CLAIM EXAMPLES FOR SKILLED NURSING FACILITIES (PT 33)

EXAMPLE ~MC1:
Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with no leave of absences.
Medicaid Primary
Statement Period: 10/01/16 – 10/31/16
Occurrence Code A2: 10/01/16
Value Code 80 = 31
Legacy Claim Coding:
10/01/16 – 10/31/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC1*5000***21:A:2**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201610011900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449 ~
HI*BH:A2:D8:20161001~
HI*BE:23:::500*BE:80:::31~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~
```

LX*1~
SV2*0110**5000*DA*31~
REF*6R*EI122215247135640-01~
SE*37*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	EXAMPLE MC1	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0212
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
CHICAGO, IL 60614502		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	100116	19	3	4		30													

	31 CODE	OCCURRENCE DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a	A2	100116													
b															

38		39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	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		
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A ILLINOIS MEDICAID	37-1320188	Y	Y			57 OTHER PRV ID	A B C
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
	16350	B20	J449						

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

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	314000000X	
	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 ~MC2:
Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with leave of absences.
Medicaid Primary
Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/04/16 – 10/04/16
Occurrence Span Code 74: 10/20/16 – 10/24/16
Occurrence Code A2: 10/01/16
Value Code 80 = 25
Value Code 81 = 6
Legacy Claim Coding:
10/01/16 – 10/03/16 (COS 70)
10/04/16 – 10/04/16 (COS 70 with BR Type)
10/05/16 – 10/19/16 (COS 70)
10/20/16 – 10/24/16 (COS 70 with BR Type)
10/25/16 – 10/31/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC2*4600***21:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201510151900~
CL1*3*4*30~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449 ~
HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~
```

HI*BH:A2:D8:20161001~
HI*BE:23:::500*80:::25*BE:81:::6~
NM1*71*1*JACKSON*IGOR****XX*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*41*0001~
GE*1*525986~
IEA*1*000525985~

1 ACME LTC TEST	2	3a PAT. CNTL # EXAMPLE MC2	4 TYPE OF BILL
555 NORTH STREET		b. MED. REC. # 00712	0213
CHICAGO, IL 606141502		5 FED. TAX NO. 123456789	6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116
			7

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	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	A2	100116							74	100416	100416	74	102016	102416	
b															

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	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 1234567893
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
	I6350	B20	J449							

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

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	314000000X
	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 ~MC3:
Claim for recipient with Medicare Part A coverage on system but in a Medicaid only covered period with leave of absences and TPL reported on claim.
Medicaid Primary
Statement Period: 11/01/16 – 11/30/16
Occurrence Span Code 74: 11/05/16 – 11/5/16
Occurrence Code A2: 10/01/16
Discharge Status Code = 01
Value Code 80 = 28
Value Code 81 = 1
Legacy Claim Coding:
11/01/16 – 11/03/16 (COS 70)
11/05/16 – 11/05/16 (COS 70 with BR Type)
11/05/16 – 11/29/16 (COS 70)

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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*20161201*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC3*4250***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161101-20161130~
DTP*435*DT*201610251900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~
HI*BI:74:RD8:20161105-20161105~
HI*BH:A2:D8:20161001~
```

HI*BE:23:::500*80:::28*BE:81:::1~
NM1*71*1*JACKSON*IGOR****XX*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*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*HCSC-BCBS OF IL-STD A & B*****PI*30024~
N3*300 EAST RANDOLPH, 13TH FLOOR~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161201~
REF*2U*00601~
LX*1~
SV2*0110**4150*DA*28~
REF*6R*EI122215247135642-01~
LX*2~
SV2*0182**100*DA*1~
REF*6R*EI122215247135642-02~
SE*55*0001~
GE*1*528986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	EXAMPLE MC3	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0214
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
CHICAGO, IL 606141502		123456789	110116 / 113016	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	102516	19	3	4	13	01													

	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	A2	100116							74	110516	110516				
b															

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	23	500.00	80	28.00	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		110116	28	4150.00		
2	0182	LOA/PT CONV		110516	1	100.00		
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23	0001	PAGE 1 OF 1	CREATION DATE	120116	TOTALS	4250.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A	HCSC-BCBS OF IL-STD A&B	00601			1050.00		57 OTHER PRV ID	
B	ILLINOIS MEDICAID	37-1320188	Y	Y				
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

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	314000000X
	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 ~MC4 and MC4.1:
The next two claims represent a month that a recipient's Medicare benefits begin due to a Qualifying stay in the middle of the month the Medicaid and Medicare portions of the month should be billed on separate claims.

MC4
Claim for Medicaid covered days prior to discharge to hospital
Medicaid Primary
Statement Period: 10/01/16 – 10/02/16
Occurrence Code A2: 12/01/15
Discharge Status Code = 02
Value Code 80 = 1
Legacy Claim Coding:
10/01/16 – 10/01/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*P*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE -MC4*400***21:A:1**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161002~
DTP*435*DT*201610011900~
CL1*3*4*02~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350*ABF:B20*ABF:J449* ~
HI*BH:A2:D8:20151201~
```

HI*BE:80:::1~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X
LX*1~
SV2*0110**400*DA*1~
REF*6R*EI122215247135643-01~
SE*38*0001~
GE*1*525986~
IEA*1*000525985~

MC4.1
Claim for Medicare coverage only after a qualifying inpatient hospital stay
Medicare Primary
Statement Period: 10/06/16 – 10/31/16
Occurrence Span Code 70: 10/02/16 – 10/05/16
Value Code 80 = 26
Value Code 82 = 6
Legacy Claim Coding:
10/06/16 – 10/25/16 (COS 65)
10/26/16 – 10/31/16 (COS 72)

ISA*00* *00* *ZZ*030230130 *ZZ*37-1320188INT *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC4.1*5000***21:A:2**A*Y*Y~
DTP*434*RD8*20161006-20161031~
DTP*435*DT*201610061900~
CL1*3*4*30~
REF*EA*00712~

REF*D9*122215247135643~
HI*ABK:I630~
HI*ABJ:Z5189~
HI*ABF:B20*ABF:J449* ~
HI*BI:70:RD8:20161002-20161005~
HI*BH:50:D8:20161008~
HI*BE:80:::26*BE:82:::6~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*100~
CAS*PR*2*2000~
AMT*D*1900~
OI***Y***Y~
MIA*29****MA01**********26*****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21535700114307ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*26~
REF*6R*EI122215247135644-01~
LX*2~
SV2*0110**5000*DA*26~
REF*6R*EI122215247135644-02~
SE*56*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	EXAMPLE MC4	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0211
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
CHICAGO IL 606141502		123456789	100116	100216

8 PATIENT NAME	9 PATIENT ADDRESS			
a	a 555 NORTH STREET			
b DOE, JOHN	b CHICAGO	c IL	d 606141502	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 CODE	OCCURRENCE DATE	32 CODE	OCCURRENCE DATE	33 CODE	OCCURRENCE DATE	34 CODE	OCCURRENCE DATE	35 CODE	OCCURRENCE SPAN FROM	THROUGH	36 CODE	OCCURRENCE SPAN FROM	THROUGH	37
a A2	120115													
b														

38	39 CODE	VALUE CODES AMOUNT	40 CODE	VALUE CODES AMOUNT	41 CODE	VALUE CODES AMOUNT
a	80	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	1	400.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	400.00		

50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A ILLNOIS 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	16350									68

69 ADMIT DX	Z5189	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	314000000X	
	b			
	c			
	d			

1	2	3a PAT. CNTL #	EXAMPLE MC4.1	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0212
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
CHICAGO, IL 60614502		123456789	100616 / 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	100616	19	3	4		30													

CONDITION CODES

	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	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	50	100816							70	100216	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	80	26.00	82	6.00		
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0022	SNF PPS (RUG)	RUA30	100816	26	0.00		
2	0110	ROOM - BOARD/ PVT		100116	26	5000.00		
23	001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	5000.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A	MEDICARE	90901	Y	Y	1900.00		57 OTHER PRV ID	
B	ILLINOIS MEDICAID	37-1320188	Y	Y				
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
	16350	B20	J449						

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

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	314000000X	
	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 ~ MC5:
Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Full with Medicaid coverage beginning after Medicare coverage ended.
Medicare Primary
Statement period: 10/01/16 – 10/31/16
Occurrence Code 22: 10/15/16
Value Code 80 = 15
Value Code 81= 16
Legacy Claim Coding:
10/01/16 – 10/15/16 (COS 65)
10/16/16 – 10/31/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE_MC5*3000***21:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609301200~
CL1*2*4*30~
HI*ABK:Z589~
HI*ABJ:J189~
HI*ABF:M6281*ABF:R262*ABF:I509*ABF:R1312~
HI*BH:22:D8:20161015*BH:50:D8:20161001~
HI*BE:23:::500*BE:80:::15*BE:81:::16~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*200~
CAS*PR*2*300~
```

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

1	2	3a PAT. CNTL #	EXAMPLE MC5	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0213
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
CHICAGO IL 606141502		123456789	100116	103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	12	2	4		30													

	31 CODE	31 DATE	32 CODE	32 DATE	33 CODE	33 DATE	34 CODE	34 DATE	35 CODE	35 SPAN FROM	THROUGH	36 CODE	36 SPAN FROM	THROUGH	37
a	22	101516	50	100116											
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	15.00	81	16.00
	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	0022	SNF PPS (RUG)	RUA30	100116	31	0.00		
2	0120	ROOM-BOARD/SEMI		100116	31	3000.00		
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	3000 00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A	MEDICARE	90901	Y	Y	1500.00		57 OTHER PRV ID	
B	ILLNOIS MEDICAID	37-1320188	Y	Y				
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
	M6281	R262	I509	R1312					

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

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	91CC			
	a	B3	314000000X	
	b			
	c			
	d			

EXAMPLE ~MC6:
Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Full & Coinsurance with Medicaid coverage beginning after Medicare coverage ended.
Medicare Primary
Recipient was readmitted to facility directly after the Qualifying Stay
Statement period: 10/16/16 – 10/31/16
Occurrence Span Code 70: 10/01/16 – 10/15/16
Occurrence Code 22 = 10/30/16
Value Code 80 = 15
Value Code 81= 1
Value Code 82 = 10
Legacy Claim Coding:
10/16/16 – 10/20/16 (COS 65)
10/21/16 – 10/30/16 (COS 72)
10/31/16 – 10/31/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC6*3000***21:A:2**A*Y*Y~
DTP*434*RD8*20161016-20161031~
DTP*435*DT*201610161200~
CL1*2*4*30~
HI*ABK:I6350~
HI*ABJ:Z5189~
HI*ABF:M6281~
HI*BI:70:RD8:20161001-20161015 ~
HI*BH:50:D8:201610016*BH:22:20161030~
HI*BE:23:::200*BE:80:::15*BE:81:::1*BE:82:::10~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
```

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

1	2	3a PAT. CNTL #	EXAMPLE MC6	4 TYPE OF BILL
ACME LTC TEST				
555 NORTH STREET		b. MED. REC. #	00712	0212
CHICAGO, IL 606141502		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
		123456789	101616 / 103116	

8 PATIENT NAME		9 PATIENT ADDRESS				
a		a	555 NORTH STREET			
b DOE, JOHN		b CHICAGO		c IL	d 606141502	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	101616	12	2	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	22	103016	50	100116					70	100116	101516				
b															

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	23	200.00	80	15.00	81	1.00
	b	82	10.00				
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0022	SNF PPS (RUG)	RUA30	101616	16	0.00		
2	0120	ROOM-BOARD/SEMI		101616	16	3000.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	3000.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A	MEDICARE	90901	Y	Y	1300.00		57	
B	ILLINOIS MEDICAID	37-1320188	Y	Y			OTHER	
C							PRV ID	

	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
A	DOE, JOHN	18	011545209A		
B	DOE, JOHN	18	011545209		
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	314000000X
	b		
	c		
	d		

EXAMPLE ~MC7:
Claim billed directly to HFS because it did not crossover from the fiscal intermediary for Medicare Coinsurance period with leave of absence days.
Medicare Primary
Statement period: 10/01/16 – 10/31/16
Occurrence Span Code 70: 09/01/16 – 09/03/16
Occurrence Span Code 74: 10/20/16 – 10/20/16
Occurrence Span Code 74: 10/31/16 – 10/31/16
Occurrence Code A3: 10/31/16
Value Code 80 = 29
Value Code 81 = 2
Value Code 82 = 29
Legacy Claim Coding:
10/01/16 – 10/19/16 (COS 72)
10/20/16 – 10/20/16 (COS 70 with BR Type)
10/21/16 – 10/30/16 (COS 72)
10/31/16 – 10/31/16 (COS 70 with BR Type)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC7*3500***21:A:3**A*Y*Y~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201609041200~
CL1*2*4*30~
HI*ABK:I6350~
HI*ABJ:Z5189~
HI*ABF:M6281~
HI*BI:70:RD8:20160901-20160903*BI:74:RD8:20161020-20161020*BI:74:RD8:20161031-20161031~
HI*BH:50:D8:20161001*BH:A3:D8:20161031~
HI*BE:80:::29*BE:81:::2*BE:82:::29~
```

NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~
SBR*P*18**MEDICARE*****MA~
CAS*CO*45*1000**253*200~
CAS*PR*2*500~
AMT*D*1800~
OI***Y***Y~
MIA*15****MA01**********29*****MA18~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MEDICARE*****PI*06101~
N3*8115 KNUE ROAD~
N4*INDIANAPOLIS*IN*46250~
DTP*573*D8*20161101~
REF*2U*90901~
REF*F8*21600500273107ILA~
LX*1~
SV2*0022*HP:RUA30*0*DA*31~
REF*6R*EI122215247135647-01~
LX*2~
SV2*0120**3000*DA*29~
REF*6R*EI122215247135647-02~
LX*3~
SV2*0185**500*DA*2~
REF*6R*EI122215247135647-03~
SE*57*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	EXAMPLE MC7	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0213
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH
CHICAGO, IL 606141502		123456789	100116	103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	090416	12	2	4		30													

CONDITION CODES

	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	FROM	THROUGH	36 OCCURRENCE SPAN CODE	FROM	THROUGH	37
a	50	100116	A3	103116					70	090116	090316	74	102016	102016	
b									74	103116	103116				

38

	39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
a	80	29.00	81	2.00	82	29.00
b						
c						
d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0022	SNF PPS (RUG)	RUA30	100116	31	0.00		
2	0120	ROOM-BOARD/SEMI		100116	29	3000.00		
3	0185	LOA/NURS HOME		102016	2	500.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	3500.00		

	50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567893
A	MEDICARE	90901	Y	Y	1800.00		57	
B	ILLINOIS MEDICAID	37-1320188	Y	Y			OTHER	
C							PRV ID	

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

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

66 DX: Z5189 I6350 68

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

74 PRINCIPAL PROCEDURE CODE	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	314000000X
	b		
	c		
	d		

EXAMPLE ~MC8:
Claim for recipient with Medicare Advantage Plan (MAP) coverage on system but not in a Managed Care Program, with leave of absences on claim.
Medicaid Primary
Statement Period: 10/01/16 – 10/31/16
Occurrence Span Code 74: 10/04/16 – 10/4/16 and 10/20/16 – 10/24/16
Occurrence Code A2: 10/01/16
Discharge Status Code = 01
Value Code 80 = 24
Value Code 81 = 6
Legacy Claim Coding:
10/01/16 – 10/03/16 (COS 70)
10/04/16 – 10/04/16 (COS 70 with BR Type)
10/05/16 – 10/19/16 (COS 70)
10/20/16 – 10/24/16 (COS 70 with BR Type)
10/25/16 – 10/30/16 (COS 70)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC8*3200***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161031~
DTP*435*DT*201601011900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~
```

HI*BI:74:RD8:20161004-20161004*BI:74:RD8:20161020-20161024~
HI*BH:A2:D8:20161001~
HI*BE:80:::24*BE:81:::6~
NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~
SBR*P*18** MOLINA4*****HM~
CAS*CO*45*1000.00***~
CAS*PR*2*50.00~
AMT*D*2150.00~
OI***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209A~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MOLINA MEDICARE ADVANTAGE*****PI*30024~
N3*233 EAST PEORIA ROAD~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161101~
REF*2U*92001~
LX*1~
SV2*0110**2700*DA*24~
REF*6R*EI122215247135648-01~
LX*2~
SV2*0182**500*DA*6~
REF*6R*EI122215247135648-02~
SE*55*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL #	EXAMPLE MC8	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0214
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM	THROUGH 7
CHICAGO, IL 606141502		123456789	100116	103116

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	010116	19	3	4	13	01													

CONDITION CODES

	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	A2	100116							74	100416	100416	74	102016	102416	
b															

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	80	24.00	81	6.00		
	b						
	c						
	d						

	42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
1	0110	ROOM - BOARD/ PVT		100116	24	2700.00		
2	0182	LOA/PT CONV		100416	6	500.00		
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	3200.00		

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

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

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

66 DX: Z5189 I6350 68

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

74 PRINCIPAL PROCEDURE CODE	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	314000000X
	b		
	c		
	d		

EXAMPLE ~MC9:
Claim for recipient with Medicare Advantage Plan (MAP) coverage on system and participates in the Long Term Services and Support Program. Claim can only be for the portion of the month that was billed to MAP and must contain the MAP payment information:
Medicaid Primary
Statement Period: 10/01/16 – 10/10/16
Occurrence Span Code 70: 09/10/16 – 09/20/16
Discharge Status Code = 01
Value Code 80 = 9
Value Code 82 = 5
Legacy Claim Coding:
10/01/16 – 10/04/16 (COS 65)
10/05/16 – 10/09/16 (COS 72)

```
ISA*00*          *00*          *ZZ*030230130      *ZZ*37-1320188INT     *161225*1635*^*00501*000525985*0*T*:~
GS*HC*ACME BILLING AGENT*37-2323232*20161225*1635*525986*X*005010X223A2~
ST*837*0001*005010X223A2~
BHT*0019*00*A1CFA5C0-2222-484E-9999-08CEE*20161101*083756*CH~
NM1*41*2*ACME CORP*****46*36-9999999~
PER*IC*MOLLY SMITH*EM*MSMITH@ACMECORP.COM~
NM1*40*2*ILLINOIS MEDICAID*****46*37-1320188~
HL*1**20*1~
PRV*BI*PXC*314000000X~
NM1*85*2*ACME LTC TEST*****XX*1234567893 ~
N3*555 NORTH STREET~
N4* CHICAGO *IL*606141502~
REF*EI*999999999~
HL*2*1*22*0~
SBR*S*18*******MC~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
DMG*D8*19260929*M~
NM1*PR*2*ILLINOIS MEDICAID*****PI*37-1320188~
N3*201 S GRAND AVENUE E~
N4*SPRINGFIELD*IL*62763~
CLM*EXAMPLE-MC9*1000***21:A:4**A*Y*Y~
DTP*096*TM*1300~
DTP*434*RD8*20161001-20161010~
DTP*435*DT*201609211900~
CL1*3*4*01~
REF*EA*00712~
REF*D9*122215247135643~
HI*ABK:Z5189~
HI*ABJ:M6281~
HI*ABF:I6350~
HI*BI:70:RD8:20160910-20160920~
HI*BE:80:::9*BE:82:::5~
```

NM1*71*1*JACKSON*IGOR****XX*1222222222~
PRV*AT*PXC*207R00000X~
SBR*P*18** MOLINA4*****HM~
CAS*CO*45*450.00***~
CAS*PR*2*50.00~
AMT*D*500.00~
OI***Y***Y~
NM1*IL*1*DOE*JOHN****MI*011545209~
N3*555 NORTH STREET ~
N4*CHICAGO*IL*606141502~
NM1*PR*2*MOLINA MEDICARE ADVANTAGE*****PI*30024~
N3*233 EAST PEORIA ROAD~
N4*CHICAGO*IL*60601~
DTP*573*D8*20161101~
REF*2U*92001~
LX*1~
SV2*0110**1000*DA*9~
REF*6R*EI122215247135649-01~
SE*51*0001~
GE*1*525986~
IEA*1*000525985~

1	2	3a PAT. CNTL. #	EXAMPLE MC9	4 TYPE OF BILL
ACME LTC TEST		b. MED. REC. #	00712	0214
555 NORTH STREET		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM / THROUGH	7
CHICAGO, IL 606141502		123456789	100116 / 101016	

8 PATIENT NAME	9 PATIENT ADDRESS
a	a 555 NORTH STREET
b DOE, JOHN	b CHICAGO c IL d 606141502 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	092116	19	3	4	13	01													

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								70	091016	092016				a
b														b

38		39 VALUE CODES CODE	AMOUNT	40 VALUE CODES CODE	AMOUNT	41 VALUE CODES CODE	AMOUNT
	a	80	9.00	82	5.00		
	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	9	1000.00		
2–22								
23	0001	PAGE 1 OF 1	CREATION DATE	110116	TOTALS	1000.00		

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

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

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

66 DX									68
	I6350	M6281							

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

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	314000000X
	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.