# 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IID1 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0662 |
| 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 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 | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | |

| 38 | | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | | | | | | | |
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| 22 | | | | | | | | |
| 23 | 0001 | 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 | 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: 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 | 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IID2 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 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 | | | | | | | | | 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 | | | | | | | | |
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| 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 | 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IID3 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 093016 | 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 | | | | | | | | | 74 | 100516 | 100516 | | | | |
| b | | | | | | | | | | | | | | | |

| 38 | | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2 | 0182 | LOA/PT CONV | | 100516 | 1 | 100.00 | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | 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 | 57 OTHER PRV ID |
|---|---|---|---|---|---|---|---|---|
| A | HCSC-BCBS OF IL-STD A&B | 00601 | | | 1050.00 | | 2957149356 | |
| 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 | B1CC | | | |
|---|---|---|---|---|
| | a | B3 | 315P00000X | |
| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 -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 # | EXAMPLE-IID4 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0661 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | a |
| b | | | | | | | | | | | | | | | b |

| 38 | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | | | | | | | |
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| 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: 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 | 315P00000X |
| | b | | |
| | c | | |
| | d | | |

**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*          *01*030230130      *ZZ*37-5555555     *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. # | EXAMPLE-IID5 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0664 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | | |
| 2 | | | | | | | | |
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| 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 | | | | | | | | | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDDT6 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0792 |
| 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 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 | | |
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| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | TOTALS | 1800.00 | | |

| 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 | A |
| B | | | | | | | 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 | 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDDT7 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0791 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | 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 | 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 | | |
| 2 | | | | | | | | |
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| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | TOTALS | 800.00 | | |

| 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 | A |
| B | | | | | | | 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 | 315P00000X |
| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDEC8 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0662 |
| 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | a |
| b | | | | | | | | | | | | | | b |

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

| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDHOSPIC9 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0661 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 09291926 | M | 100116 | 19 | 3 | 4 | 14 | 51 | | | | | | | | | | | | | |

| | 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 | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | |

| 38 | | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 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 | 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 | 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 | 315P00000X | |
| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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- 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 # | EXAMPLE-IIDHOSPIC10 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0662 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 102416 / 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | a |
| b | | | | | | | | | | | | | | | b |

38

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2–22 | | | | | | | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | TOTALS | 800.00 | | |

| 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: Z5189, I6350 — 67

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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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. # | EXAMPLE-IIDSP1 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0662 |
| 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | 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 | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
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| 11 | | | | | | | | |
| 12 | | | | | | | | |
| 13 | | | | | | | | |
| 14 | | | | | | | | |
| 15 | | | | | | | | |
| 16 | | | | | | | | |
| 17 | | | | | | | | |
| 18 | | | | | | | | |
| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | 0001 | 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 | 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: 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 | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDSP2 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 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 | | | | | | | | 74 | 100416 | 100416 | 74 | 102016 | 102416 | a |
| b | | | | | | | | | | | | | | 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 | | | 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 |

| 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: 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 | 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* *01*030230130 *ZZ*37-5555555 *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 # | EXAMPLE-IID3 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 093016 | 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 | | | | | | | | | 74 | 100516 | 100516 | | | | |
| b | | | | | | | | | | | | | | | |

38

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2 | 0182 | LOA/PT CONV | | 100516 | 1 | 100.00 | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | 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 | 2957149356 |
|---|---|---|---|---|---|---|---|---|
| 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: 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 | 3140N1450X |
| | b | | |
| | c | | |
| | d | | |

**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*          *01*030230130      *ZZ*37-5555555     *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 -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 # | EXAMPLE-IIDSP4 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0661 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | | a |
| b | | | | | | | | | | | | | | | b |

| 38 | | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2–22 | | | | | | | | |
| 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 | |
|---|---|---|---|---|---|---|---|
| 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 | | |
| B | | | | |
| 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 | B1CC | | |
|---|---|---|---|
| | 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* *01*030230130 *ZZ*37-5555555 *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 # | EXAMPLE-HDSP5 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0664 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM | THROUGH |
| CHICAGO, IL 60614502 | | 123456789 | 100116 | 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | 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 | | |
| 2–22 | | | | | | | | |
| 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 | 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 | 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-HDSPDT6 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0792 |
| 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 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 | 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 | | |
| 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 | 1800.00 | | |

| | 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 | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDSPLC1 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0662 |
| 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 | | | | | | | | | | | | | |

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 | | | | | | | | | | | | | | a |
| b | | | | | | | | | | | | | | b |

38

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2–22 | | | | | | | | |
| 23 | 0001 | 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 | 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: 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 | 320600000X |
| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDSPLC2 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 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 | | | | | | | | 74 | 100416 | 100416 | 74 | 102016 | 102416 | a |
| b | | | | | | | | | | | | | | 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 | | | | | | | | |
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| 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 | 320600000X | |
| | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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. # | EXAMPLE-IIDSPLC3 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0663 |
| 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 | 093016 | 19 | 3 | 4 | | 30 | | | | | | | | | | | | | |

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 | | | | | | | | | 74 | 100516 | 100516 | | | | a |
| b | | | | | | | | | | | | | | | b |

38

| | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2 | 0182 | LOA/PT CONV | | 100516 | 1 | 100.00 | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
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| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | 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 | 2957149356 |
|---|---|---|---|---|---|---|---|---|
| A | HCSC-BCBS OF IL-STD A&B | 00601 | | | 1050.00 | | 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 | 16350 | 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 | 320600000X |
| 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 -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 | |
| 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 | 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 | | | | | | | | | | | | | | | |
| b | | | | | | | | | | | | | | | |

| 38 | | 39 VALUE CODES CODE | AMOUNT | 40 VALUE CODES CODE | AMOUNT | 41 VALUE CODES CODE | 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 | | |
| 2–22 | | | | | | | | |
| 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 | |
|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | | 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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 # | EXAMPLE-IIDSPLC5 | 4 TYPE OF BILL |
|---|---|---|---|---|
| ACME DD LTC TEST | | b. MED. REC. # | 00712 | 0664 |
| 555 NORTH STREET | | 5 FED. TAX NO. | 6 STATEMENT COVERS PERIOD FROM / THROUGH | 7 |
| CHICAGO, IL 60614502 | | 123456789 | 100116 / 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 | FROM | THROUGH | 36 OCCURRENCE SPAN CODE | FROM | THROUGH | 37 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a | | | | | | | | | | | | | | | |
| 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 | | |
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| 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 | | | | | | | | | 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 | | | |

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 ~ 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*          *01*030230130      *ZZ*37-5555555     *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 | |
| 555 NORTH STREET | | b. MED. REC. # 00712 | 0792 |
| 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 | | |
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| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | 0001 | PAGE 1 OF 1 | CREATION DATE | 110116 | TOTALS | 1800.00 | | |

| | 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 | 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 | | |
| 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 | 320600000X |
| | b | | |
| | c | | |
| | d | | |