



ILLINOIS DEPARTMENT OF  
Healthcare and  
Family Services

Introduction to the New  
Electronic Claims Processing of  
Long Term Care Services  
Revised 9/26/16



# History and Objectives

Historically, all Long Term Care (LTC) claims for Medicaid participants who reside in LTC residential supportive living and institutional settings have been generated by the Department using recipient and provider information entered into the Department's eligibility and LTC databases.

With the implementation of this new billing process, the Department will require providers to electronically submit claims for LTC residential services for payment consideration. This will result in claims needing fewer adjustments and will meet the uniform billing standards set forth in the Health Insurance Portability and Accountability Act (HIPAA).

Our goal in this introductory presentation is to provide some general guidelines on:

- ▶ Who must submit these electronic LTC claims
- ▶ When the new billing process is effective
- ▶ What type of claim format to use to submit the claim
- ▶ Where to get information
- ▶ Where to submit claims for payment consideration
- ▶ How to prepare
- ▶ General billing information



# Who must submit these electronic LTC claims?

All LTC providers who currently have their claims generated by the Department's "Pre-Payment" Report (HFS 3402) process will be required to submit claims for services electronically.

- ▶ Supportive Living Program (SLP) Participating Facilities
- ▶ Nursing Facilities (NF)
- ▶ Nursing Facilities Eligible to be Licensed as Specialized Mental Health Rehabilitation Facilities (SMHRF)
- ▶ Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

These providers can submit claims themselves or they may partner with a billing agent to submit claims.



# When is the new billing process effective?

The new electronic LTC billing process will be effective beginning with claims for October 1, 2016 services.

The Department will continue to generate claims for all service periods prior to October 1, 2016 until it has been determined that all timely filing requirements for services prior to October 1, 2016 have been exhausted.



# Claims for services provided prior to October 1, 2016

No change to the current process of claims for service periods prior to October 1, 2016 will be made.

- ▶ The Department will continue to create claims via the current pre-payment report process for service periods prior to October 1, 2016.
- ▶ All changes in recipient information must continue to be submitted electronically through an Electronic Data Interchange (EDI) system as outlined in the 89 Ill. Adm. Code 140.20 and 140.513 for these services, which includes:
  - Admissions
  - Discharges
  - TPL coverage
  - Income changes and patient credit updates
  - Temporary leaves of absences (Bed Reserves)
  - Medicare coverage
- ▶ The current adjustment processes will continue to adjust claims for changes made to recipient and provider information that affect the payment amount of original or previously adjusted claims.





# Claims for service beginning October 1, 2016

Providers will follow the UB04 and 837I implementation guidelines to submit claims electronically for all LTC services beginning October 1, 2016.

- ▶ No paper claims will be accepted for LTC services.
- ▶ Providers will be required to submit an “inpatient” claim, with the exception of Supportive Living Program (SLP) facilities, who will be required to submit “outpatient” claims.
- ▶ All providers must continue to submit changes in recipient information electronically through an Electronic Data Interchange (EDI) system as outlined in the 89 Ill. Adm. Code 140.20 and 140.513, which includes:
  - Admissions
  - Discharges
  - Third Party Liability (TPL) coverage
  - Income changes and patient credit updates





# Changes in Reporting Recipient Information Beginning October 1, 2016

- ▶ Temporary leaves of absences (Bed Reserves) will be reported on the submitted claim so they will no longer need to be reported through the LTC links of an EDI system.
- ▶ Medicare coverage will be received as a “crossover” claim and therefore also will no longer be required to be submitted through the LTC links of an EDI system.
- ▶ TPL coverage will still be required to be submitted through the LTC links of an EDI system but the reporting of payment from a Third Party Liability (TPL) will now be reported as a reduction to the submitted claim. This will reduce or eliminate the need to submit the TPL payment transmittal form (HFS 3461) and payment separately.
- ▶ Adjustment of claims for corrections to reported covered days must be initiated by the provider. Adjustments for retroactive changes in a recipient’s patient credit amount or a provider’s daily rate will be automatically generated by the Department.



# What type of format must LTC providers use to submit claims?

- ▶ The Department will accept claims in an American National Standard (ANS) X12 837I Health Care Claim (5010) file format or as a direct data entered (DDE) claim.





# Where to get information?

The new LTC billing process has been designed utilizing the guidelines set forth by the Washington Publishing Company 837 Institutional Implementation Guidelines for the Health Insurance Portability and Accountability Act (HIPAA), version 005010X223 and the National Uniform Billing Committee's (NUBC) data specifications, UB-04.

- ▶ Providers may find it helpful to refer to the following websites for the Washington Publishing Company and the NUBC to become a subscriber.
  - <http://www.wpc-edi.com/reference>
  - <http://www.nubc.org/subscriber/index.dhtml>
- ▶ The Department is unable to recommend a specific company or product related to X12 software. However, the information related to X12 software or companies who may be available for providers to partner with are numerous.





# More Information Sources

- ▶ The Department will continue to publish informational notices to provide information about the new LTC billing process. Links available through the HFS website also contain provider handbooks related to claim submittal and answers to frequently asked questions (FAQs). HFS will continue to post information related to upcoming webinars and training sessions.
- ▶ As all notices from the Department are only published on the HFS website, we strongly suggest providers register to receive all notices through the HFS Medical Electronic Data Interchange (MEDI).
  - <http://www.myhfs.illinois.gov>
- ▶ The Handbook for Electronic Processing (Chapter 300 Companion Guide) contains supplemental information to the X12 (5010) Implementation Guide. This handbook contains the unique data elements required by HFS related to the claim submitter, the claim receiver, the billing provider and payer information.
- ▶ The MEDI IEC link contains claim submission overview information, help manuals, data element information as well as tutorials on claim submittal.



# Where to submit claims for payment consideration?

Providers will be able to submit claims for consideration through the HFS Internet Electronic Claim (IEC) system that is accessible through the Medical Electronic Data Interchange (MEDI) system.

The IEC link allows authorized providers/payees to submit Institutional Claim (837I) transactions as an X12 file or as a DDE claim. Registered users are only allowed access to providers and functions for which they are an authorized user.

To gain access to the IEC links, providers must complete the payee information during registration. For help registering please contact:

- ▶ The MEDI HelpDesk at (800) 366-8768, option 1, then option 3
  - Effective May 12, use option 1, then option 2.
- ▶ Bureau of Long Term Care at (217) 782-0557



# MEDI HOME PAGE

https://qmedi.hfs.illinois.gov/medi/mlogin.do

ILLINOIS DEPARTMENT OF  
Healthcare and Family Services

www.myhfs.illinois.gov  
Bruce Rauner, Governor

MEDI Links  
MEDI Home

MEDI Home  
Manage My Account  
Registration Menu  
Help Index  
Contact Us  
Logout

If you have billing problems, please call a billing consultant at 1-877-782-5565. For all other questions, please call Network Services at 1-800-366-8768, Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Welcome, SARAH RICKARD!

**Select Application**

[Internet Electronic Claims System \(IEC\)](#)

The IEC System provides the ability to perform basic processing functions such as:

- \* Eligibility Inquiry
- \* Claim Status Inquiry
- \* Upload/Download HIPAA-compliant transactions

[Long Term Care \(LTC\)](#)

[Long Term Care Monthly Occupied Bed Assessment Report](#)

[Standardized Illinois Early Intervention Referral Form, Form 650](#)

A referral to the Department of Human Services (DHS) Early Intervention (EI) program, Child and Family Connections (CFC) offices can be made using the Standardized Illinois Early Intervention Referral Form, Form 650. The form can be printed or saved to your computer for use. The form includes a link to an on-line tool to look up the CFC office(s) serving your area.

**Help Manuals**

[FAQs](#)

A list of Frequently Asked Questions about the MEDI System.

[MEDI Help Manual](#)

A printable manual for the MEDI System in Portable Document Format (PDF).

[Medical Assistance Programs](#)

The goal of Medical Assistance is to improve the health of Illinois children and families by providing access to quality medical care. The Medical Assistance programs are administered under the provisions of the Illinois Public Aid Code and Title XIX of the Social Security Act.

This link offers access to:

- \* Provider Releases and Bulletins
- \* Medical Provider Handbooks
- \* Medicaid Reimbursement
- \* Medical Provider Cost Reports

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# IEC HOME PAGE

The screenshot shows the IEC Home Page in a web browser. The browser's address bar displays the URL: <https://qmedi.hfs.illinois.gov/iec/login.do?CMSSerialNumber=1100>. The page header includes the IEC logo and the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services". The navigation menu on the left lists various links such as "IEC Home", "Eligibility Inquiry", "Claim Submission", "Claim Status Inquiry", "Remittance Advice", "Upload X12 File(s)", "Download X12 File(s)", "Help Index", "Companion Guides", "Contact Us", "MEDI Home", and "Logout".

The main content area is divided into several sections:

- IEC News**: Contains a notice about ensuring proper Medi authorization and a link to "835 Electronic Remittance Advice Now Available".
- Overviews**: A section with multiple links to overview documents, including "IEC Overview", "Upload Overview", "Download Overview", "Claim Status Inquiry Overview", "Claim Status Response Overview", and "Remittance Advice Overview".
- Additional Information**: Includes links for "IDPA Supported HIPAA Transactions and Versions", "Submission Guidelines", and "IEC Help Manual".
- Help Manuals**: Contains a link to "FAQs".

A callout box with a blue border and a light blue background is positioned over the "Overviews" section. It contains the text: "Take advantage of the information in the overviews and manuals." A blue line connects the callout box to the "Overviews" section header.

The browser's taskbar at the bottom shows several open applications, including "IEC Home - Micr...", "LTC 8371 BILLING", "Inbox - Microsof...", "FW: LTC Provide...", "RE: Medicare Xo...", "RE: Medi ID's &...", "BI Query User - L...", "BlueZone Sessio...", "SI - s2 - Seagull...", and "Microsoft Power...". The system clock in the bottom right corner shows the time as 10:01 AM on 4/21/2015.

Take advantage of the information in the overviews and manuals.

# Where to Directly Enter a Claim

The screenshot shows the myHFS website interface. The browser address bar displays <https://qmedi.hfs.illinois.gov/iec/ClaimEntrySelection.do>. The page header includes the myHFS logo, the text "ILLINOIS DEPARTMENT OF Healthcare and Family Services", and the name "Bruce Rauner, Governor".

The main content area is titled "Available Claim Forms" and is divided into three sections:

- Professional Forms**
  - [Provider Invoice](#)
  - [Transportation Invoice](#)
  - [Medical Equipment/Supplies Invoice](#)
  - [Laboratory/Portable X-Ray Invoice](#)
  - [Health Insurance](#)
  - [Medicare Crossover](#)
  - [Community Mental Health Centers](#)
- Institutional Forms**
  - [Institutional Claim](#) (highlighted with a red arrow)
- Drug Invoice Forms**
  - [Drug Invoice](#)
  - [Service Invoice](#)

A red arrow points from the "Claim Submission" link in the left-hand "IEC Links" menu to the "Institutional Claim" link in the "Institutional Forms" section.

At the bottom of the page, there is a copyright notice: "Copyright © 2016 myHFS" and links for "Privacy Information", "Web Accessibility", and "Webmaster". The Windows taskbar at the bottom shows the date and time as 10:44 AM on 4/21/2016.

# How to prepare?

## Provider Enrollment:

The new billing process requires 837I claims to be submitted with a National Provider Identification (NPI) registered on the National Plan and Provider Enumeration System (NPPES). The NPI used to submit claims must also be the NPI used when enrolling as an Illinois Medicaid provider in the IMPACT system.

- ▶ The registered NPI used to enroll must be unique for each twelve (12) digit provider identification number (PIN) assigned to each enrolled Medicaid provider.
- ▶ If the NPI used to submit a claim is not a registered NPI in the NPPES system, or cannot be cross walked to a unique HFS PIN, the claim will be rejected.



# More Preparations

## **MEDI Registration:**

Register Payee information in the MEDI system to gain access to the IEC links for claim submittal. The MEDI IEC link contains claim submission overview information, help manuals, data element information as well as tutorials on claim submittal.

## **Implementation Guides:**

Providers are urged to obtain access to the Implementation Guides related to the American National Standard (ANS) X12 837I Health Care Claim (005010X223) transactions and the National Uniform Billing Committee's (NUBC) data specification Manual, UB-04.





# How ready are you?

## Analyze Claim Submittal Path:

Your organization should research the information related to electronic X12 837I transactions and determine how you will submit an electronic LTC claim prior to the implementation of this new billing system. Things to consider:

- ▶ Will you send claim files or enter claim information in the IEC DDE?
- ▶ If you choose to submit a claim file you must determine if you have the ability to build the claim file with your current software or will you need to obtain software.
- ▶ If you choose to partner with a billing agent or clearinghouse to submit claims on your behalf you should seek a billing agent or clearinghouse that will meet your needs.



# More Information to Come

## Follow HFS Progress:

Providers should be sure to check the HFS website to get provider notices related to the new LTC electronic claim submission process. The HFS website will also include:

- Copy of this webinar
- A schedule of upcoming webinars and training sessions
- Answers to frequently asked questions (FAQs)
- Links to Provider Handbooks

## Webinar schedule:

May 4, 2016

Topic: Direct data entry (DDE) and file uploading.

May 18, 2016

Topic: Billing Requirements





# General Billing Information Continued

- Requirements for timely claims submittal will continue to be enforced.
- Electronic claims submitted for LTC services must be for a single month of service.
- Service months must be submitted in sequence for ICF/IID providers only.
- Medicaid Room and Board services provided by a LTC provider will be reported as Revenue Codes on the claim.
- Third Party Liability (TPL) payments submitted on a LTC claim will be allowed as a reduction from the payable amount when reported in the “other payer loop”.
- The monthly patient credit amount will be applied to the fee-for-service LTC or Hospice claims on a first come first serve basis.
- The amount of patient credit applied will continue to be based on the amount of patient credit entered into the LTC patient credit segments by the Department of Human Services (DHS) caseworker.





# General Billing Information Continued

- ▶ Temporary leaves of absences or bed reserves must be reported on the submitted claim as a Revenue Code. Leave of absence days will be identified from the claim, using 'Leave of Absence' Revenue Codes with Occurrence Span Code 74.
  - 'Non-Covered Days' and a *Value Code of 81* must be used even though some leave of absence days may be priced as payable. Pricing of bed hold days will be based on provider and bed hold type coverage rules.
  - The Occurrence Date Span of non-covered days reported with Occurrence Span Code 74, 'Non-Covered Days', associated with 'Leave of Absence' Revenue Codes must match the number of non-covered days listed with *Value Code 81*. HFS will accept the following Leave of Absence Revenue Codes:
    - 0182 (Patient Convenience)
    - 0183 (Therapeutic Leave)
    - 0185 (Hospitalization)
- ▶ NOTE: The number of days listed with *Value Code 81* (non-covered days) plus the number of days listed with *Value Code 80* (covered days) must add up to the total number of days calculated based on the reported 'Statement' dates for each claim.





# General Billing Information Continued

- ▶ Exceptional Care coverage (i.e., ventilator care) requirements and processes will not change. Provider must request and the exceptional care status must be approved for each recipient prior to provider submitting claim for reimbursement of exceptional care service.
- ▶ Adjustments for provider rate and patient credit changes will be processed through an automatic adjustment process initiated by HFS.
- ▶ Only prior paid claims with incorrect coding will require a void/rebill initiated by the provider.
- ▶ Upon implementation of the new billing process, the system will not have the capability to electronically accept a void of prior paid claim.
- ▶ Beginning with October 2016 services providers must request the incorrect paid claim to be voided by submitting an [HFS 2249](#) Adjustment (Hospital) form to the Bureau of Long Term Care.



# CATEGORY OF SERVICE CROSSWALK

The next slides are related to the Category of Service (COS) Crosswalk that was attached to the April 19, 2016 Provider Notice.

To get to the “legacy” COS that providers see on remittance advices and for the Department to price the claim correctly providers must bill using the appropriate Taxonomy, Bill Type and Revenue Code combinations. The crosswalk gives the acceptable combinations for each provider type.

There are other code values that further define pricing but the COS crosswalk and the following slides provide a basic overview of the claim coding.



# Supportive Living Program (Provider Type 028)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
311500000X	ALZHEIMER/DEMENTIA CENTER	089X	SPECIAL FACILITY - OTHER	86	LTC SLF Dementia Care	0240	ALL INCLUSIVE ANCILLARY/GENERAL
311500000X	ALZHEIMER/DEMENTIA CENTER	089X	SPECIAL FACILITY - OTHER	86	LTC SLF Dementia Care	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
311500000X	ALZHEIMER/DEMENTIA CENTER	089X	SPECIAL FACILITY - OTHER	86	LTC SLF Dementia Care	0185	HOSPITALIZATION
310400000X	ASSISTED LIVING FACILITY	089X	SPECIAL FACILITY - OTHER	87	LTC - Supportive Living Facility (Waivers)	0240	ALL INCLUSIVE ANCILLARY/GENERAL
310400000X	ASSISTED LIVING FACILITY	089X	SPECIAL FACILITY - OTHER	87	LTC - Supportive Living Facility (Waivers)	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
310400000X	ASSISTED LIVING FACILITY	089X	SPECIAL FACILITY - OTHER	87	LTC - Supportive Living Facility (Waivers)	0185	HOSPITALIZATION



# Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (Provider Type 029)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
315P00000X	ICF MENTALLY RETARDED	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	73	LTC--ICF/MR	0110 – 0160 *	GENERAL ROOM & BOARD VALUES
315P00000X	ICF MENTALLY RETARDED	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	73	LTC--ICF/MR	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
315P00000X	ICF MENTALLY RETARDED	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	73	LTC--ICF/MR	0185	HOSPITALIZATION
315P00000X	ICF MENTALLY RETARDED	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	38	Exceptional Care	0190	SUBACUTE CARE - GENERAL CLASSIFICATION
3140N1450X	NURSING CARE, PEDIATRIC	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	74	LTC--ICF/MR skilled pediatric	0110 – 0160 *	GENERAL ROOM & BOARD VALUES
3140N1450X	NURSING CARE, PEDIATRIC	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	74	LTC--ICF/MR skilled pediatric	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
3140N1450X	NURSING CARE, PEDIATRIC	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	74	LTC--ICF/MR skilled pediatric	0185	HOSPITALIZATION
320600000X	RESIDENTIAL TREATMENT FACILITY, MENTAL RETARDATION AND/OR DEVELOPMENTAL DISABILITIES	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	76	LTC - Specialized Living Center - Intermediate MR	0110 – 0160 *	GENERAL ROOM & BOARD VALUES

# Nursing Facilities Eligible to be Licensed as Specialized Mental Health Rehabilitation Facilities (SMHRF) (Provider Type 038)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
310500000X	INTERMEDIATE CARE FACILITY, MENTAL ILLNESS	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0110 -0160 *	GENERAL ROOM & BOARD VALUES
310500000X	INTERMEDIATE CARE FACILITY, MENTAL ILLNESS	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
310500000X	INTERMEDIATE CARE FACILITY, MENTAL ILLNESS	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0185	HOSPITALIZATION



# Nursing Facilities (NF) Skilled (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0110 -0160 *	GENERAL ROOM & BOARD VALUES
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0185	HOSPITALIZATION
314000000X	SKILLED NURSING FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0110 -0160 *	GENERAL ROOM & BOARD VALUES
314000000X	SKILLED NURSING FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
314000000X	SKILLED NURSING FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0185	HOSPITALIZATION
314000000X	SKILLED NURSING FACILITY	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	65	LTC Full Medicare Coverage	0110 -0160 *	GENERAL ROOM & BOARD VALUES
314000000X	SKILLED NURSING FACILITY	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	72	LTC--NF skilled - Co-Ins(partial Medicare coverage)	0110 -0160 *	GENERAL ROOM & BOARD VALUES



# Nursing Facilities (NF) Skilled – Exceptional Care (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	38	Exceptional Care - TBI LEVEL I	0191	SUBACUTE CARE - LEVEL I
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	38	Exceptional Care - TBI LEVEL II	0192	SUBACUTE CARE - LEVEL II
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	38	Exceptional Care - TBI LEVEL III	0193	SUBACUTE CARE - LEVEL III
314000000X	SKILLED NURSING FACILITY	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	38	Exceptional Care - VENT	0194	SUBACUTE CARE - LEVEL IV



# Nursing Facilities (NF) Intermediate (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
313M00000X	NURSING FACILITY / INTERMEDIATE CARE FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0110 -0160 *	GENERAL ROOM & BOARD VALUES
313M00000X	NURSING FACILITY / INTERMEDIATE CARE FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
313M00000X	NURSING FACILITY / INTERMEDIATE CARE FACILITY	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0185	HOSPITALIZATION



# Nursing Facilities (NF) General Acute Care Hospital (LTC wing) – Skilled (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0110 -0160 *	GENERAL ROOM & BOARD VALUES
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X 022X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A) Skilled Nursing Facilities - (Inpatient Part B)	70	LTC - Skilled	0185	HOSPITALIZATION
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	ESKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	65	LTC Full Medicare Coverage	0110 -0160 *	GENERAL ROOM & BOARD VALUES
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	72	LTC--NF skilled - Co-Ins(partial Medicare coverage)	0110 -0160 *	GENERAL ROOM & BOARD VALUES



# Nursing Facilities (NF) General Acute Care Hospital (LTC wing) – Intermediate (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0110 -0160 *	GENERAL ROOM & BOARD VALUES
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0182 0183	PATIENT CONVENIENCE THERAPEUTIC LEAVE
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	065X 066X	INTERMEDIATE CARE - LEVEL I INTERMEDIATE CARE - LEVEL II	71	LTC - Intermediate	0185	HOSPITALIZATION

# Nursing Facilities (NF) General Acute Care Hospital (LTC wing) – Exceptional Care (Provider Type 033)

TAXONOMY	TAXONOMY DESCRIPTION	BILL TYPE FL 04	BILL TYPE DESCRIPTION	LEGACY COS	LEGACY COS DESCRIPTION	REVENUE CODE FL 42	REVENUE CODE DESCRIPTION
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	38	Exceptional Care - TBI LEVEL I	0191	SUBACUTE CARE - LEVEL I
		022X	Skilled Nursing Facilities - (Inpatient Part B)				
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	38	Exceptional Care - TBI LEVEL II	0192	SUBACUTE CARE - LEVEL II
		022X	Skilled Nursing Facilities - (Inpatient Part B)				
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	38	Exceptional Care - TBI LEVEL III	0193	SUBACUTE CARE - LEVEL III
		022X	Skilled Nursing Facilities - (Inpatient Part B)				
282N00000X	GENERAL ACUTE CARE HOSPITAL (LTC wing)	021X	SKILLED NURSING INPATIENT (INCLUDING MEDICARE PART A)	38	Exceptional Care - VENT	0194	SUBACUTE CARE - LEVEL IV
		022X	Skilled Nursing Facilities - (Inpatient Part B)				

# We want to hear from you.

- ▶ Questions regarding the new electronic billing for Long Term Care services should be submitted to the Bureau of Long Term Care at [HFS.LTC@illinois.gov](mailto:HFS.LTC@illinois.gov) with the Subject line: Monthly Billing Process.
- ▶ Your questions and answers will be posted in a Frequently Asked Questions document that will be routinely updated and will be accessible on the [HFS Home Page Medical Providers](#).
- ▶ The website will also provide information regarding future trainings, webinars, and additional ongoing support.