaces unused for the quantity are left blank.</li> </ul>

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<b>Required</b>	<b>44.</b>	<b>HCPCS/Accommodation Rates</b> – Claims must contain a valid procedure code. Refer to the <a href="#">APL</a> on the department’s Web site.
<b>Optional</b>	<b>45.</b>	<b>Service Date</b> – If a date is entered, it will be edited.
<b>Conditionally Required</b>	<b>46.</b>	<b>Service Units</b> – Claims for the following services must contain an entry: <ul style="list-style-type: none"> <li>• Claims containing an <a href="#">expensive drug</a>, as identified on the department’s Web site, and associated with revenue code 0636, must contain the number of units given.</li> <li>• Series claims for series-billable revenue codes must contain an entry that is at least equal to the number of Covered Days.</li> </ul>
<b>Required</b>	<b>47.</b>	<b>Total Charges</b> (By Revenue Code category) For revenue code 0001, see FL 42 above.
<b>Conditionally Required</b>	<b>48.</b>	<b>Non-Covered Charges</b> – Reflects any non-covered charges pertaining to the related revenue code.
<b>Required</b>	<b>50.</b>	<b>Payer</b> - Illinois Medicaid or 98916 must be shown as the payer of last resort.

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Conditionally Required	51.	<p><b>Health Plan Identification Number</b> - HFS will require that providers report our legacy three-digit TPL codes and two-digit TPL status codes in this field until the HIPAA National Plan Identifier is mandated. The format will continue to be the three-digit TPL code, one space, and then the two-digit status code. Required if there is a third party source.</p> <p><b>TPL Code</b> –If the patient's medical card contains a TPL code, the numeric three-digit code must be entered in this field. If payment was received from a third party resource not listed on the patient's card, enter the appropriate TPL Code as listed in Chapter 100, General Appendix 9.</p> <p><b>Status</b> – If a TPL code is shown, a two-digit code indicating the disposition of the third party claim must be entered. No entry is required if the TPL code is blank.</p> <p>The TPL Status Codes are:</p> <p><b>01 – TPL Adjudicated – total payment shown:</b> TPL Status Code 01 is to be entered when payment has been received from the patient's third party resource. The amount of payment received must be entered in the TPL amount box.</p> <p><b>02 – TPL Adjudicated – patient not covered:</b> TPL Status Code 02 is to be entered when the provider is advised by the third party resource that the patient was not insured at the time services were provided.</p> <p><b>03 – TPL Adjudicated – services not covered:</b> TPL Status Code 03 is to be entered when the provider is advised by the third party resource that services provided are not covered.</p> <p><b>05 – Patient not covered:</b> TPL Status Code 05 is to be entered when a patient informs the provider that the third party resource identified on the MediPlan Card is not in force.</p> <p><b>06 – Services not covered:</b> TPL Status Code 06 is to be entered when the provider determines that the identified resource is not applicable to the service provided.</p> <p><b>07 – Third Party Adjudication Pending:</b> TPL Status Code 07 may be entered when a claim has been submitted to the third party, thirty (30) days have elapsed since the third party was billed, and reasonable follow-up efforts to obtain payment have failed.</p> <p><b>08 – Estimated Payment:</b> TPL Status Code 08 may be entered if the provider has billed the third party, contact was made with the third party, and payment is forthcoming but not yet received. The provider must indicate the amount of the payment estimated by the third party. The provider is responsible for any adjustment, if required, after the actual receipt of the payment from the third party.</p> <p><b>10 – Deductible Not Met:</b> TPL Status Code 10 is to be entered when the provider has been informed by the third party resource that non-payment of the service was because the deductible was not met.</p>

Completion	Form Locator	Form Locator Explanation and Instructions for Outpatient ASTC Claims
Conditionally Required	54A,B.	<b>Prior Payments</b> – TPL payments are identified on Lines A and B to correspond to any insurance source in FL 51 Lines A and B.
Required	56.	<b>National Provider Identifier – Billing Provider</b> 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.	<b>Other (Billing) Provider Identifier</b> 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.	<b>Insured's Name</b> – Enter the patient's name exactly as it appears on the Identification Card or Notice issued by the department.
Required	60.	<b>Insured's Unique Identifier (Recipient Identification Number)</b> – 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 <b>not</b> use the Case Identification Number.
Conditionally Required	64.	<b>Document Control Number</b> – 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.	<b>Principal Diagnosis Code and Present on Admission (POA) Indicator</b> - Enter the specific ICD 9-CM code without the decimal. The POA indicator is <b>not</b> required for outpatient ASTC claims.
Conditionally Required	67A-Q.	<b>Other Diagnosis Codes</b> - Enter the specific ICD 9-CM code without the decimal. The POA indicator is <b>not</b> required for outpatient ASTC claims.
Conditionally Required	72A-Q.	<b>External Cause of Injury (ECI) Code</b> – The ICD diagnosis codes pertaining to external cause of injuries, poisoning, or adverse effect.
Required	76.	<b>Attending Provider Name and Identifiers</b> The department will adjudicate claims based on the NPI.

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<b>Conditionally Required</b>	77.	<b>Operating Physician Name and Identifiers</b> – Required if a surgical procedure is performed. The department will adjudicate claims based on the NPI.
<b>Required</b>	81.	<b>Code-Code Field</b> – HFS Requirement (Needed for Adjudication) Qualifier “B3” – Healthcare Provider Taxonomy Code. Taxonomy codes are identified in <a href="#">Chapter 300</a> , 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**

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

## Mailing Instructions

The provider is to submit an original UB-04 form to the department. The pin-feed guide strip should be detached from the sides of continuous feed forms. A copy of the claim is to be retained by the provider.

UB-04 paper claims should be sent to the applicable post office box as follows:

### **UB-04 Claims Without Attachments:**

Illinois Department of Healthcare and Family Services  
UB-04 Inpatient/Outpatient Invoices  
P.O. Box 19132  
Springfield, Illinois 62794-9132

### **UB-04 Claims With Attachments:**

Illinois Department of Healthcare and Family Services  
UB-04 Inpatient/Outpatient Invoices  
P.O. Box 19133  
Springfield, Illinois 62794-9133

### **UB-04 Claims Requiring Special Handling by the Billing Consultants:**

Illinois Department of Healthcare and Family Services  
Bureau of Comprehensive Health Services  
P.O. Box 19128  
Springfield, Illinois 62794-9128

### **Adjustments (Form HFS 2249):**

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

### **Forms Requisition:**

The department does not supply the UB billing form. The [HFS 2249 Adjustment Form](#) is in a PDF-fillable format and may be printed from the department's Web site.