CLAIM EXAMPLES FOR INTERMEDIATE CARE SERVICES FOR INTELLECTUALLY DISABLED (IID) (PT 29)

Taxonomy Code 315P00000X = COS 73 ICF/MR

Taxonomy Code 3140N1450X = COS 74 Skilled Pediatric

Taxonomy Code 320600000X = COS 76 Specialized Living Center

EXAMPLE ~ IID1:
Claim for recipient residing in a regular intermediate care bed, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 73)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IID1*5000***66: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*1222222222~
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	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IID1	0662
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM-BOARD/ PVT		100116	31	5000.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73
M6281									

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IID2:
Claim for recipient residing in a regular 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 73)
10/04/16 – 10/04/16 (COS 73 with BR Type)
10/05/16 – 10/19/16 (COS 73)
10/20/16 – 10/24/16 (COS 73 with BR Type)
10/25/16 – 10/31/16 (COS 73)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IID2*4600***66: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*1222222222~

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	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IID2	
555 NORTH STREET		b. MED. REC. # 00712	0663
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME		9 PATIENT ADDRESS				
a		a	555 NORTH STREET			
b DOE, JOHN		b CHICAGO		c IL	d 60614502	e

10 BIRTHDATE	11 SEX	ADMISSION 12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	CONDITION CODES 18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30
09291926	M	101515	19	3	4		30													

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

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM-BOARD/ PVT		100116	25	4500.00		
2	0185	LOA/NURS HOME		100416	6	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	4600.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX											68
	Z5189	I6350									

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IID3:
Claim for recipient residing in a regular 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 73)
10/05/16 – 10/05/16 (COS 73 with BR Type)
10/06/16 – 10/31/16 (COS 73)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IID3*4250***66: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*1222222222~
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*011545209~
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*20161210~
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	2	3a PAT. CNTL. #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IID3	
555 NORTH STREET		b. MED. REC. # 00712	0663
CHICAGO, IL 60614502		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH
		123456789	100116 / 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	093016	19	3	4		30													

31 CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 OCCURRENCE SPAN FROM	35 THROUGH	36 CODE	36 OCCURRENCE SPAN FROM	36 THROUGH	37
a								74	100516	100516				a
b														b

38		39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a	23	500.00	80	30.00	81	1.00
	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
1	0110	ROOM-BOARD/ PVT		100116	30	4150.00		1
2	0182	LOA/PT CONV		100516	1	100.00		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4250.00		23

A	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356	A
B	HCSC-BCBS OF IL-STD A&B	00601			1050.00		57 OTHER PRV ID		B
C	ILLINOIS MEDICAID	37-1320188	Y	Y					C

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

A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	A
B				B
C				C

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IID4:
Claim for recipient residing in a regular intermediate care bed 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 73)

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*70009~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 -IID4*1400***66: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*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135643-01~

SE*37*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IID4	
555 NORTH STREET		b. MED. REC. # 00712	0661
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	13	02													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															
b															

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	23	500.00	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
1	0110	ROOM-BOARD/ PVT		100116	14	1400.00		
2								
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	1400.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										69
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73
	M6281									

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

80 REMARKS	81CC			
	a	B3	315P00000X	
	b			
	c			
	d			

76 ATTENDING	NPI 1222222222	QUAL	
LAST JACKSON		FIRST IGOR	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

EXAMPLE ~ IID5:
Claim for recipient residing in a regular intermediate care bed prior to discharge due to death.
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 73)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 –IID5*1400***66: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*1222222222~
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	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IID5	0664
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18-28 CONDITION CODES	29 ACDT STATE	30
09291926	M	093016	19	3	4	13	20			

31 OCCURRENCE CODE / DATE	32 OCCURRENCE CODE / DATE	33 OCCURRENCE CODE / DATE	34 OCCURRENCE CODE / DATE	35 OCCURRENCE SPAN CODE / FROM / THROUGH	36 OCCURRENCE SPAN CODE / FROM / THROUGH	37
a						a
b						b

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						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0110	ROOM-BOARD/ PVT		100116	15	1400.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B							57 OTHER PRV ID	
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										67
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI				73
M6281									

74 PRINCIPAL PROCEDURE CODE / DATE	a. OTHER PROCEDURE CODE / DATE	b. OTHER PROCEDURE CODE / DATE	75
c. OTHER PROCEDURE CODE / DATE	d. OTHER PROCEDURE CODE / DATE	e. OTHER PROCEDURE CODE / DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IIDDT6:
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 82)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356~
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-IIDDT6*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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135645-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDDT6	0792
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	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
1	0942	EDUC/TRAINING		100116	31	1800.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1800.00		23

A	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										67	68
	Z5189	I6350									

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IIDDT7:
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 82)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDDT7*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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**800*DA*14~
REF*6R*EI122215247135646-01~

SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDDT7	0791
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	14	70													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0942	EDUC/TRAINING		100116	14	800.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	800.00		23

A	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356	
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID		A
B									B
C									C

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

A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A				A
B				B
C				C

66 DX											68
	Z5189	I6350									

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
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IIDEC8:
Claim for recipient receiving enhanced care (vent).

Statement Period: 10/01/16 – 10/31/16
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*^*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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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- IID8*7000***66: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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0190**7000*DA*31~
REF*6R*EI122215247135647-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL. #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-HDEC8	0662
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0190	SUBACUTE		100116	31	7000.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	7000.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

80 REMARKS		81CC		
	a	B3	315P00000X	
	b			
	c			
	d			

76 ATTENDING	NPI 1222222222	QUAL	
LAST JACKSON		FIRST IGOR	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

EXAMPLE ~ IIDHOSPIC9:
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 73)

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*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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- IIDHOSPIC9*500***66: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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**500*DA*4~
REF*6R*EI122215247135648-01~
SE*37*0001~

GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDHOSPIC9	0661
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 100516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
09291926	M	100116	19	3	4	14	51			

	31 OCCURRENCE CODE	31 DATE	32 OCCURRENCE CODE	32 DATE	33 OCCURRENCE CODE	33 DATE	34 OCCURRENCE CODE	34 DATE	35 OCCURRENCE SPAN CODE	35 FROM	35 THROUGH	36 OCCURRENCE SPAN CODE	36 FROM	36 THROUGH	37
a															
b															

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	4	500.00		
2–22								
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	500.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX	67	68
Z5189	I6350	

69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73
M6281				

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	81CC		
	a	B3	315P00000X
	b		
	c		
	d		

76 ATTENDING	NPI 1222222222	QUAL	
LAST JACKSON		FIRST IGOR	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

EXAMPLE ~ IIDHOSPIC10:
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 73)

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*70009~
HL*1**20*1~
PRV*BI*PXC*315P00000X~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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- IIDHOSPIC10*800***66: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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**800*DA*8~
REF*6R*EI122215247135649-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDHOSPIC10	0662
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 102416 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	102416	19	3	4		30													

31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a														a
b														b

38	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 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
1	0110	ROOM - BOARD/ PVT		102416	8	800.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	800.00		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B						57 OTHER PRV ID	B
C							C

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

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		
B		
C		

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI			73
M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	315P00000X
	b		
	c		
	d		

EXAMPLE ~ IIDSP1:
Claim for recipient residing in a skilled pediatric bed, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 74)

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***3140N1450X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSP1*5000***66: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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**5000*DA*31~
REF*6R*EI122215247135650-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSP1	
555 NORTH STREET		b. MED. REC. # 00712	0662
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 FROM	35 THROUGH	36 OCCURRENCE SPAN CODE	36 FROM	36 THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	31	5000.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	3140N1450X
	b		
	c		
	d		

EXAMPLE ~ IIDSP2:
Claim for recipient residing in a skilled pediatric 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 74)
10/04/16 – 10/04/16 (COS 74 with BR Type)
10/05/16 – 10/19/16 (COS 74)
10/20/16 – 10/24/16 (COS 74 with BR Type)
10/25/16 – 10/31/16 (COS 74)

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***3140N1450X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSP2*4600***66: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*1222222222~

PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**4500*DA*25~
REF*6R*EI122215247135651-01~
LX*2~
SV2*0185**100*DA*6~
REF*6R*EI122215247135651-02~
SE*40*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSP2	
555 NORTH STREET		b. MED. REC. # 00712	0663
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	101515	19	3	4		30													

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

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	25	4500.00		
2	0185	LOA/NURS HOME		100416	6	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	4600.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	3140N1450X
	b		
	c		
	d		

EXAMPLE ~ IID3:
Claim for recipient residing in a skilled pediatric 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 74)
10/05/16 – 10/05/16 (COS 74 with BR Type)
10/06/16 – 10/31/16 (COS 74)

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***3140N1450X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSP3*4250***66: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*1222222222~
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*011545209~
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*20161210~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*30~
REF*6R*EI122215247135652-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135652-02~
SE*53*0001~
GE*1*528986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST 555 NORTH STREET CHICAGO, IL 60614502		EXAMPLE-IID3 b. MED. REC. # 00712	0663

5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH	7
123456789	100116	103116	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	093016	19	3	4		30													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a									74	100516	100516				a
b															b

38		39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
	a	23	500.00	80	30.00	81	1.00
	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
1	0110	ROOM - BOARD/ PVT		100116	30	4150.00		1
2	0182	LOA/PT CONV		100516	1	100.00		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4250.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	HCSC-BCBS OF IL-STD A&B	00601	Y	Y	1050.00		2957149356	
B	ILLINOIS MEDICAID	37-1320188						
C								

	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		
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										67
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	3140N1450X
	b		
	c		
	d		

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

EXAMPLE ~ IIDSP4:
Claim for recipient residing in a skilled pediatric bed 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 74)

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*70009~
HL*1**20*1~
PRV*BI*PXC***3140N1450X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 -IIDSP4*1400***66: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*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135653-01~

SE*37*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSP4	0661
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	13	02													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	23	500.00	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
1	0110	ROOM - BOARD/ PVT		100116	14	1400.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B							57 OTHER PRV ID	B
C								C

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	3140N1450X
	b		
	c		
	d		

EXAMPLE ~ IIDSP5:
Claim for resident in skilled pediatric bed prior to discharge due to death.
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 74)

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***3140N1450X~**
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 –IIDSP5*1400***66: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*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*15~
REF*6R*EI122215247135654-01~
SE*37*0001~

GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSP5	
555 NORTH STREET		b. MED. REC. # 00712	0664
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	093016	19	3	4	13	20													

	31 OCCURRENCE CODE	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a															a
b															b

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						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0110	ROOM - BOARD/ PVT		100116	15	1400.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	A
B							57 OTHER PRV ID	B
C								C

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			A
B			B
C			C

66 DX										67
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	3140N1450X	
	b			
	c			
	d			

EXAMPLE ~ IIDSPDT6:
Claim for Developmental Training Services for recipient is a skilled pediatric bed.
Statement Period: 10/01/16 – 10/31/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 82)

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***3140N1450X**~
NM1*85*2*DD LTC TEST*****XX*2957149356~
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-IIDDT6*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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135655-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPDT6	0792
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	DATE	32 OCCURRENCE CODE	DATE	33 OCCURRENCE CODE	DATE	34 OCCURRENCE CODE	DATE	35 OCCURRENCE SPAN CODE	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a														a
b														b

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	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
1	0942	EDUC/TRAINING		100116	31	1800.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1800.00		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	A
B						57 OTHER PRV ID	B
C							C

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

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A		A
B		B
C		C

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI				73
	M6281									

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	3140N1450X	
	b			
	c			
	d			

EXAMPLE ~ IIDSPLC1:
Claim for recipient residing in a Specialized Living Center, no leaves of absences.

Statement Period: 10/01/16 – 10/31/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 76)

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***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSPLC1*5000***66: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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**5000*DA*31~
REF*6R*EI122215247135656-01~
SE*36*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLC1	
555 NORTH STREET		b. MED. REC. # 00712	0662
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	31	5000.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

80 REMARKS	81CC		
	a	B3	320600000X
	b		
	c		
	d		

76 ATTENDING	NPI 1222222222	QUAL	
LAST JACKSON		FIRST IGOR	
77 OPERATING	NPI	QUAL	
LAST		FIRST	
78 OTHER	NPI	QUAL	
LAST		FIRST	
79 OTHER	NPI	QUAL	
LAST		FIRST	

EXAMPLE ~ IIDSPLC2:
Claim for recipient residing in a Specialized Living Center 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 76)
10/04/16 – 10/04/16 (COS 76 with BR Type)
10/05/16 – 10/19/16 (COS 76)
10/20/16 – 10/24/16 (COS 76 with BR Type)
10/25/16 – 10/31/16 (COS 76)

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***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSPLC2*4600***66: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*1222222222~

PRV*AT*PXC*207R00000X~
LX*1~
SV2*0110**4500*DA*25~
REF*6R*EI122215247135657-01~
LX*2~
SV2*0185**100*DA*6~
REF*6R*EI122215247135657-02~
SE*40*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLC2	
555 NORTH STREET		b. MED. REC. # 00712	0663
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	101515	19	3	4		30													

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

38

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	25	4500.00		1
2	0185	LOA/NURS HOME		100416	6	100.00		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4600.00		23

A	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	
B								
C								

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

A	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE	72 ECI			73
M6281									

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI	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	320600000X
	b		
	c		
	d		

EXAMPLE ~ IIDSPLC3:
Claim for recipient residing in a Specialized Living Center 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 76)
10/05/16 – 10/05/16 (COS 76 with BR Type)
10/06/16 – 10/31/16 (COS 76)

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***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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-IIDSPLC3*4250***66: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*1222222222~
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*011545209~
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*20161210~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*30~
REF*6R*EI122215247135658-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135658-02~
SE*53*0001~
GE*1*528986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLC3	
555 NORTH STREET		b. MED. REC. # 00712	0663
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	093016	19	3	4		30													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a									74	100516	100516				a
b															b

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
a	23	500.00	80	30.00	81	1.00
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
1	0110	ROOM - BOARD/ PVT		100116	30	4150.00		1
2	0182	LOA/PT CONV		100516	1	100.00		2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	4250.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	HCSC-BCBS OF IL-STD A&B	00601			1050.00		57	A
B	ILLINOIS MEDICAID	37-1320188	Y	Y			OTHER	B
C							PRV ID	C

	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		
C					

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
M6281								

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

80 REMARKS	81CC		
	a	B3	320600000X
	b		
	c		
	d		

76 ATTENDING	NPI 1222222222	QUAL
LAST JACKSON	FIRST IGOR	
77 OPERATING	NPI	QUAL
LAST	FIRST	
78 OTHER	NPI	QUAL
LAST	FIRST	
79 OTHER	NPI	QUAL
LAST	FIRST	

EXAMPLE ~ IIDSPLC4:
Claim for recipient residing in a regular intermediate care bed 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 76)

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*70009~
HL*1**20*1~
PRV*BI*PXC***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 -IIDSPLC4*1400***66: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*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*14~
REF*6R*EI122215247135659-01~

SE*37*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLC4	0661
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	13	02													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 VALUE CODES AMOUNT
	a	23	500.00	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
1	0110	ROOM - BOARD/ PVT		100116	14	1400.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A	ILLINOIS MEDICAID	37-1320188	Y	Y			2957149356	A
B							57 OTHER PRV ID	B
C								C

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			A
B			B
C			C

66 DX											67
	Z5189	I6350									

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE	

76 ATTENDING	NPI 1222222222	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	320600000X
	b		
	c		
	d		

EXAMPLE ~ IIDSPLC5:
Claim for recipient residing in a Specialized Living Center prior to discharge due to death.
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 76)

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***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356 ~
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 –IID5*1400***66: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*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**1400*DA*15~
REF*6R*EI122215247135660-01~
SE*37*0001~

GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLC5	0664
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	093016	19	3	4	13	20													

	31 OCCURRENCE CODE	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															
b															

38		39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	41 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
1	0110	ROOM - BOARD/ PVT		100116	15	1400.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1400.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	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	011545209		

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

66 DX										68
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	320600000X
	b		
	c		
	d		

EXAMPLE ~ IIDSPLCDT6:
Claim for Developmental Training Services from Specialized Living Center
Statement Period: 10/01/16 – 10/31/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 82)

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***320600000X**~
NM1*85*2*DD LTC TEST*****XX*2957149356~
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-IIDSPLCDT6*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*1222222222~
PRV*AT*PXC*207R00000X~
LX*1~
SV2*0942**1800*DA*31~
REF*6R*EI122215247135661-01~
SE*35*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	4 TYPE OF BILL
ACME DD LTC TEST		EXAMPLE-IIDSPLCDT6	0792
555 NORTH STREET		b. MED. REC. # 00712	
CHICAGO, IL 60614502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 60614502 e

10 BIRTHDATE	11 SEX	12 ADMISSION 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	31 OCCURRENCE DATE	32 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	33 OCCURRENCE DATE	34 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE SPAN CODE	35 OCCURRENCE SPAN FROM	35 OCCURRENCE SPAN THROUGH	36 OCCURRENCE SPAN CODE	36 OCCURRENCE SPAN FROM	36 OCCURRENCE SPAN THROUGH	37
a															a
b															b

38

	39 VALUE CODES CODE	39 VALUE CODES AMOUNT	40 VALUE CODES CODE	40 VALUE CODES AMOUNT	41 VALUE CODES CODE	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
1	0942	EDUC/TRAINING		100116	31	1800.00		1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1800.00		23

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	2957149356
A	ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	
B								
C								

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

	63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME
A			
B			
C			

66 DX										67
	Z5189	I6350								

69 ADMIT DX	70 PATIENT REASON DX				71 PPS CODE		72 ECI				73
	M6281										

74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75

c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE

76 ATTENDING	NPI 1222222222	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	320600000X
	b		
	c		
	d		