USER GUIDE

Medicaid Illinois

Professional
User Guide

Document
Version 1.0

emdeon®

Copyright

CPT Copyright Notice

Table of Contents

Introduction **3**

Medicaid Illinois - HFS Forms 4
HIPAA Compliance 4
About This Book 6
Hyperlinks 6
List of Screens 6
List of Tables 6
Usage Restrictions 7

Chapter 1 Completing Claim Master Screens **9**

HFS Form 1443 15
HFS Form 2209 25
HFS Form 2210 36
HFS Form 2360 47
HFS Form 2292 57

Chapter 2 Hand-Keying Medicaid Illinois HFS Claims **63**

Hand Keying a Medicaid Illinois HFS Claim 64

Chapter 3 Creating and Printing Medicaid Illinois HFS Forms **69**

On Demand Claim Forms 69
On Demand Adjustment Forms 71
Submitting Paper Claims 72

Introduction

The *Medicaid Illinois Professional User Guide* contains detailed information about the Emdeon's Medicaid Illinois product.

Medicaid Illinois - HFS Forms

Medicaid Illinois, Healthcare and Family Services (HFS), requires a proprietary form be completed when billing in a hardcopy or paper format and when filing adjustments. The Medicaid Illinois HFS claim forms are specific to the type of service performed and contain data elements unique to Medicaid Illinois HFS. The Medicaid Illinois HFS adjustment form is used for Professional adjustments to Medicaid Illinois HFS.

Client Setup Required

Access to the Medicaid Illinois HFS form specific fields and the capability to create the Medicaid Illinois HFS forms is a premium service that requires setup by the Emdeon Implementation Administrator.

The Claim Master claim form screens have been modified to accommodate the data elements specific to the following Medicaid Illinois HFS forms:

HFS Form Descriptions

Number	Description
1443	Provider Invoice (Therapy)
2209	Transportation Invoice
2210	Medical Equipment/Medical Supplies
2360	Health Insurance Claim Form (Professional)
2292	Adjustment (NIPS)

Color-coded visual aids in this chapter identify the fields on the Claim Master claim form screens that:

Highlighted in yellow	Corresponds to the Medicaid Illinois HFS form
Highlighted in green	Required for billing a Medicaid Illinois HFS claim from Claim Master
Highlighted in yellow	Required for filing an adjustment to Medicaid Illinois HFS from Claim Master

HIPAA Compliance

In order to be Health Insurance Portability Assurance Act (HIPPA) compliant, this version of Medicaid Illinois is based on the current HIPPA-compliant EDI ASC X12 835 data set for Healthcare Electronic Remittance Advice (ERA). While the software contains many data elements of the old HCFA 1500 health claim, the newer CMS 1500- and HIPAA-compliant data elements have been added to provide total compliance.

Note

In order for Medicaid Illinois to function properly, healthcare data must be received from your system in the proper HIPAA-compliant file format or in an 'enhanced' non-HIPAA print image file with supplemental data added to the print image. For additional information, please contact the Emdeon Support Desk at 877-271-0054.

About This Book

Hyperlinks

To improve your ability to navigate between topics (especially related topics), this book incorporates numerous ***cross-reference*** hyperlinks that display in a blue typeface. These hyperlinks make it easy for you to reference related tables, topics, or other information from the currently displayed page. To move to the related topic, simply click on the blue text.

Each topic in the Table of Contents is also a hyperlink. To move to a chapter, section, or topic in the book from the Table of Contents, click on its title.

Additionally, each chapter in this book has its own Table of Contents on the first page the chapter. ***Each section or topic*** in each chapter-level Table of Contents is a hyperlink. To move to a section or topic within the chapter, click on its title.

The Bookmarks feature of Adobe® Acrobat Reader or Adobe® Reader® can also be used to move quickly to a chapter, section, or topic. When you have this book open in Acrobat Reader, you can click on the Options pull-down in the Bookmarks window to open the Table of Contents bookmarks. To expand or collapse the level of detail in the Table of Contents, click on the + or – symbols. To move to a chapter, section, or topic in the book, click on a bookmark icon or a title.

List of Screens

All of the Denial Manager graphical user interface displays are referred to as ***screens*** throughout this book. To facilitate your use of this book as a product reference after you have become familiar with the product, a List of Screens has been provided. This list is located at the back of the book. Each screen name in the List of Screen Images is a hyperlink that you can click to navigate directly to the screen example in the book.

List of Tables

A List of Tables has been provided to provide quick access to the detailed information contained in the tables throughout this book. This list is located at the back of the book. Each table name in the List of Tables is a hyperlink that you can click to navigate directly to the associated table in the book.

Usage Restrictions

When you see an “exclamation” icon or a “padlock” icon in this book, it indicates the description or instructions refer to a product function or usage privileges that are controlled by either the Emdeon Implementation Administrator or the Client System Administrator.

The **Emdeon Implementation Administrator** provides customized product configuration and setup services at your site. Usually, these services are provided at the time of product installation. To provide optimal security for sensitive processes, many Denial Manager functions and their associated usage rights can be controlled only by the Emdeon Implementation Administrator. Some of the functions controlled by this person may require the purchase of product add-ons or a separate Emdeon product.

The **Client System Administrator** is a designated person at your site who can grant or deny user rights to perform actions on certain software features or functions. The Client System Administrator will use the *Denial Manager Administrator Guide* as a reference for performing these tasks.

Both of these people use the product's Setup/Configuration Menu option to control or define product functions and user Privileges. This menu option will display on the Denial Manager Main Menu for these two individuals, and for other users that have been granted related rights.

If you have questions about product functions that are signified as “restricted” by the either the “exclamation” icon or the “padlock” icon, see your Client System Administrator.

Chapter 1

Completing Claim Master Screens

The Claim Master claim form screens contain data elements that correspond to the NUCC Professional healthcare claim form, the ANSI 837-P electronic format and the Medicaid Illinois HFS proprietary forms.

For detailed descriptions of the Claim Master claim form screens, see Chapter 2, 837 Professional Claim Form Screens in the *Claim Master Professional User Reference*.

The data elements specific to the Medicaid Illinois HFS claim forms are located on the following Claim Master screens:

- Patient & Subscriber > Patient and Current Subscriber/Payer
- Service Lines > Original Lines
- Service Lines > Adjustment
- Other Info > Ambulance

Screen 1 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (Medicaid IL Fields)

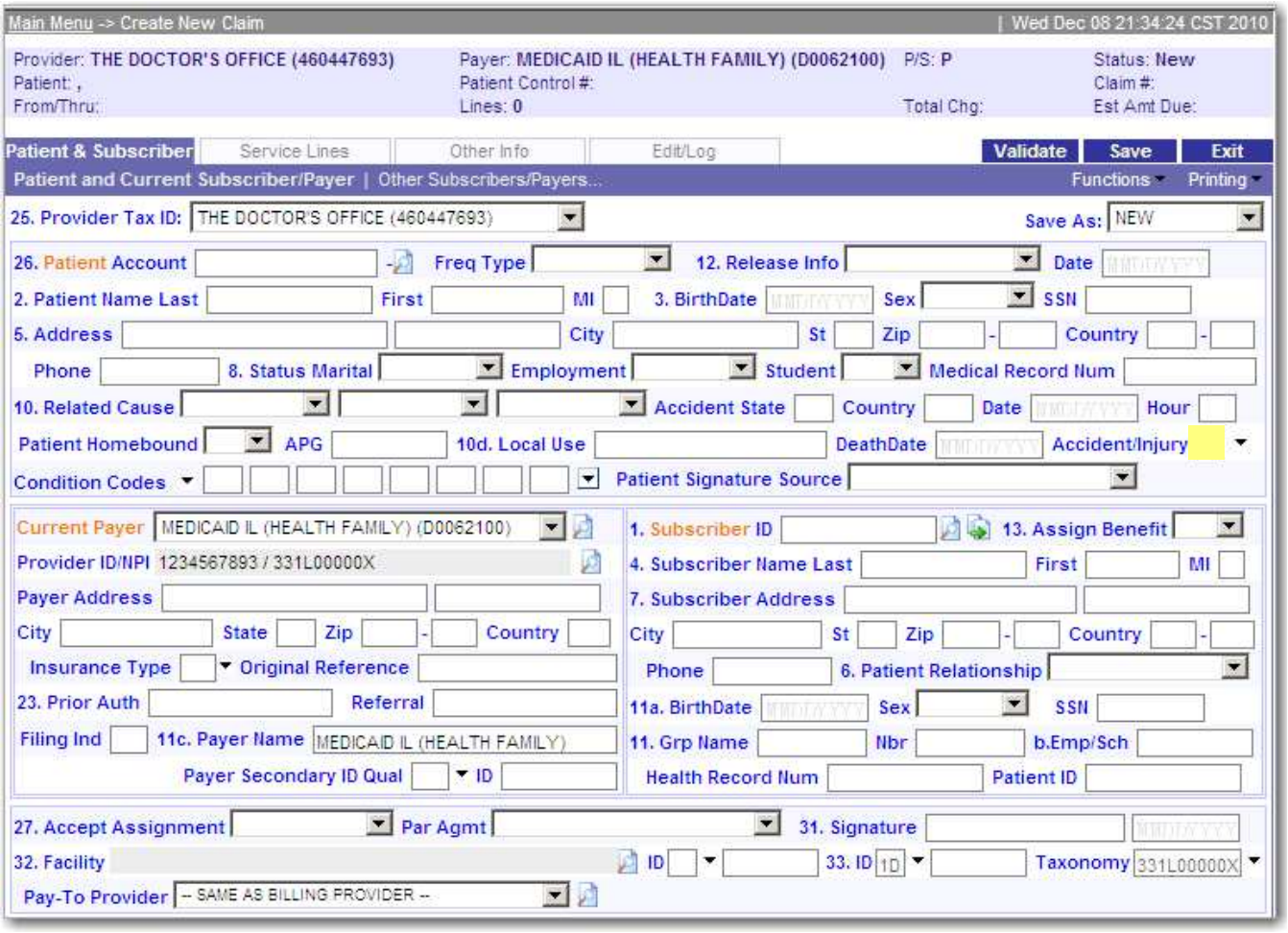


Table 1 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (Medicaid IL Fields)

Field	Description
Accident/Injury	Codes to indicate the probable reason the participant sought treatment for an accident/injury: **Accident/Injury Code** Close Code | Definitions 1 | Employment related accident or illness. 2 | Injury received while operating a motor vehicle, as a passenger in a motor vehicle, or in another type of accident involving a motor vehicle. 3 | Injury due to participation in an organized sport or school activity. 4 | Injury due to an act of violence (non-accidental). 5 | Injury is the result of an unspecified accident.

Screen 2 Service Lines > Original Lines Screen (Medicaid IL Fields)

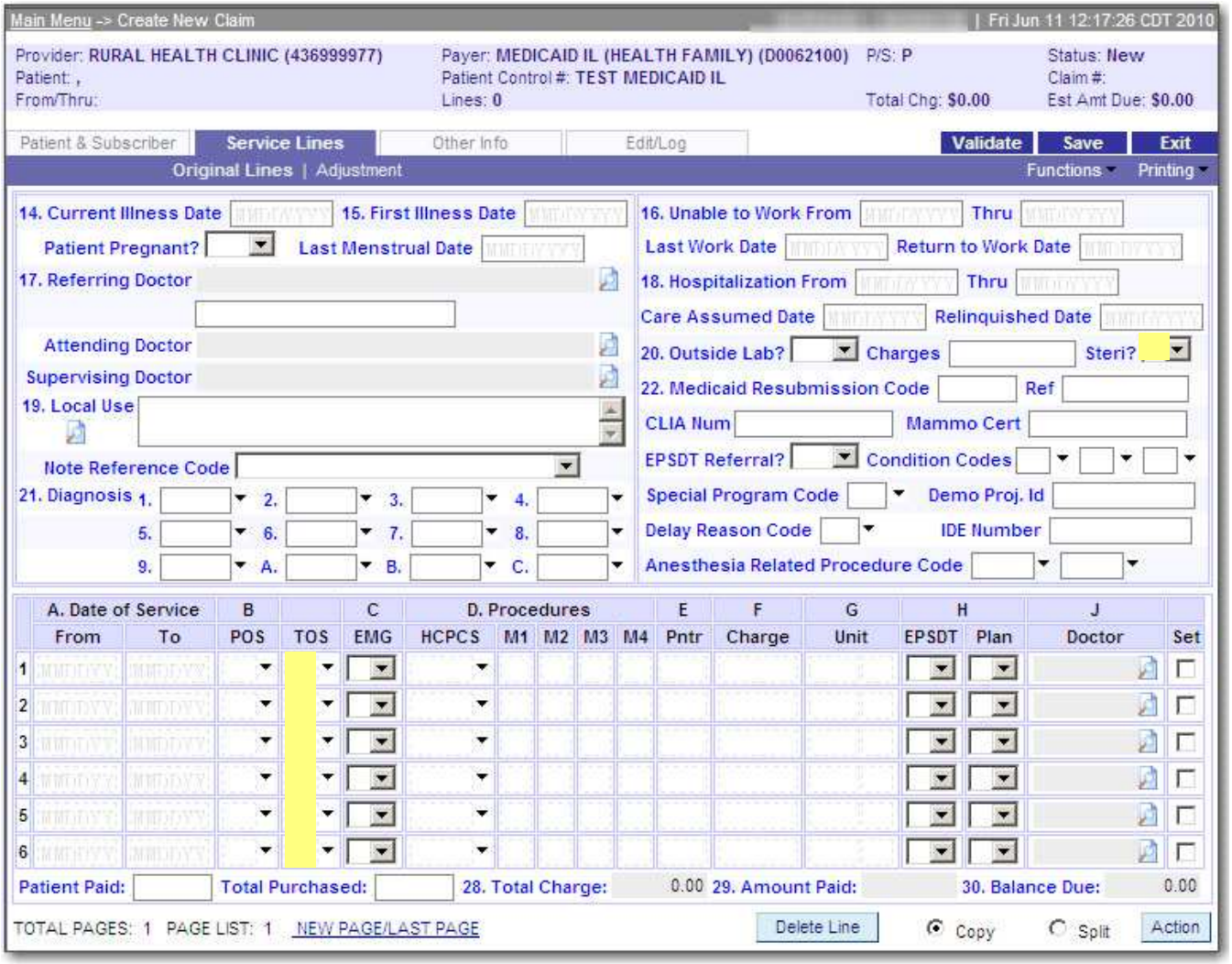
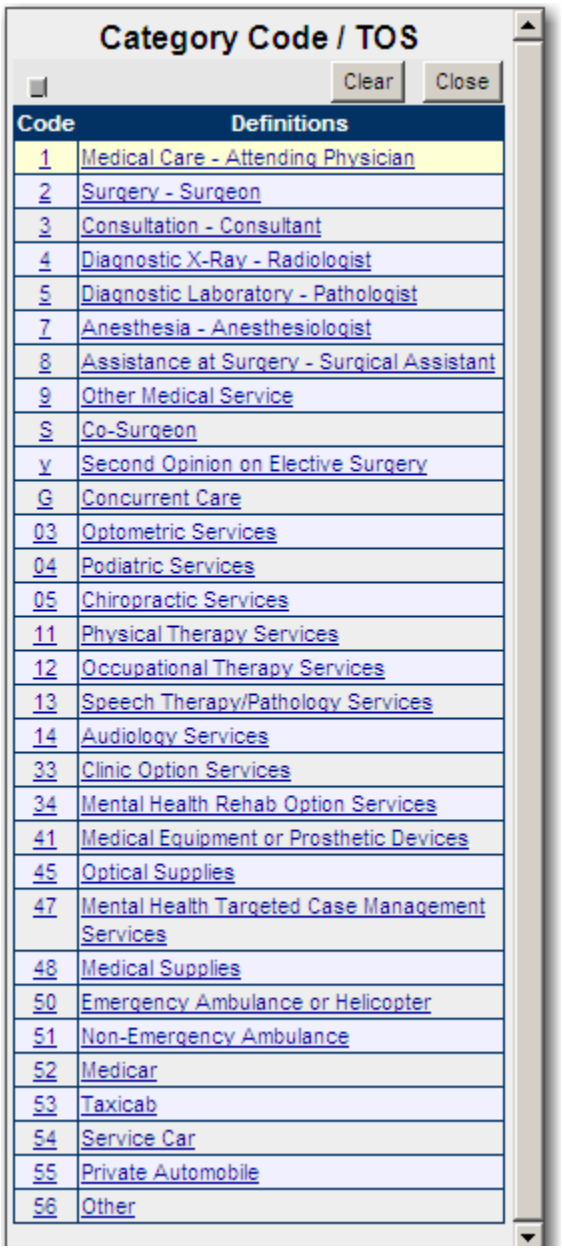
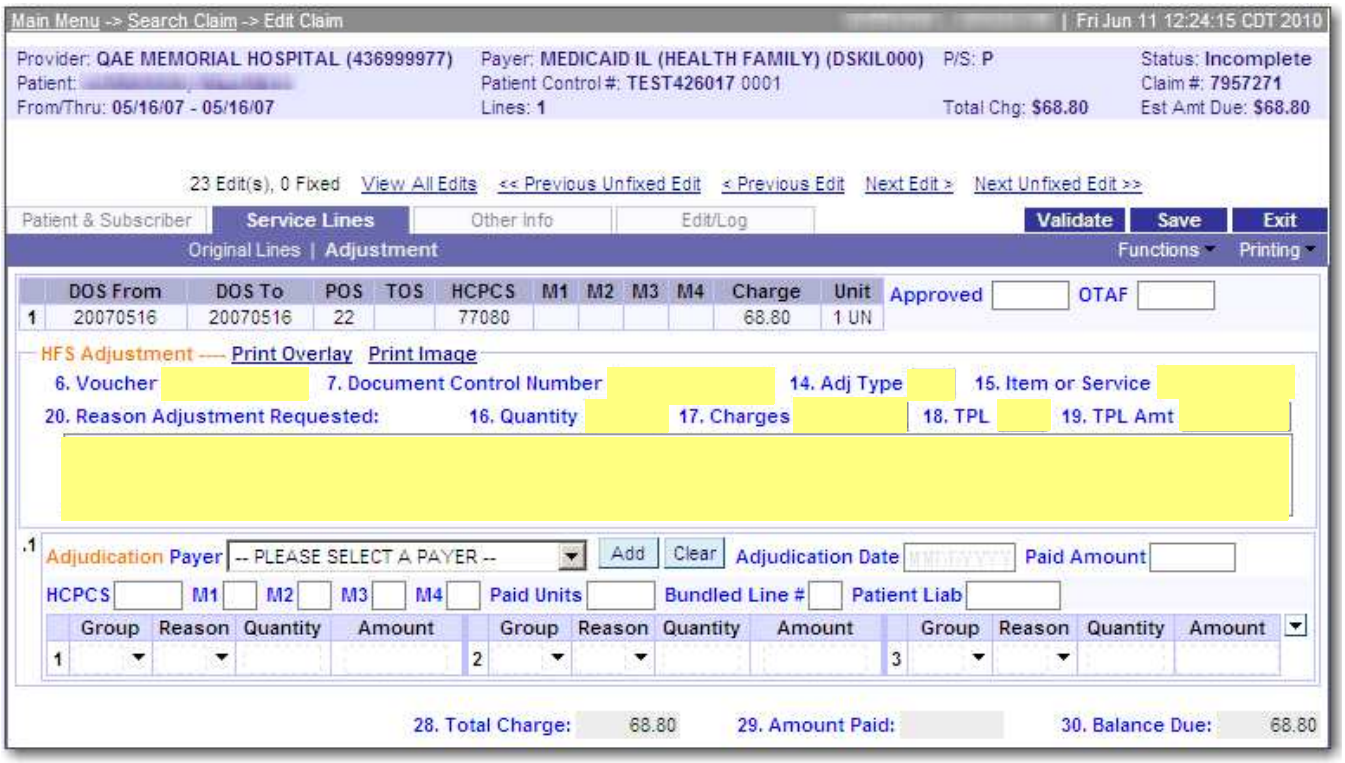


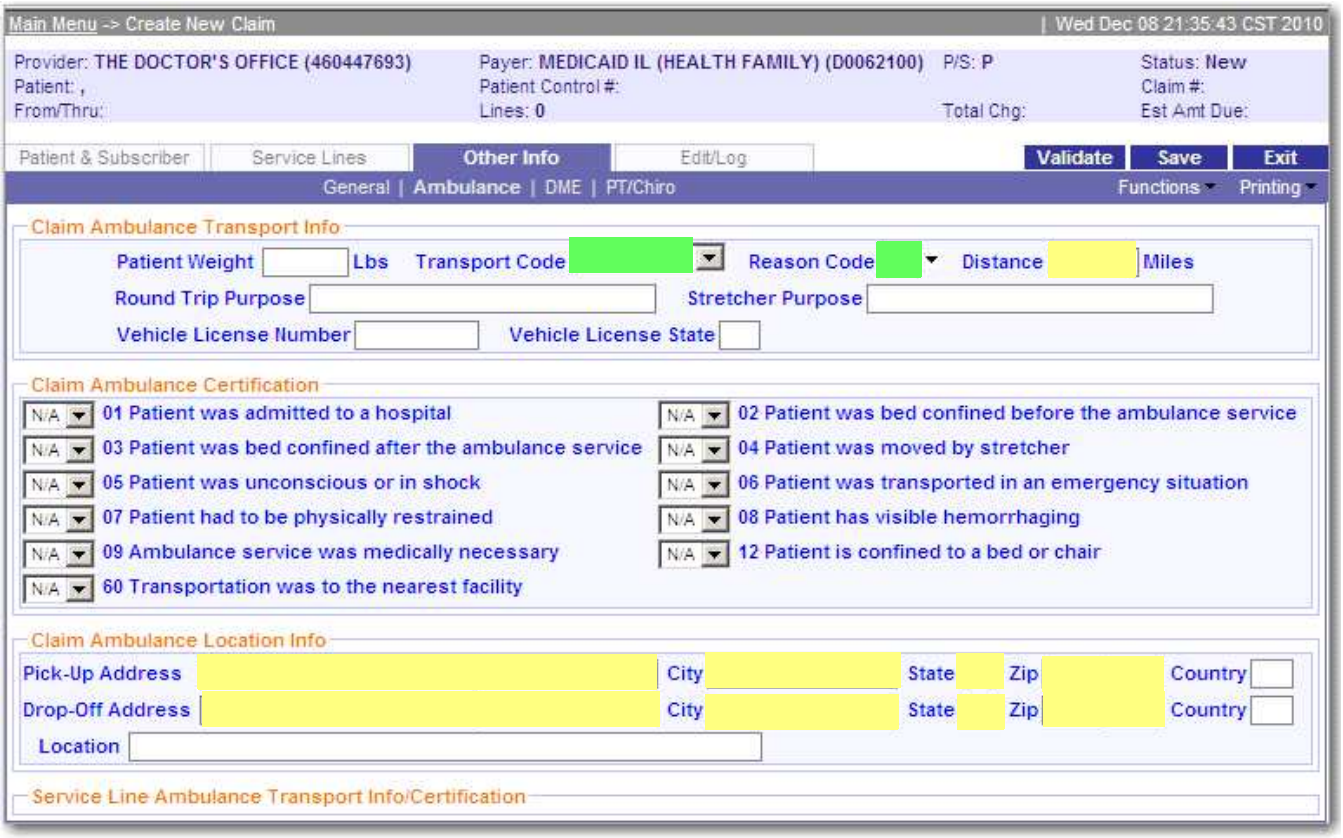
Table 2 Service Lines > Original Lines Screen Field Descriptions (Medicaid IL Fields)

Field	Description
Steri?	Service submitted for payment for a sterilization or abortion: Y = Yes N = No
TOS	A one- or two-digit code to identify the Category Code or Type of Service. 

Screen 3 Service Lines > Adjustment Screen (Medicaid IL Fields)



Screen 4 Other Info > Ambulance Screen (Medicaid IL Fields)



HFS Form 1443

The HFS 1443 claim form is used to submit claims for Therapy services in a hardcopy or paper format to Medicaid IL. The following Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen identifies the claim as a HFS 1443 claim form in Claim Master.

03 = Optometric Services
04 = Podiatric Services
05 = Chiropractic Services
11 = Physical Therapy Services
12 = Occupational Therapy Services
13 = Speech Therapy/Pathology Services
14 = Audiology Services
33 = Clinic Option Services
34 = Mental Health Rehab Option Services
45 = Optical Supplies
47 = Mental Health Targeted Case Management Services

Color-coded visual aids in this chapter identify the fields on the Claim Master claim form screens that:

Highlighted in yellow	Corresponds to the Medicaid Illinois HFS form
Highlighted in green	Required for billing a Medicaid Illinois HFS claim from Claim Master

The Medicaid Illinois HFS form specific data elements listed below were not added to the Claim Master claim form screens as the Payer requires the field to be blank upon submission.

HFS 1443 FL#	HFS 1443 Field Description
4	Role (**Leave blank**)
23-8	Modifying Units (**Leave blank**)
24	Optical Materials Only **(Leave blank**)
33	Sect (**Leave blank**)
34	Bill Type (**Leave blank**)

Patient & Subscriber > Patient and Current Subscriber/Payer Screen

Screen 5 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (HFS 1443 Crosswalk)

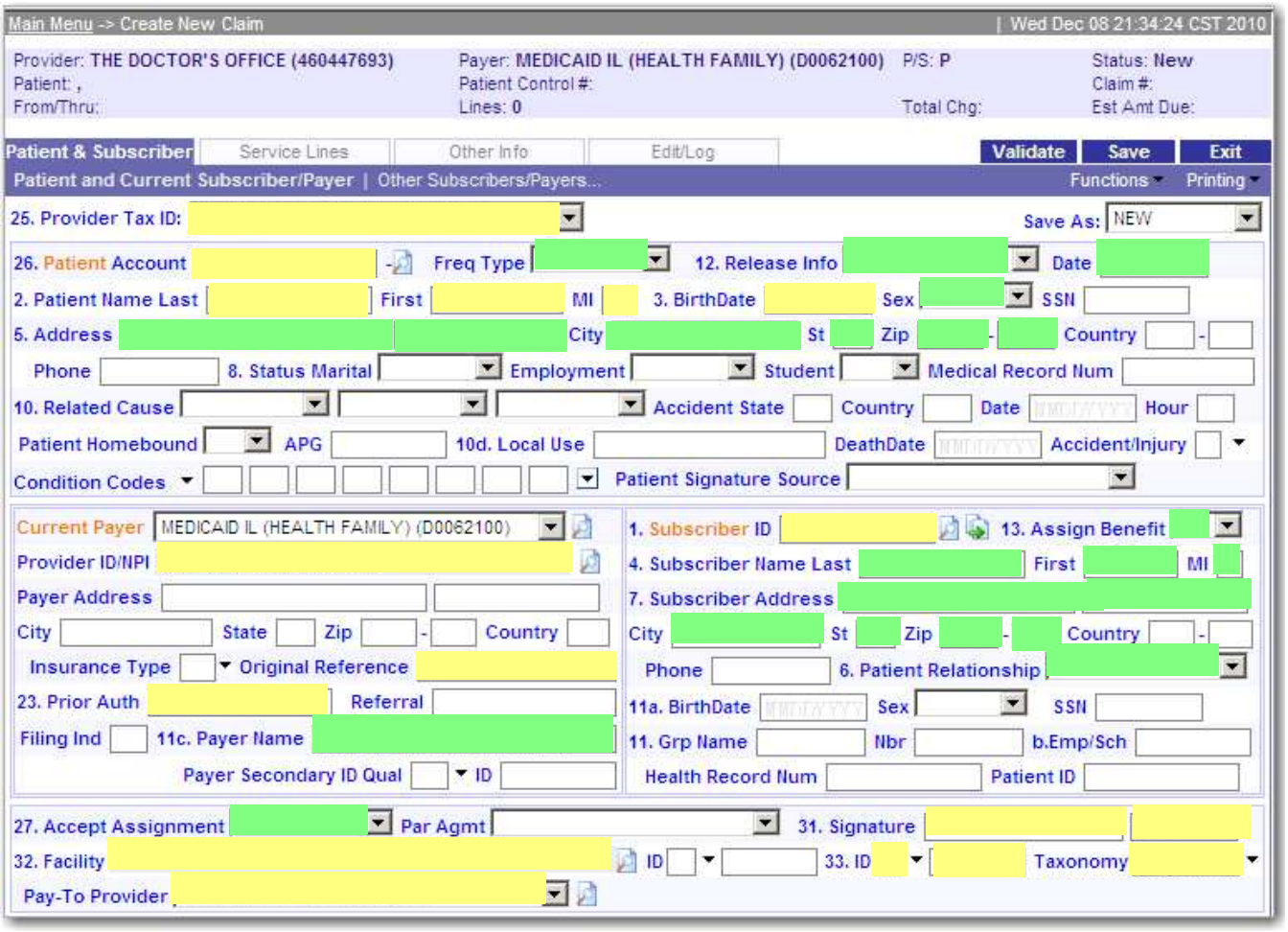


Table 3 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 1443 Crosswalk) (part 1 of 2)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
1	Provider Name	**33-2**	Provider Tax ID (Name)
2	Provider Number	**33a**	Provider ID/NPI
3	Payee	N/A	Pay-To Provider (Display Provider)
6	Prior Approval	**23**	Prior Authorization Number

Table 3 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 1443 Crosswalk) (part 2 of 2)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
7	Provider Street	**33-3**	Provider ID/NPI (Address - Display Provider
8	Facility & City Where Service Rendered	**32-1**	Facility (Name - Search Facility)
8	Facility & City Where Service Rendered	**32-3**	Facility (City, State, Zip - Search Facility
9	Provider City, State, Zip	**33-4**	Provider ID/NPI (City, State, Zip - Display Provider
11	Recipient Name (First MI Last)	**2**	Patient Name Last, First, MI
12	Recipient Number	**1a**	Subscriber ID
13	Birthdate	**3-1**	Birth Date
19	Taxonomy	**33b**	Provider ID/NPI
20	Provider Reference	**26**	Patient Account
32	Original DCN	**22-2**	Original Reference
36	Provider Signature (Leave blank)	**31-1**	Signature
37	Date (Leave blank)	**31-2**	Date
N/A	N/A	**Top 1**	Payer
N/A	N/A	**3-2**	Sex
N/A	N/A	**4**	Subscriber Name Last, First MI
N/A	N/A	**5-1**	Address
N/A	N/A	**5-2**	City
N/A	N/A	**5-3**	State
N/A	N/A	**5-4**	Zip
N/A	N/A	**6**	Pat-Ins Relation
N/A	N/A	**7-1**	Subscriber Address
N/A	N/A	**7-2**	City
N/A	N/A	**7-3**	State
N/A	N/A	**7-4**	Zip
N/A	N/A	**11c**	Payer
N/A	N/A	**12**	Release Info - Date
N/A	N/A	**13**	Assign Benefit
N/A	N/A	**27**	Accept Assignment
N/A	N/A	N/A	Freq Type

Patient & Subscriber > Other Subscribers/Payers Screen

Screen 6 Patient & Subscriber > Other Subscribers / Payers Screen (HFS 1443 Crosswalk)

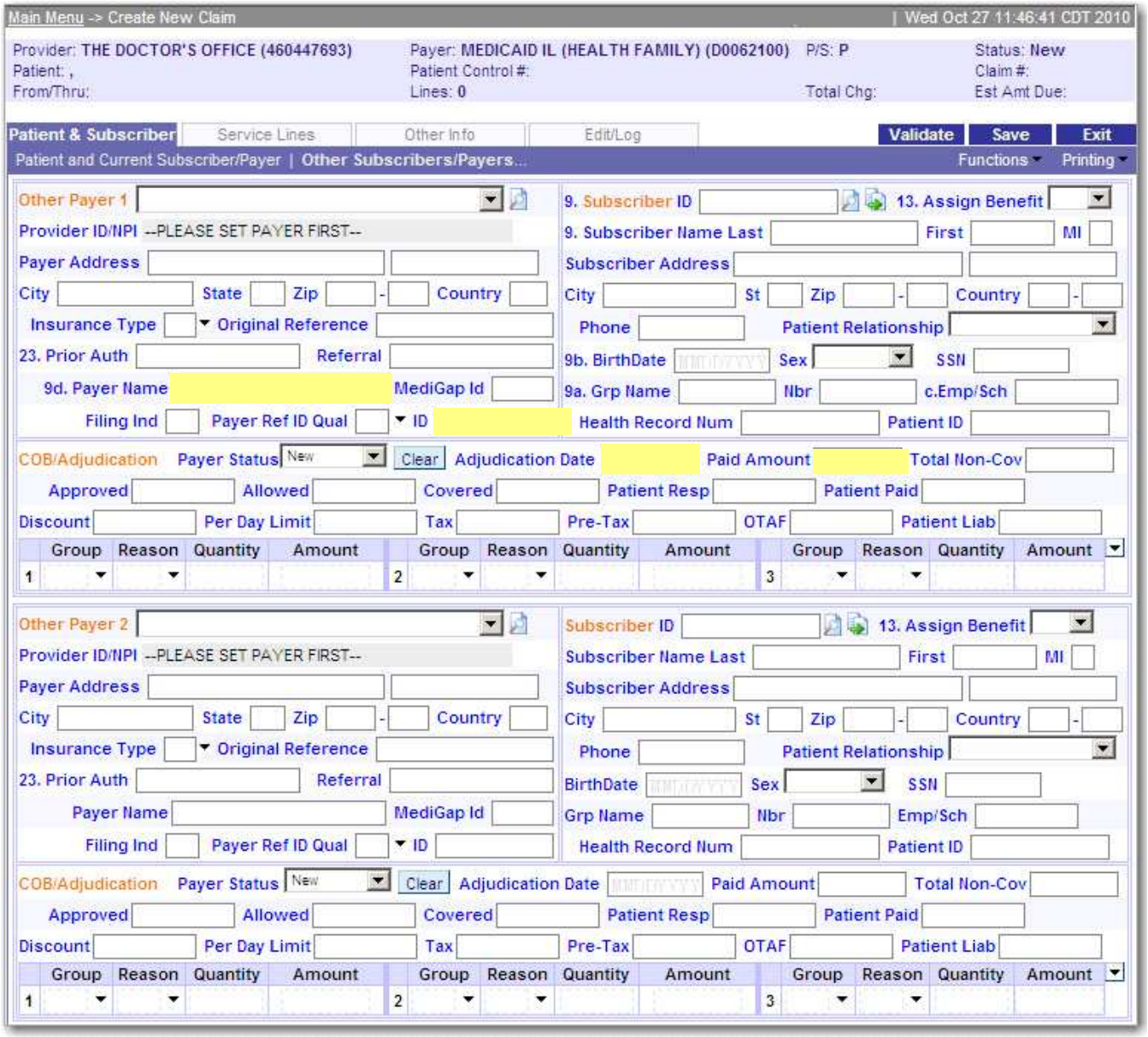


Table 4 Patient & Subscriber > Other Subscribers/Payers Screen Field Descriptions (HFS 1443 Crosswalk)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
23-9	TPL Code (Line)	N/A	Payer ID (Position 1-3)
23-10	Status (Line)	N/A	Payer ID (Position 4-5)
25A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
25B	Status (Claim)	N/A	Payer ID (Position 4-5)
25C	TPL Amount (Claim)	N/A	Paid Amount
25D	TPL Date (Claim)	N/A	Adjudication Date
26A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
26B	Status (Claim)	N/A	Payer ID (Position 4-5)
26C	TPL Amount (Claim)	N/A	Paid Amount
26D	TPL Date (Claim)	N/A	Adjudication Date
27A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
27B	Status (Claim)	N/A	Payer ID (Position 4-5)
27C	TPL Amount (Claim)	N/A	Paid Amount
27D	TPL Date (Claim)	N/A	Adjudication Date
35	Uncoded TPL Name (Claim)	**9d**	Payer (Name - Payer ID - Position 1-3 = 999)

Service Lines > Original Lines Screen

Screen 7 Service Lines > Original Lines Screen (HFS 1443 Crosswalk)

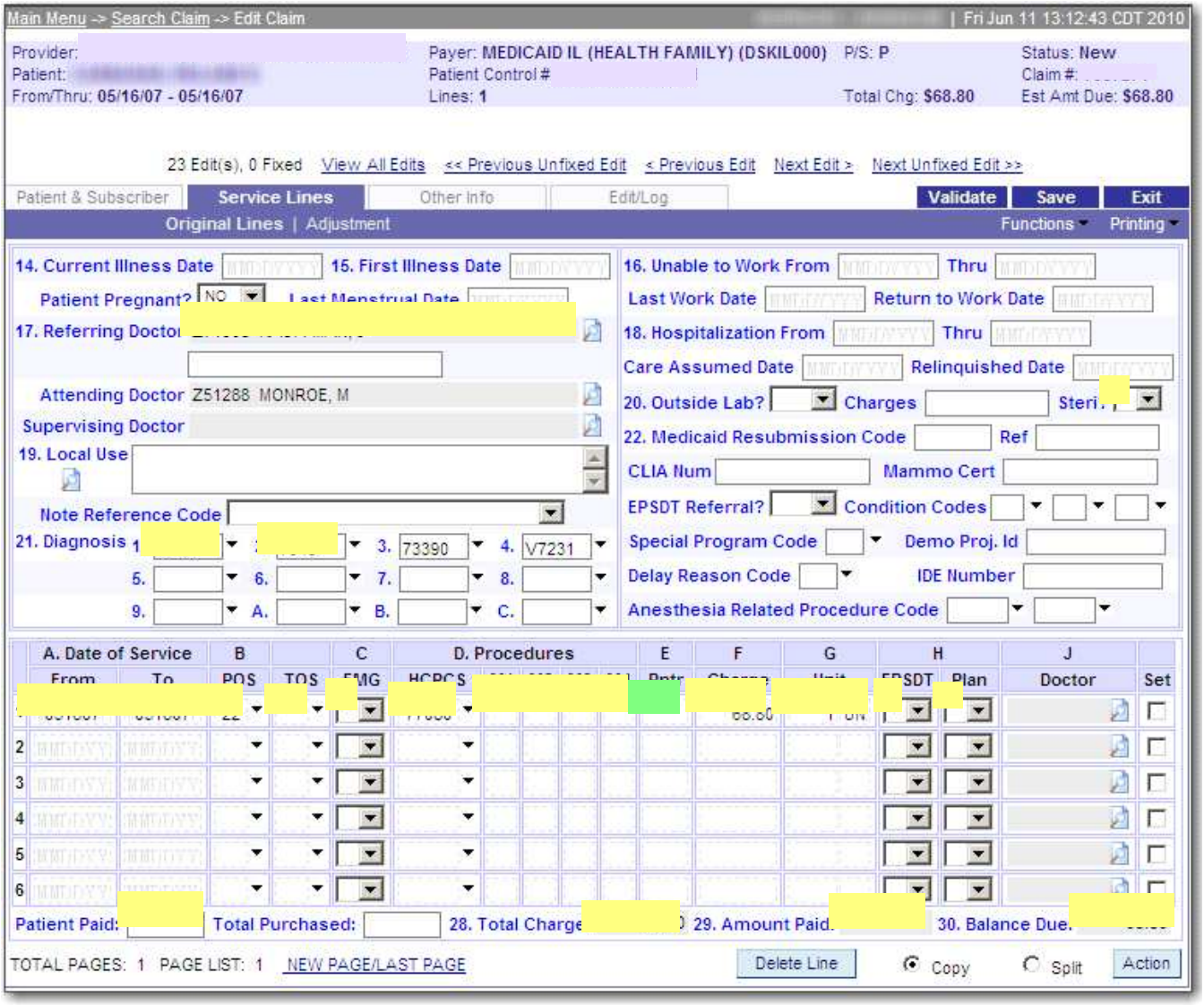


Table 5 Service Lines > Original Lines Screen Field Descriptions (HFS 1443 Crosswalk) (part 1 of 3)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
5	Emer (Leave blank)	**24C**	EMG
10	Referring Practitioner Name	**17**	Referring Doctor (Name - Search Doctor)
14	H. Kids (Leave blank)	**24H Upper**	EPSDT

Table 5 Service Lines > Original Lines Screen Field Descriptions (HFS 1443 Crosswalk) (part 2 of 3)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
15	Fam Plan (Leave blank)	**24H Lower**	Plan
16	St/Ab (Leave blank)	**N/A**	Steri?
17	Primary Diagnosis Description	**N/A**	Diagnosis (Search Diagnosis)
18	Primary Diag Code	**21-1**	Diagnosis
21	Ref Prac No NPI	**17b**	Referring Doctor (NPI - Search Doctor)
22	Secondary Diag Code	**21-2**	Diagnosis
23-1	Procedure Description	N/A	HCPCS (Search HCPCS)
23-2	Proc. Code/NDC	**24D-1**	HCPCS
23-3	Modifiers	**24D-2**	M1, M2, M3, M4
23-4	Date of Service	**24A Lower**	Date of Service - From/To
23-5	Cat Serv Allowed values 03 = Optometric Services 04 = Podiatric Services 05 = Chiropractic Services 11 = Physical Therapy Services 12 = Occupational Therapy Services 13 = Speech Therapy/Pathology Services 14 = Audiology Services 33 = Clinic Option Services 34 = Mental Health Rehab Option Services 45 = Optical Supplies 47 = Mental Health Targeted Case Management Services	N/A	TOS (Value entered determines HFS Form created)
23-6	Place of Serv Allowed values 11 = Office 12 = Home 13 = Assisted Living Facility 14 = Group Home 21 = Inpatient Hospital 22 = Outpatient Hospital 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility	**24B**	POS
23-7	Units / Quantity	**24G**	Unit
23-13	Provider Charges	**24F**	Charge
25	Sect# (Line Number)	N/A	Calculated field
25C	TPL Amount (Patient Paid)	N/A	Patient Paid

Table 5 Service Lines > Original Lines Screen Field Descriptions (HFS 1443 Crosswalk) (part 3 of 3)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
25D	TPL Date (Patient Paid Date)	N/A	Date of Service - From
26	Sect# (Line Number)	N/A	Calculated field
26C	TPL Amount (Patient Paid)	N/A	Patient Paid
26D	TPL Date (Patient Paid Date)	N/A	Date of Service - From
27	Sect# (Line Number)	N/A	Calculated field
27C	TPL Amount (Patient Paid)	N/A	Patient Paid
27D	TPL Date (Patient Paid Date)	N/A	Date of Service - From
28	Tot Charge	**28**	Total Charge
29	Tot Deductions	**29**	Amount Paid
30	Net Charges	**30**	Balance Due
31	# Sect (Number of Lines)	N/A	Calculated field
N/A	N/A	**24E**	Pntr

Service Lines > Adjustment Screen

Screen 8 Service Lines > Adjustment Screen (HFS 1443 Crosswalk)

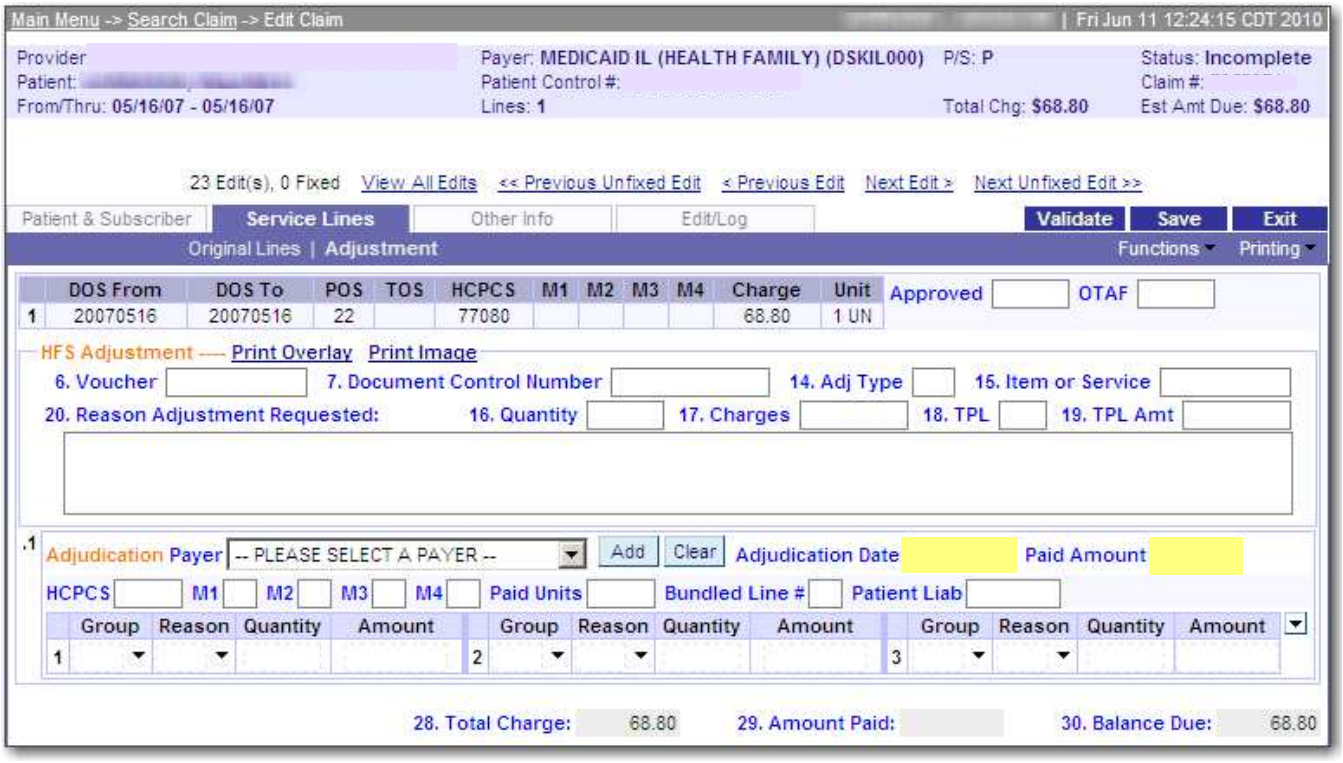


Table 6 Service Lines > Adjustment Screen Field Descriptions (HFS 1443 Crosswalk)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
23-11	TPL Amount (Line)	N/A	Paid Amount
23-12	TPL Date (Line)	N/A	Adjudication Date
25C	TPL Amount (Line)	N/A	Paid Amount
25D	TPL Date (Line)	N/A	Adjudication Date
26C	TPL Amount (Line)	N/A	Paid Amount
26D	TPL Date (Line)	N/A	Adjudication Date
27C	TPL Amount (Line)	N/A	Paid Amount
27D	TPL Date (Line)	N/A	Adjudication Date

Other Info > General Screen

Screen 9 Other Info > General Screen (HFS 1443 Crosswalk)

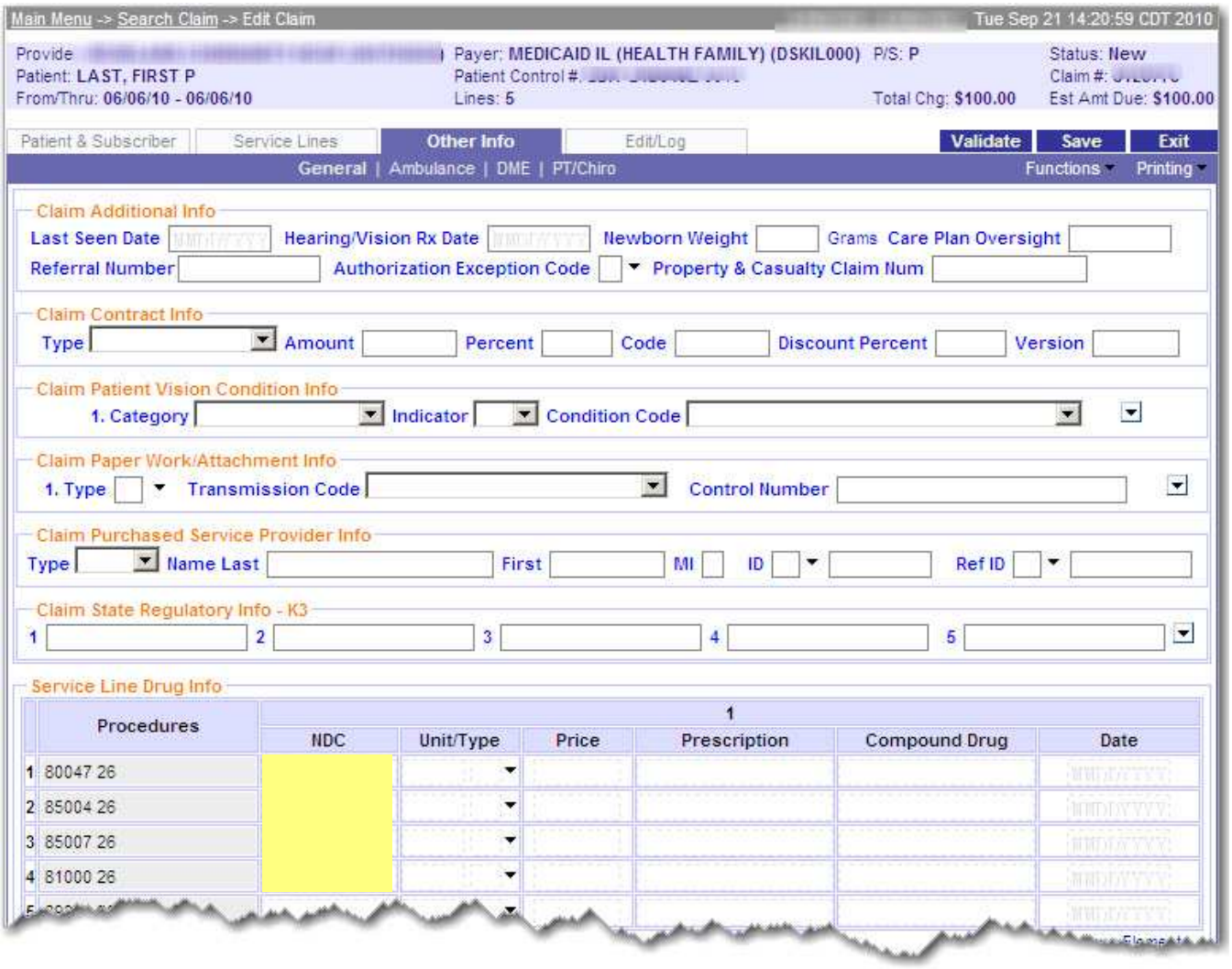


Table 7 Other Info > General Screen Field Descriptions (HFS 1443 Crosswalk)

HFS 1443 FL#	HFS 1443 Field Description	CMS 1500 FL#	Claim Master Field Description
23-2	Proc. Code/NDC	**24D-1**	NDC

HFS Form 2209

The HFS 2209 claim form is used to submit claims for Transportation services in a hardcopy or paper format to Medicaid IL. The following Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen identifies the claim as a HFS 2209 claim form in Claim Master.

50 = Emergency Ambulance or Helicopter
51 = Non-emergency Ambulance
52 = Medicar
53 = Taxicab
54 = Service Car
55 = Private Automobile
56 = Other

Color-coded visual aids in this chapter identify the fields on the Claim Master claim form screens that:

Highlighted in yellow	Corresponds to the Medicaid Illinois HFS form
Highlighted in green	Required for billing a Medicaid Illinois HFS claim from Claim Master

Patient & Subscriber > Patient and Current Subscriber/Payer Screen

Screen 10 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (HFS 2209 Crosswalk)

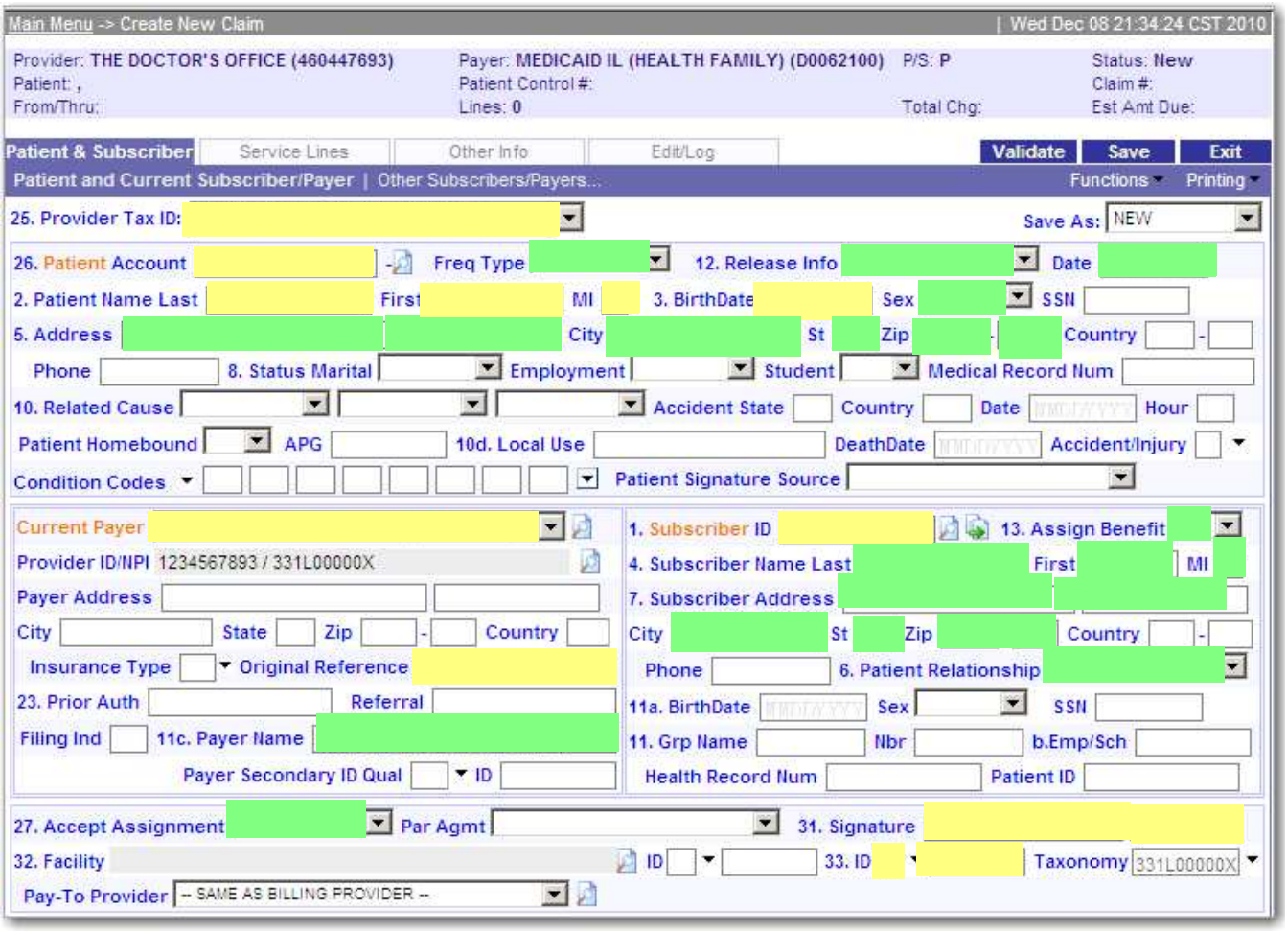


Table 8 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2209 Crosswalk) (part 1 of 2)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
1	Provider Name	**33-2**	Provider Tax ID (Name)
2	Provider Number	**33a**	Provider ID/NPI
3	Billing Date	**31-2**	Date

Table 8 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2209 Crosswalk) (part 2 of 2)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
4	Provider Reference	**26**	Patient Account
5	Provider Street	**33-3**	Provider ID/NPI (Address - Display Provider)
6	Provider City, State, Zip	**33-4**	Provider ID/NPI (City, State, Zip - Display Provider)
7	Recipient Name (First MI Last)	**2**	Patient Name Last, First, MI
8	Recipient Number	**1a**	Subscriber ID
9	Birthdate	**3-1**	BirthDate
11-4	Prior Authorization Number (Claim)	**23**	Prior Authorization Number
18-1	Provider Signature (Leave blank)	**31-1**	Signature
18-2	Date (Leave blank)	**31-2**	Date
N/A	N/A	**Top -1**	Payer
N/A	N/A	**3-2**	Sex
N/A	N/A	**4**	Subscriber Name Last, First MI
N/A	N/A	**5-1**	Address
N/A	N/A	**5-2**	City
N/A	N/A	**5-3**	State
N/A	N/A	**5-4**	Zip
N/A	N/A	**6**	Pat-ins Relation
N/A	N/A	**7-1**	Subscriber Address
N/A	N/A	**7-2**	City
N/A	N/A	**7-3**	State
N/A	N/A	**7-4**	Zip
N/A	N/A	**11c**	Payer
N/A	N/A	**12**	Release Info- Date
N/A	N/A	**13**	Assign Benefit
N/A	N/A	**27**	Accept Assignment
N/A	N/A	N/A	Freq Type

Patient & Subscriber > Other Subscribers/Payers Screen

Screen 11 Patient & Subscriber > Other Subscribers/Payers Screen (HFS 2209 Crosswalk)

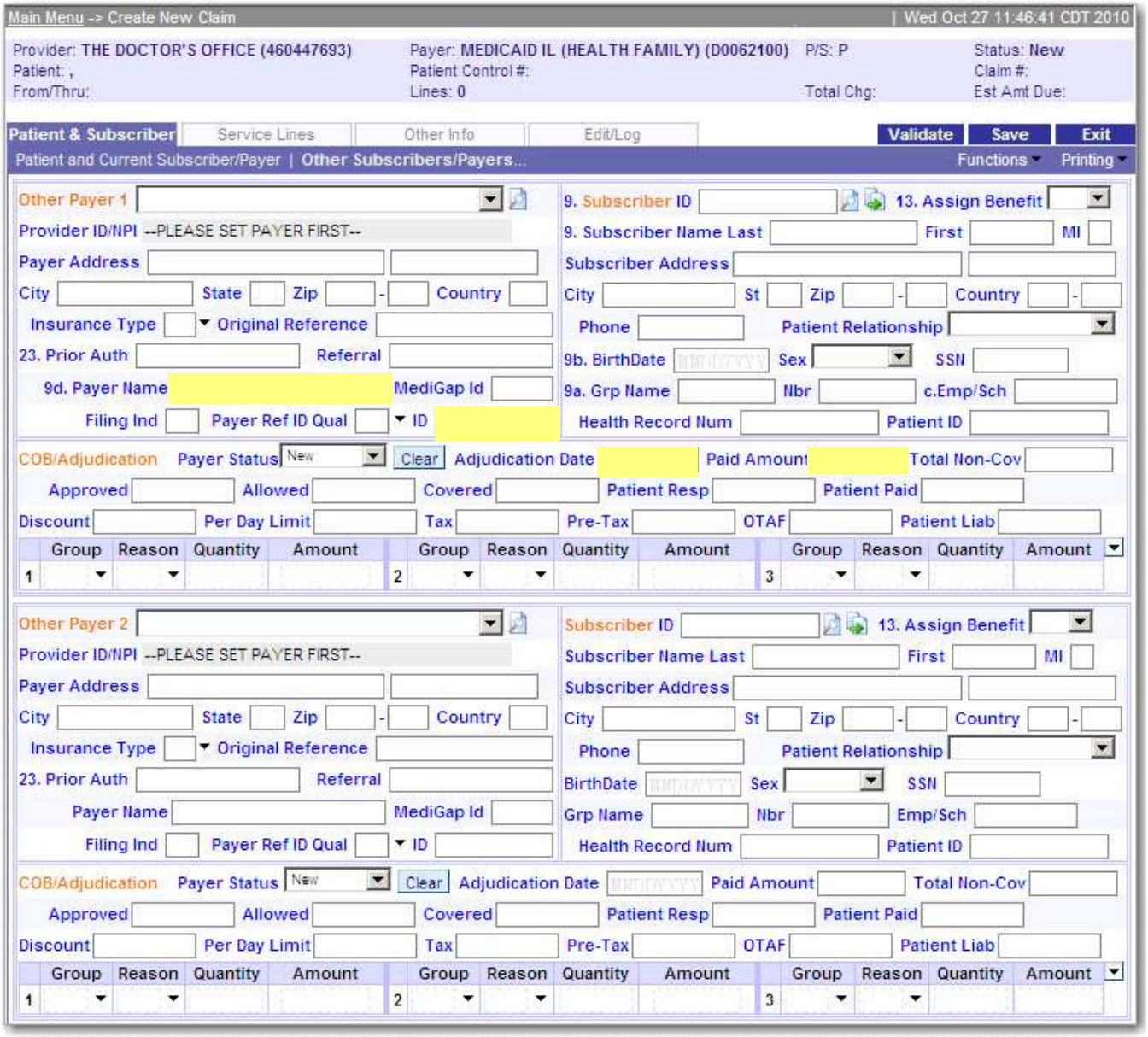


Table 9 Patient & Subscriber > Other Subscribers/Payers Screen Field Descriptions (HFS 2209 Crosswalk)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
12A-1	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
12A-2	Status (Claim)	N/A	Payer ID (Position 4-5)
12A-3	TPL Amount (Claim)	N/A	Paid Amount
12A-4	TPL Date (Claim)	N/A	Adjudication Date
12B-1	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
12B-2	Status (Claim)	N/A	Payer ID (Position 4-5)
12B-3	TPL Amount (Claim)	N/A	Paid Amount
12B-4	TPL Date (Claim)	N/A	Adjudication Date
13	Uncoded TPL Name (Claim)	**9d**	Payer (Name - Payer ID - Position 1-3 = 999)

Service Lines > Original Lines Screen

Screen 12 Service Lines > Original Lines Screen (HFS 2209 Crosswalk)

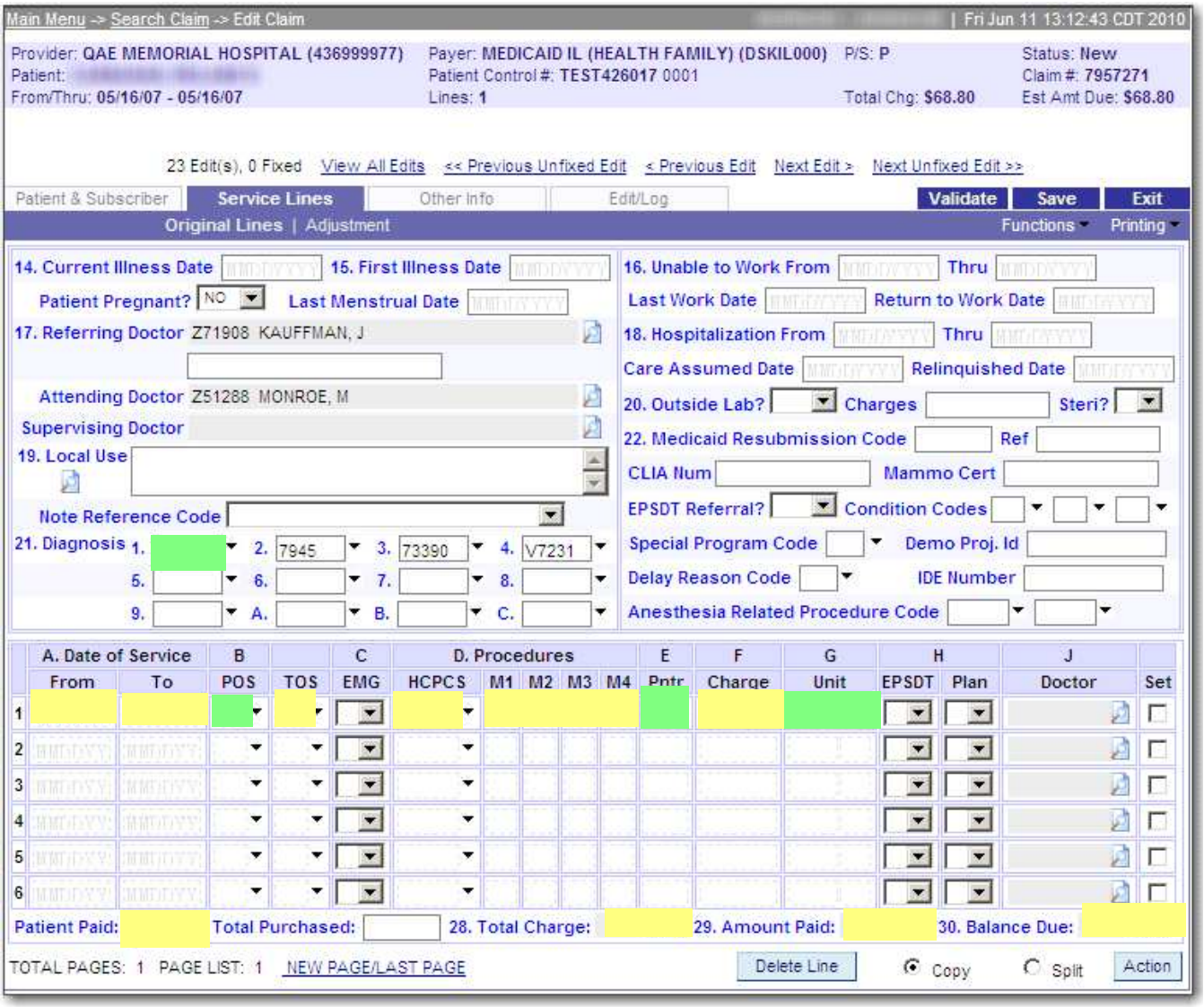


Table 10 Service Lines > Original Screen Field Descriptions (HFS 2209 Crosswalk)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
11-1	Date of Service	**24A**	Date of Service - From/To
11-2	Cat Serv Allowed values 50 = Emergency Ambulance or Helicopter 51 = Non-emergency Ambulance 52 = Medicar 53 = Taxicab 54 = Service Car 55 = Private Automobile 56 = Other	N/A	TOS (value entered determines HFS Form created)
11-3	Procedure Code	**24D-1**	HCPCS
11-8	Provider Charge	**24F**	Charge
11-9 **11-11**	Orig Place (FIRST position of the FIRST Modifier) Dest Place (SECOND position of the FIRST Modifier)	**24D-2**	M1, M2, M3, M4
12A-3	TPL Amount (Patient Paid)	N/A	Patient Paid
12A-4	TPL Date (Patient Paid Date)	N/A	Date of Service - From
12B-3	TPL Amount (Patient Paid)	N/A	Patient Paid
12B-4	TPL Date (Patient Paid Date)	N/A	Date of Service - From
14	# Sect (Number of Lines)	N/A	Calculated field
15	Total Charge	28	Total Charge
16	Total Deductions	29	Amount Paid
17	Net Charge	30	Balance Due
N/A	N/A	21-1	Diagnosis
N/A	N/A	24B	POS
N/A	N/A	24E	Pntr
N/A	N/A	24G	Unit

Other Info > Ambulance Screen

Screen 13 Other Info > Ambulance Screen (HFS 2209 Crosswalk)

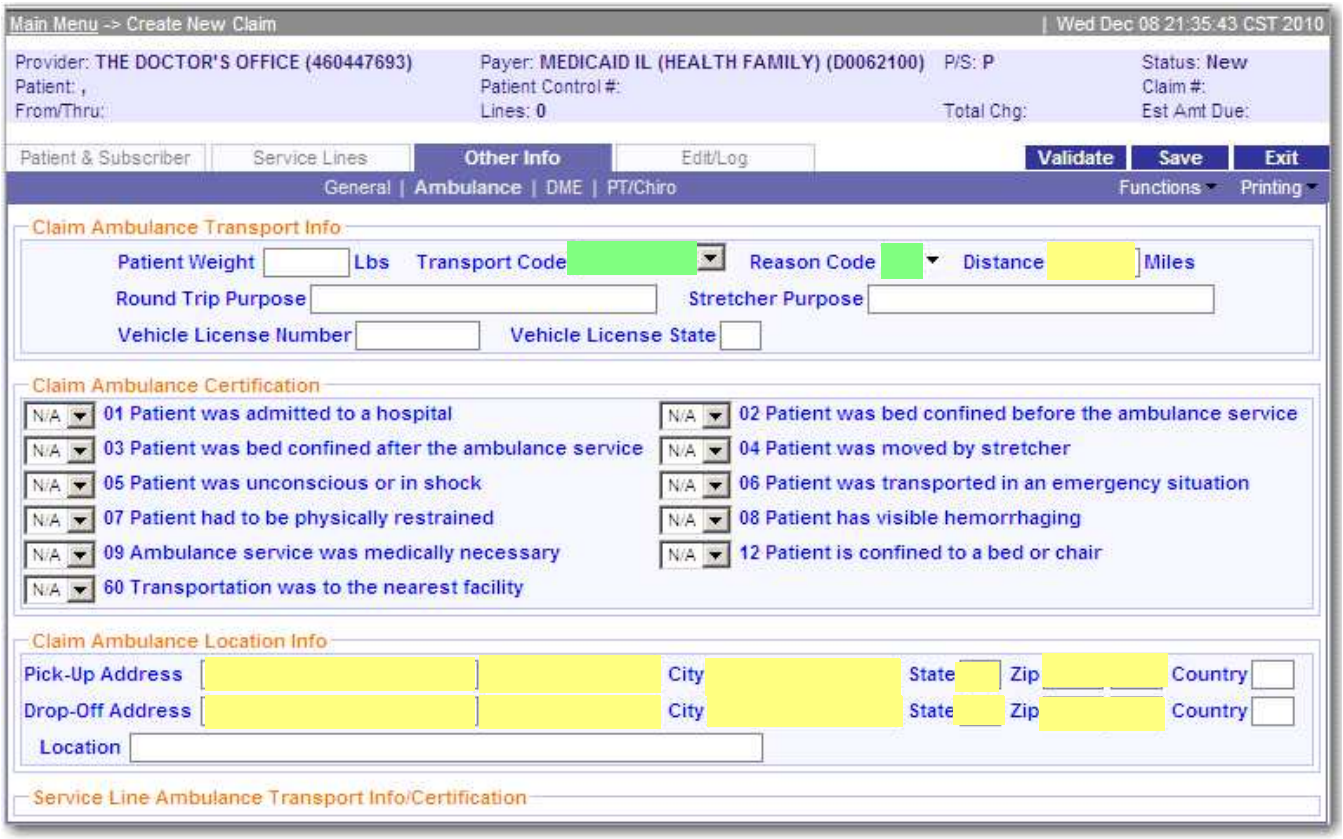


Table 11 Other Info > Ambulance Screen Field Descriptions (HFS 2209 Crosswalk)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
11-7	Total Loaded Miles	N/A	Distance (Miles)
11-10	Pick-Up Address (Street)	N/A	Origin (Street)
11-10	Pick-Up Address (City)	N/A	Origin (City)
11-10	Pick-Up Address (State)	N/A	Origin (State)
11-10	Pick-Up Address (Zip)	N/A	Origin (Zip)
11-12	Drop-Off Address (Street)	N/A	Destination (Street)
11-12	Drop-Off Address (City)	N/A	Destination (City)
11-12	Drop-Off Address (State)	N/A	Destination (State)
11-12	Drop-Off Address (Zip)	N/A	Destination (Zip)
N/A	N/A	N/A	Transport Code
N/A	N/A	N/A	Reason Code
N/A	N/A	N/A	Yes/No
N/A	N/A	N/A	Certification Code

Other Info > General Screen

Screen 14 Other Info > General Screen (HFS 2209 Crosswalk)

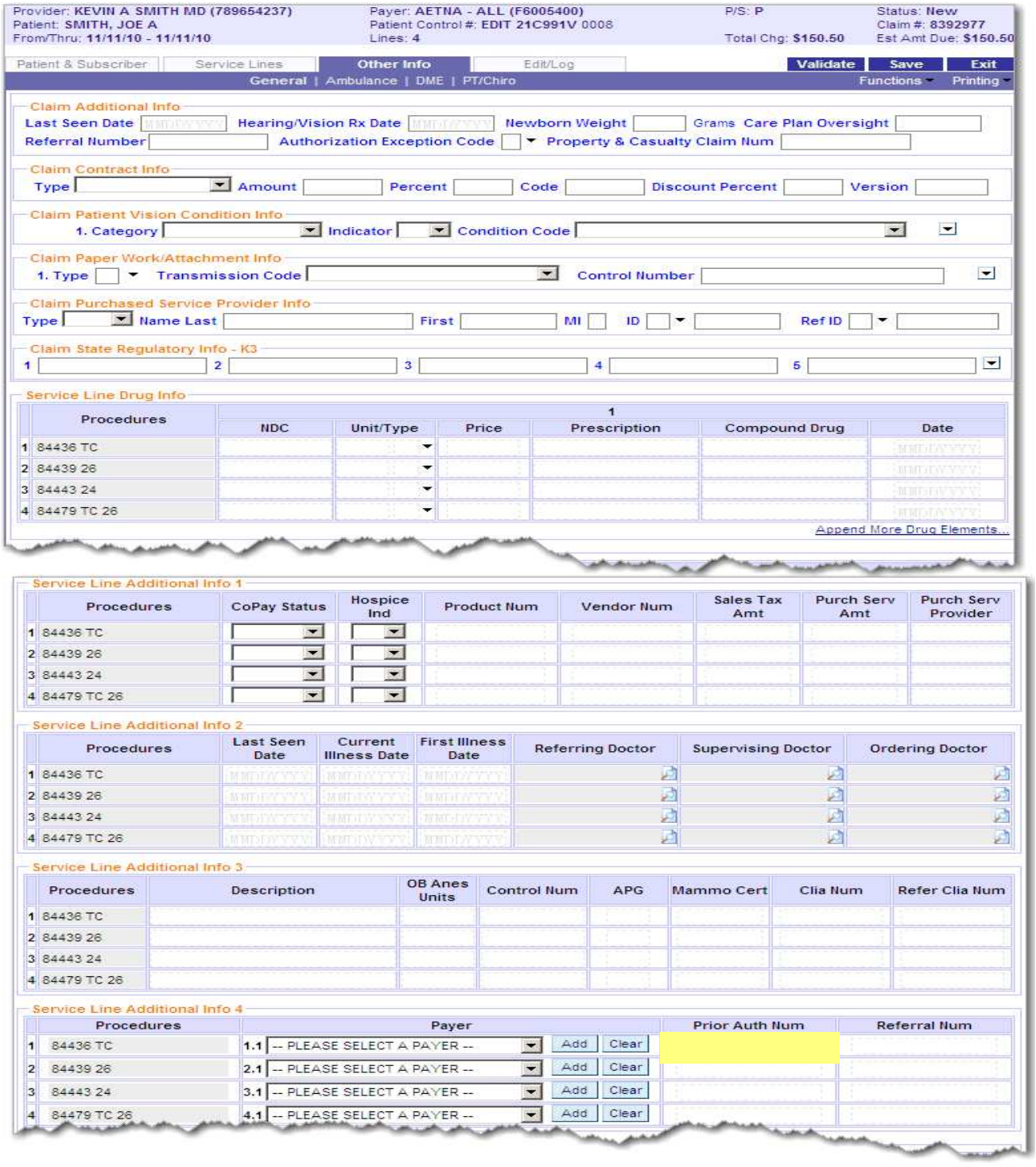


Table 12 Other Info > General Screen Field Descriptions (HFS 2209 Crosswalk)

HFS 2209 FL#	HFS 2209 Field Description	CMS 1500 FL#	Claim Master Field Description
11-4	Prior Approval Number (Line)	N/A	Prior Auth Num

HFS Form 2210

The HFS 2210 claim form is used to submit claims for Medical Equipment/Medical Supplies services in a hardcopy or paper format to Medicaid IL. The following Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen identifies the claim as a HFS 2210 claim form in Claim Master.

41 = Medical Equipment or Prosthetic Devices,
48 = Medical Supplies

Color-coded visual aids in this chapter identify the fields on the Claim Master claim form screens that:

Highlighted in yellow	Corresponds to the Medicaid Illinois HFS form
Highlighted in green	Required for billing a Medicaid Illinois HFS claim from Claim Master

The Medicaid Illinois HFS form specific data elements listed below were not added to the Claim Master claim form screens as the Payer requires the field to be blank upon submission.

.

HFS 2210 FL#	HFS 2210 Field Description
8-6	Cr Child (**Leave blank**)
8-12	Order Number (**Leave blank**)

Patient & Subscriber > Patient and Current Subscriber/Payer Screen

Screen 15 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (HFS 2210 Crosswalk)

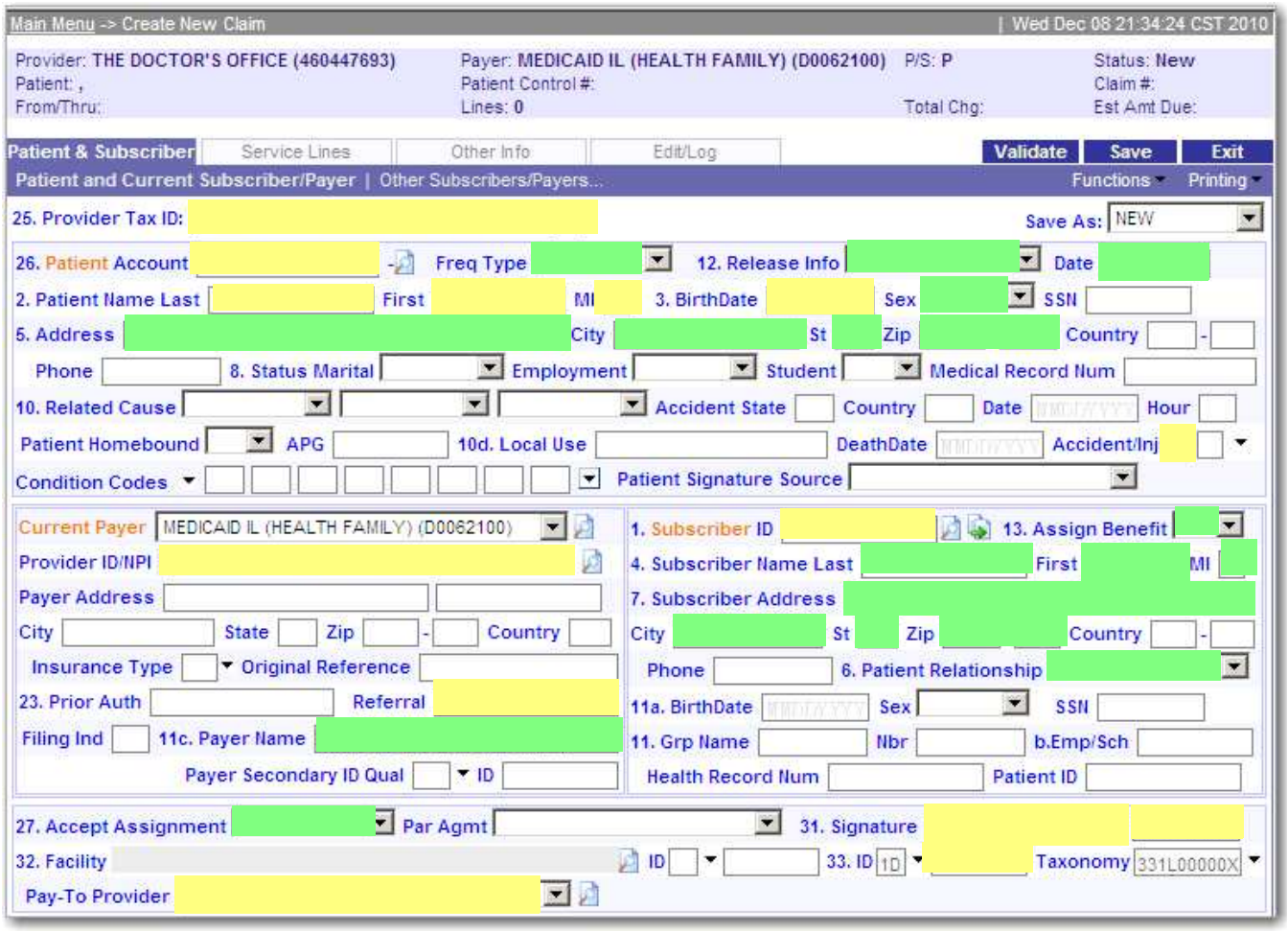


Table 13 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2210 Crosswalk) (part 1 of 3)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
1	Provider Name	**33-2**	Provider Tax ID (Name)
2	Provider Number	**33a**	Provider ID/NPI
3	Payee	N/A	Pay-To Provider (Display Provider)

Table 13 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2210 Crosswalk) (part 2 of 3)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
4	Billing Date	**31-2**	Date
5	Provider Reference	**26**	Patient Account
6	Provider Street	**33-3**	Provider ID/NPI (Address - Display Provider)
7	Provider City, State, Zip	**33-4**	Provider ID/NPI (City, State, Zip - Display Provider)
8-1	Recipient Name (First MI Last)	**2**	Patient Name Last, First MI
8-2	Recipient Number	**1a**	Subscriber ID
8-3	Birthdate	**3-1**	Birthdate
8-4	Accident/Injury Allowed values 1 = Employment related accident or illness 2 = Injury received while operating a motor vehicle, as a passenger in a motor vehicle, or in another type of accident involving a motor vehicle 3 = Injury due to participation in an organized sport or school activity 4 = Injury due to an act of violence (non-accidental) 5 = Injury is the result of an unspecified accident	N/A	Accident/Injury
8-13	Prior Approval	**23**	Prior Authorization Number
18-1	Provider Signature (Leave blank)	**31-1**	Signature
18-2	Date (Leave blank)	**31-2**	Date
N/A	N/A	**Top 1**	Payer
N/A	N/A	**3-2**	Sex
N/A	N/A	**4**	Subscriber Name Last, First, MI
N/A	N/A	**5-1**	Address
N/A	N/A	**5-2**	City
N/A	N/A	**5-3**	State
N/A	N/A	**5-4**	Zip
N/A	N/A	**6**	Pat-ins Relation
N/A	N/A	**7-1**	Subscriber Address
N/A	N/A	**7-2**	City
N/A	N/A	**7-3**	State
N/A	N/A	**7-4**	Zip
N/A	N/A	**11c**	Payer
N/A	N/A	**12**	Release Info - Date

Table 13 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2210 Crosswalk) (part 3 of 3)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
N/A	N/A	**13**	Assign Benefit
N/A	N/A	**27**	Accept Assignment
N/A	N/A	N/A	Freq Type

Patient & Subscriber > Other Subscribers/Payers Screen

Screen 16 Patient & Subscriber > Other Subscribers/Payers Screen (HFS 2210 Crosswalk)

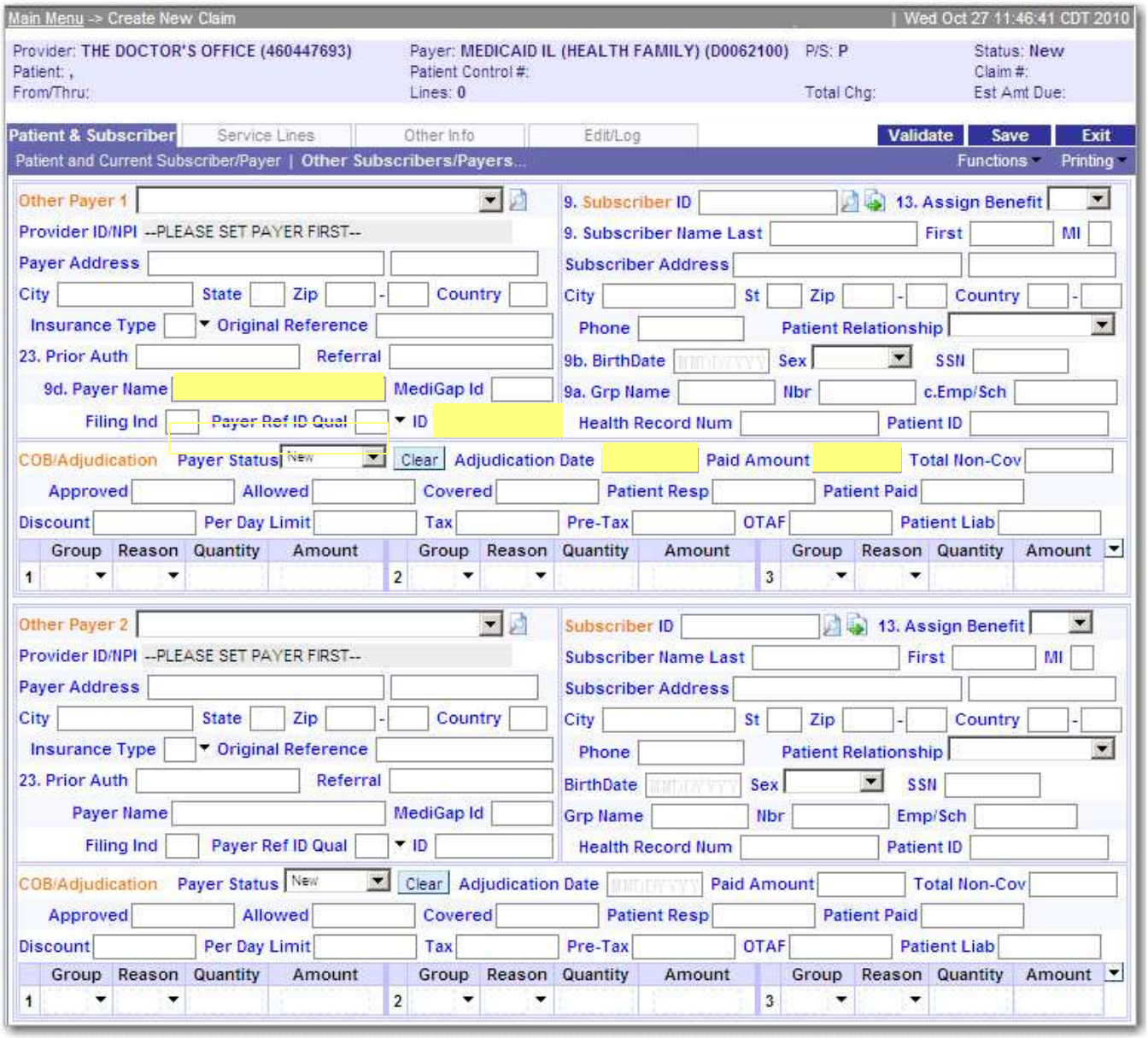


Table 14 Patient & Subscriber > Other Subscribers/Payers Screen Field Descriptions (HFS 2210 Crosswalk)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
8-19	TPL Code (Line)	N/A	Payer ID (Position 1-3)
8-20	Status (Line)	N/A	Payer ID (Position 4-5)
9	Uncoded TPL Name (Claim)	**9d**	Payer (Name - Payer ID - Position 1-3 = 999)
13A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
13B	Status (Claim)	N/A	Payer ID (Position 4-5)
13C	TPL Amount (Claim)	N/A	Paid Amount
13D	TPL Date (Claim)	N/A	Adjudication Date

Service Lines > Original Lines Screen

Screen 17 Service Lines > Original Lines Screen (HFS 2210 Crosswalk)

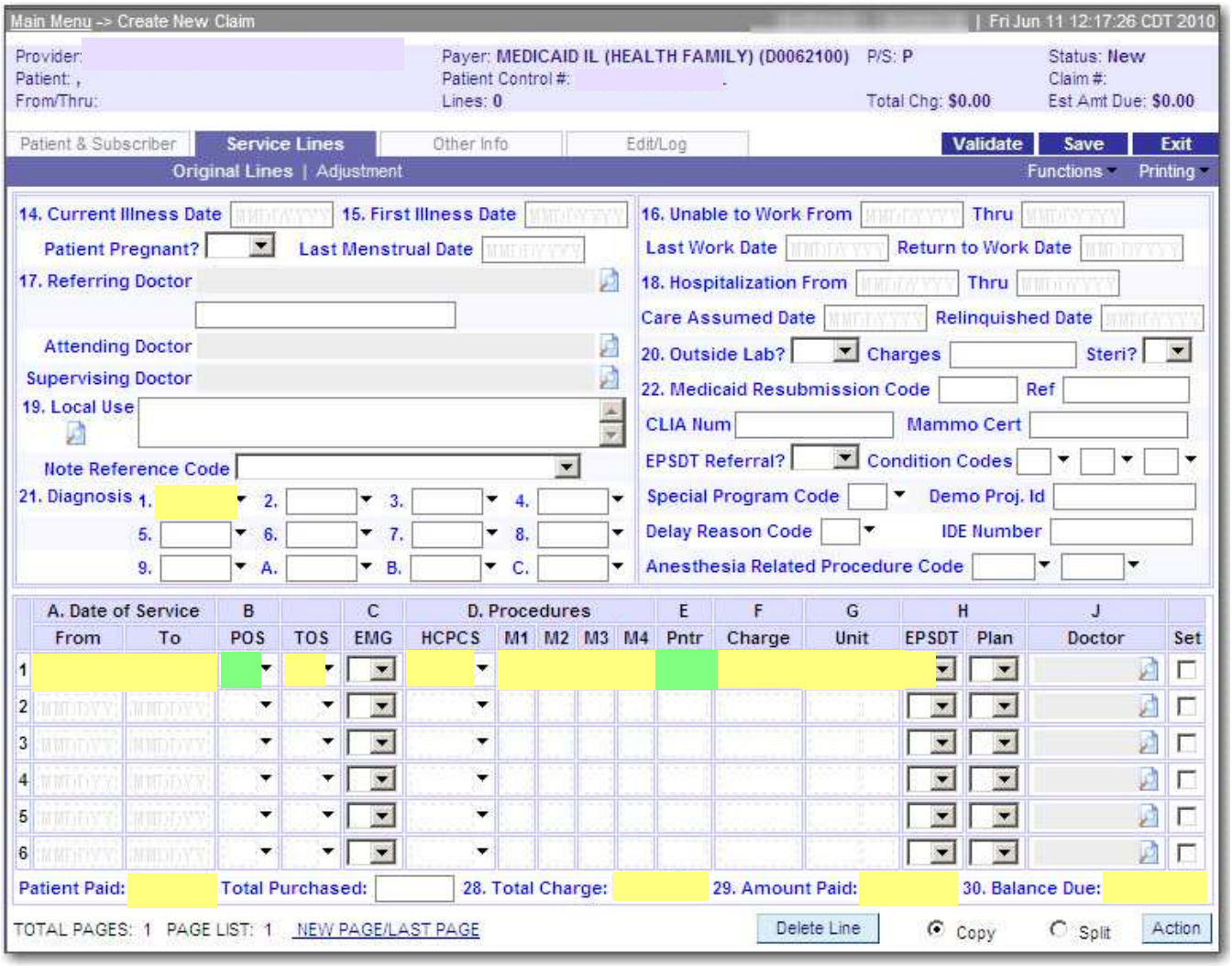


Table 15 Service Lines > Original Lines Screen Field Descriptions (HFS 2210 Crosswalk)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
8-5	H. Kids (Leave blank)	**24H Upper**	EPSDT
8-7	Diagnosis Description	**N/A**	Diagnosis (Search Diagnosis)
8-8 **8-9**	Prefix Diag Code	**21-1**	Diagnosis
8-14	Cat Serv Allowed values 41 = Medical Equipment or Prosthetic Devices 48 = Medical Supplies	N/A	TOS (value entered determines HFS Form created)
8-15	Item	**24D-1**	HCPCS
8-16	Pur/Rent Allowed values 1 = Modifier NU 2 = Modifier RR 3 = Modifier RP 5 = Modifier SC	**24D-2**	M1, M2, M3, M4
8-17	Quantity	**24G**	Unit
8-18	Date of Service	**24A Lower**	Date of Service - From / To
8-23	Provider Charge	**24F**	Charge
12	Sec # (Line number)	**N/A**	Calculated field
13C	TPL Amount (Patient Paid)	**N/A**	Patient Paid
13D	TPL Date (Patient Paid Date)	**N/A**	Date of Service - From
14	# Sects (Number of Lines)	**N/A**	Calculated field
15	Total Charge	**28**	Total Charge
16	Total Deductions	**29**	Amount Paid
17	Net Charge	**30**	Balance Due
N/A	N/A	**24B**	POS
N/A	N/A	**24E**	Pntr

Service Lines > Adjustment Screen

Screen 18 Service Lines > Adjustment Screen (HFS 2210 Crosswalk)

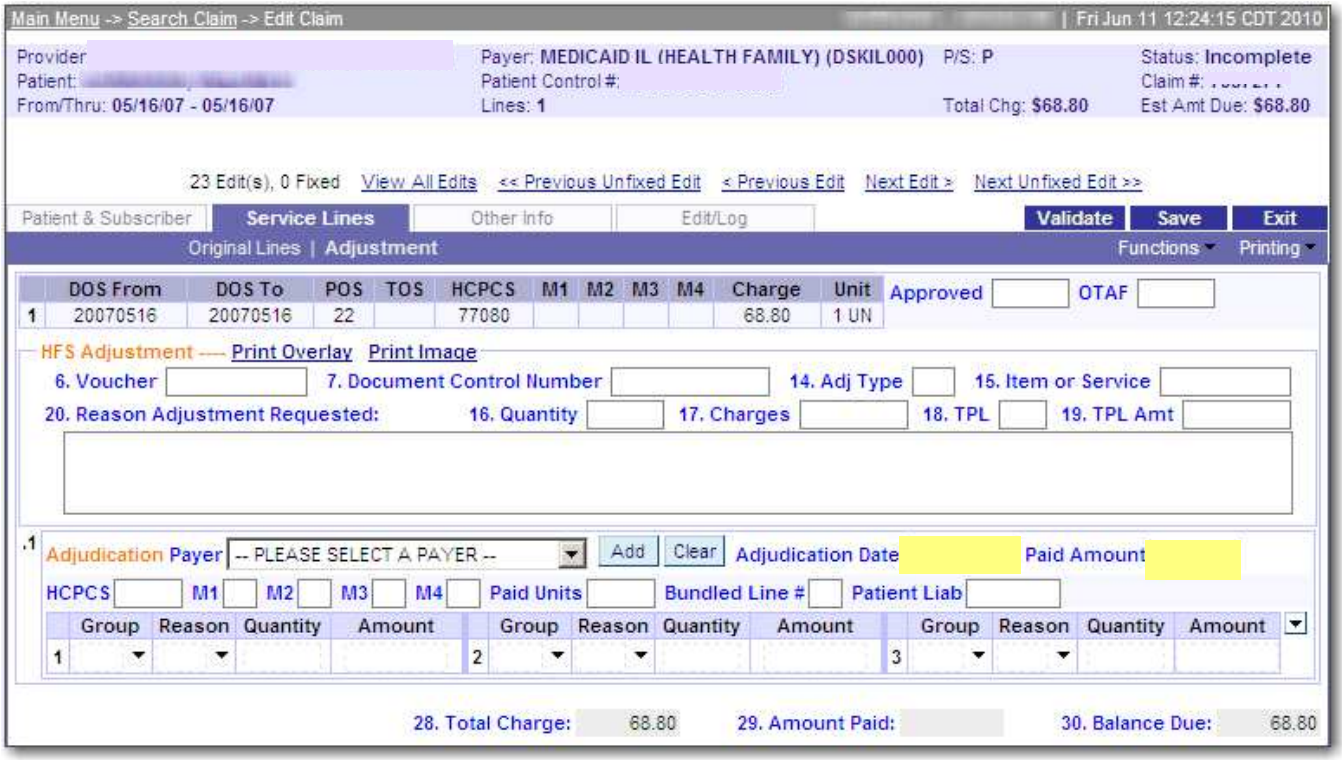


Table 16 Service Lines > Adjustment Screen Field Descriptions (HFS 2210 Crosswalk)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
8-21	TPL Amount (Line)	N/A	Paid Amount
8-22	TPL Date (Line)	N/A	Adjudication Date
13C	TPL Amount (Line)	N/A	Paid Amount
13D	TPL Date (Line)	N/A	Adjudication Date

Other Info > General Screen

Screen 19 Other Info > General Screen (HFS 2210 Crosswalk)

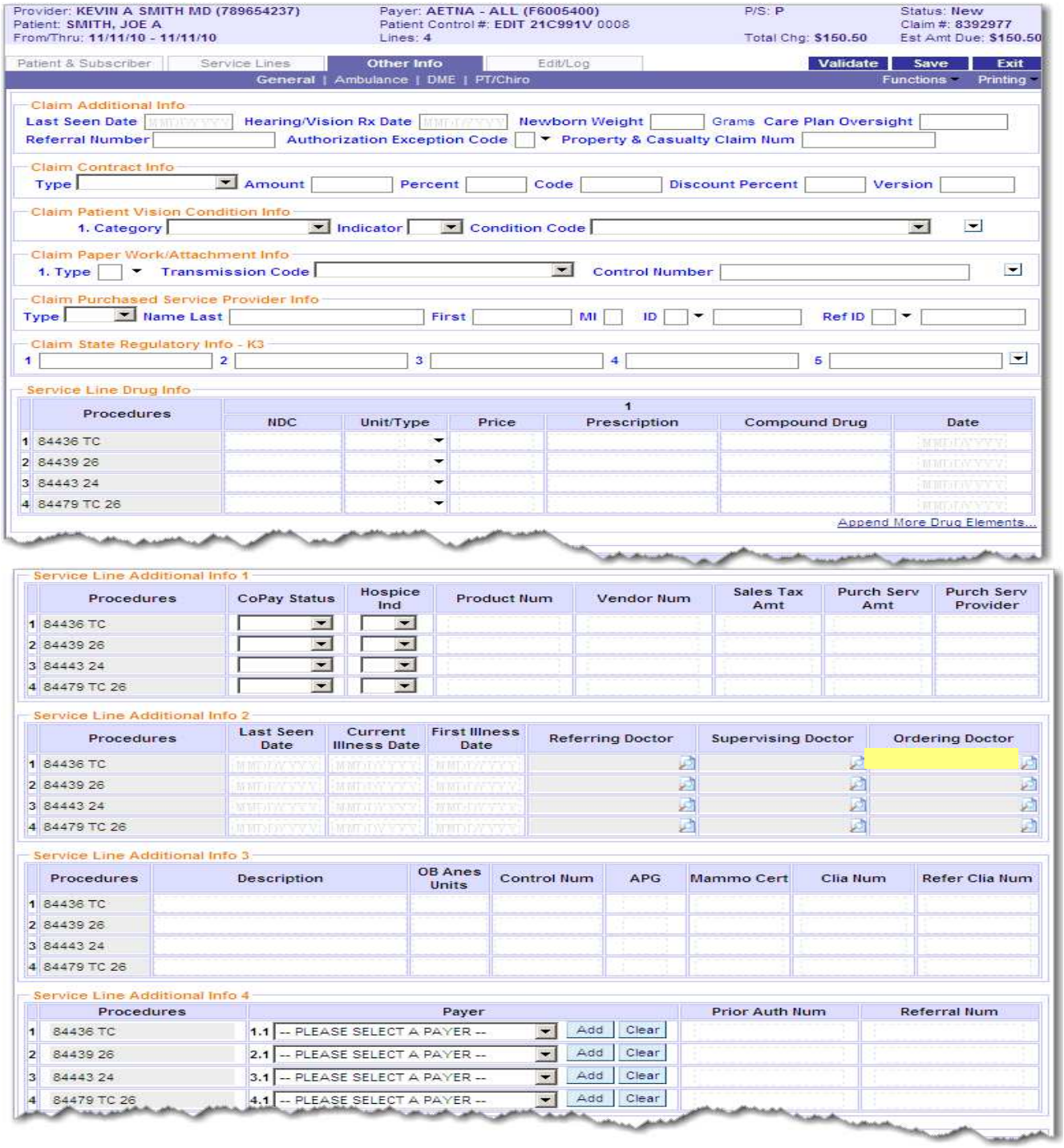


Table 17 Other Info > General Screen Field Descriptions (HFS 2210 Crosswalk)

HFS 2210 FL#	HFS 2210 Field Description	CMS 1500 FL#	Claim Master Field Description
8-10	Ordering Practitioner Name	N/A	Ordering Doctor (Name - Search Doctor)
8-11	Ordering Practitioner Number NPI	N/A	Ordering Doctor (NPI - Search Doctor)

HFS Form 2360

The HFS 2360 claim form is used to submit claims for Professional services in a hardcopy or paper format to Medicaid IL. The following Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen identifies the claim as a HFS 2360 claim form in Claim Master.

1 = Medical Care - Attending Physician
2 = Surgery - Surgeon
3 = Consultation - Consultant
4 = Diagnostic X-Ray - Radiologist
5 = Diagnostic Laboratory - Pathologist
7 = Anesthesia - Anesthesiologist
8 = Assistance at Surgery - Surgical Assistant
9 = Other Medical Service
S = Co-Surgeon
Y = Second Opinion on Elective Surgery
G = Concurrent Care

Color-coded visual aids in this chapter identify the fields on the Claim Master claim form screens that:

Highlighted in yellow	Corresponds to the Medicaid Illinois HFS form
Highlighted in green	Required for billing a Medicaid Illinois HFS claim from Claim Master

The Medicaid Illinois HFS form specific data elements listed below were not added to the Claim Master claim form screens as the Payer requires the field to be blank upon submission.

HFS 2360 FL#	HFS 2360 Field Description
2-2	Age (**Leave blank**)
16-1	Has Patient Ever Had Same or Similar Symptom (**Leave blank**)
17	Date Patient Able To Return To Work (**Leave blank)**
18-2	Dates of Partial Disability From/Thru (**Leave blank**)
36	Original Voucher Number (**Leave blank**)

Patient & Subscriber > Patient and Current Subscriber/Payer Screen

Screen 20 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (HFS 2360 Crosswalk)

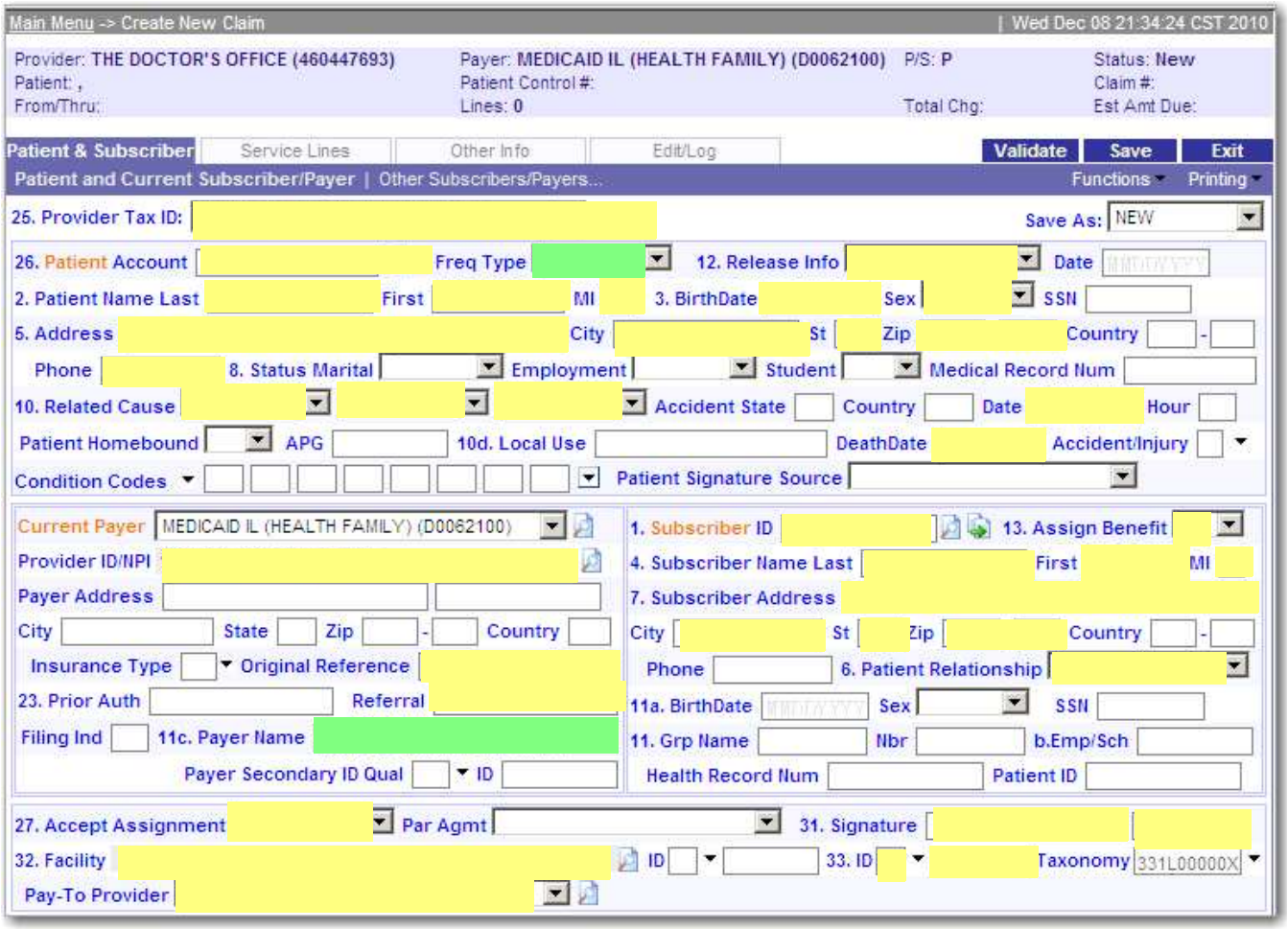


Table 18 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2360 Crosswalk) (part 1 of 2)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
1	Patient's Name (First MI Last)	**2**	Patient Name, Last, First, MI
2-1	Patient's Date of Birth	**3-1**	Birth Date
3	Subscriber's Name (First MI Last)	**4**	Subscribers Name Last, First, MI
4-1	Patient's Address (Street)	**5-1**	Address
4-2	Patient's Address (City)	**5-2**	City
4-2	Patient's Address (State)	**5-3**	State
4-3	Patient's Address (Zip Code)	**5-4**	Zip
4-4	Patient's Address (Telephone)	**5-5**	Phone
5	Patient's Sex	**3-2**	Sex
7	Patient Relation To Subscriber	**6**	Pat-Ins Relation
8	Subscriber's Group No. (Group Name) And/Or Medicaid No.	**1a`**	Subscriber ID
10A	Patient Employment	**10a**	Related Cause
10B-1	Accident Auto	**10b-1**	Related Cause
10B-2	Accident Other	**10c**	Related Cause
11-1	Subscriber's Address (Street)	**7-1**	Subscriber Address
11-2	Subscriber's Address (City)	**7-2**	City
11-3	Subscriber's Address (State)	**7-3**	State
11-4	Subscriber's Address (Zip Code)	**7-4**	Zip
12	Patient's or Authorized Person's Signature - Date (Release)	**12**	Release Info - Date
13	Subscriber's or Authorized Person's Signature (Assign Benefits)	**13**	Assign Benefits
14	Date Injury (Accident)	**14**	Accident Date
21	Name and Address of Facility Where Services Rendered	**32-1**	Facility (Name - Search Facility)
23D	Prior Authorization Number	**23**	Prior Authorization Number
25-1	Signature of Physician or Supplier (Leave blank)	**31-1**	Signature
25-2	Date (Leave blank)	**31-2**	Date
26	Accept Assignment	**27**	Accept Assignment
30	Your Provider Number	**33a**	Provider ID NPI
31-1	Physician's or Supplier's Name	**33-2**	Provider Tax ID (Name)
31-2	Physician's or Supplier's Address	**33-3**	Provider ID NPI (Address - Display Provider)
31-3	Physician's or Supplier's City, State, Zip Code	**33-4**	Provider ID NPI (City, State, Zip Code)
32	Your Patient Account Number	**26**	Patient Account

Table 18 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2360 Crosswalk) (part 2 of 2)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
33	Payee Number	N/A	Pay-To-Provider (Display Provider)
35	Original DCN	**22-2**	Original Reference
N/A	N/A	**Top 1**	Payer
N/A	N/A	**11c**	Payer
N/A	N/A	N/A	Freq Type

Patient & Subscriber > Other Subscribers/Payers Screen

Screen 21 Patient & Subscriber > Other Subscribers/Payers Screen (HFS 2360 Crosswalk)

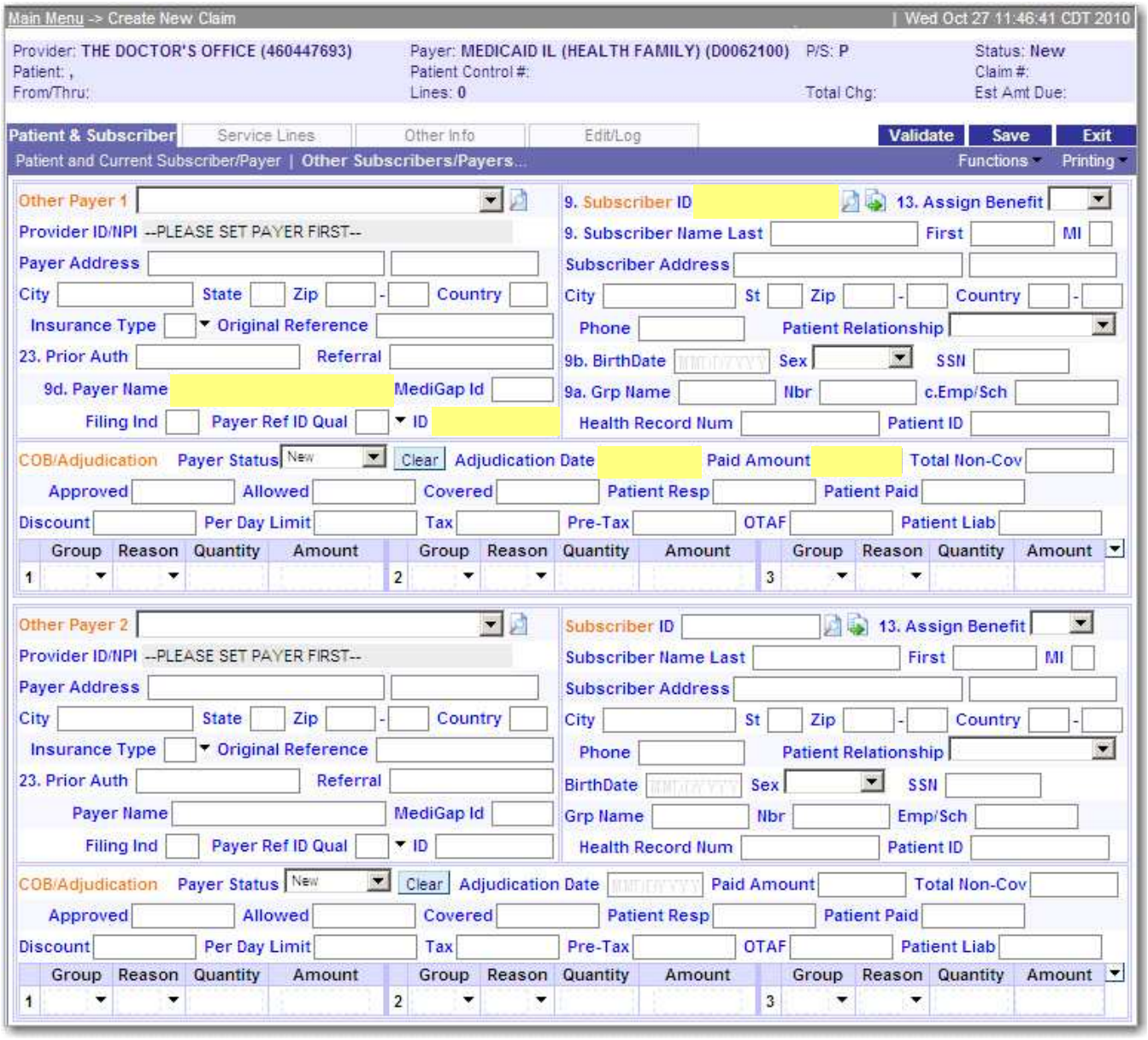


Table 19 Patient & Subscriber > Other Subscribers/Payers Screen Field Descriptions (HFS 2360 Crosswalk)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
9	Subscriber's ID And/Or Medicare No.	**9d**	Payer (Name - Payer ID - Position 1-3 = 999)
37A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
37B	Status (Claim)	N/A	Payer ID (Position 4-5)
37C	TPL Amount (Claim)	N/A	Paid Amount
37D	TPL Date (Claim)	N/A	Adjudication Date
38A	TPL Code (Claim)	N/A	Payer ID (Position 1-3)
38B	Status (Claim)	N/A	Payer ID (Position 4-5)
38C	TPL Amount (Claim)	N/A	Paid Amount
38D	TPL Date (Claim)	N/A	Adjudication Date

Service Lines > Original Lines Screen

Screen 22 Service Lines > Original Lines Screen (HFS 2360 Crosswalk)

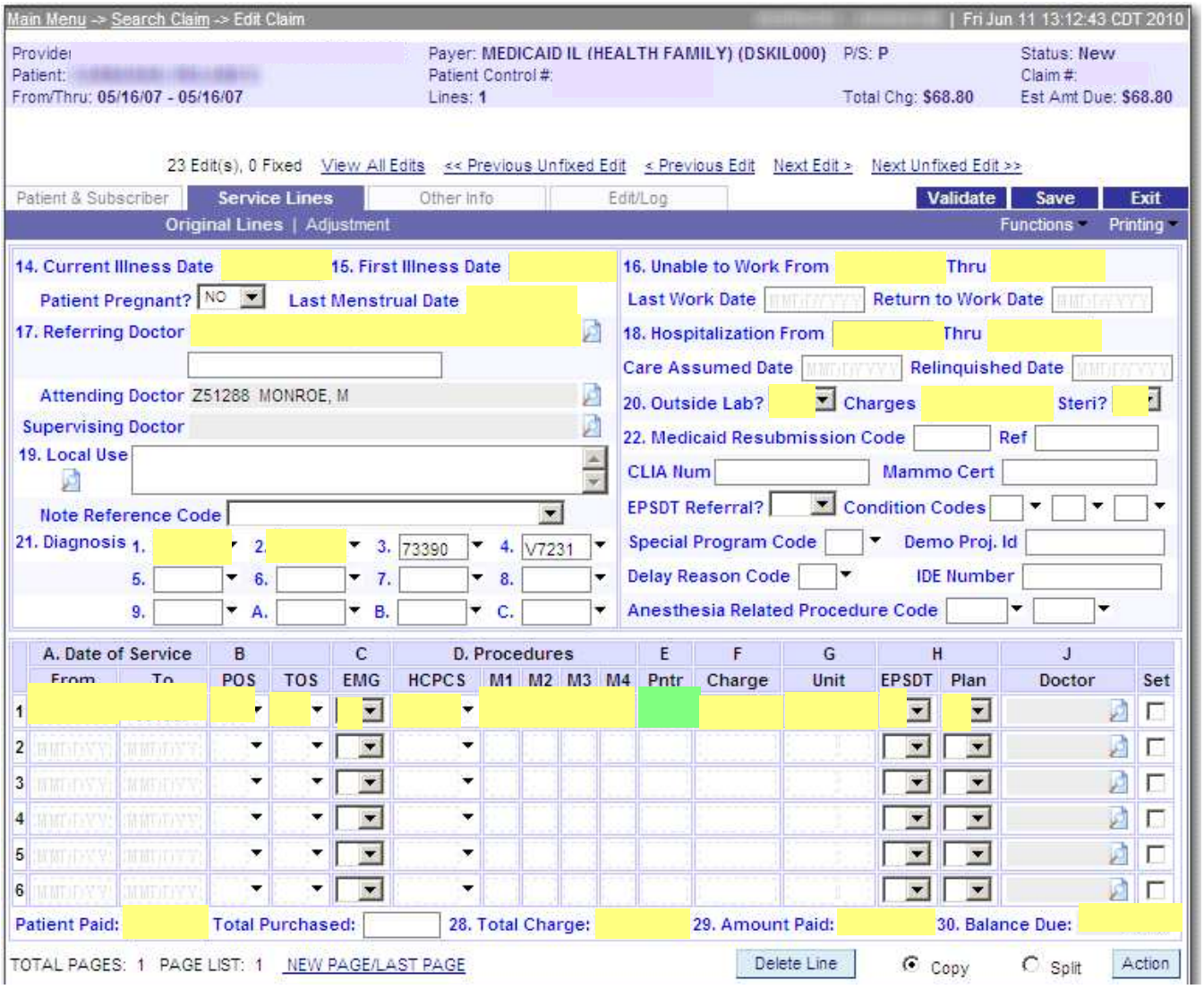


Table 20 Service Lines > Original Lines Screen Field Descriptions (HFS 2360 Crosswalk) (part 1 of 2)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
14	Date Illness (First Symptom) or Date Pregnancy (LMP)	**14**	Current Illness Date Last Menstrual Date
15	Date First Consulted You For This Condition	**15**	First Illness Date
16-2	Check if Emergency	**24C**	EMG
18-1	Dates of Total Disability From/Thru	**16**	Unable to Work From/Thru
19-1	Name of Referring Physician or Other Source	**17**	Referring Doctor (NPI - Search Order)
19-2	Provider Number	**17b**	Referring Doctor (NPI - Search Doctor)
20	For Services Related to Hospitalization Give Hospitalization Dates (Admitted/Discharged)	**18**	Hospitalization From/Thru
22-1	Was Laboratory Work Performed Outside Your Office	**20-1**	Outside Lab?
22-2	Charges	**20-2**	Charges
23A	Healthy Kids Services	**24H Upper**	EPSDT
23B	Family Planning	**24H Lower**	Plan
23C	Sterilization/Abortion	N/A	Steri?
23E	TOS (Type of Service) Allowed Values 1 = Medical Care - Attending Physician 2 = Surgery - Surgeon 3 = Consultation - Consultant 4 = Diagnostic X-Ray - Radiologist 5 = Diagnostic Laboratory - Pathologist 7 = Anesthesia - Anesthesiologist 8= Assistance at Surgery - Surgical Assistant 9 = Other Medical Service S = Co-Surgeon Y = Second Opinion on Elective Surgery G = Concurrent Care	N/A	TOS (value entered determines HFS Form created)
23F	Primary Diagnosis Description	N/A	Diagnosis (Search Diagnosis)

Table 20 Service Lines > Original Lines Screen Field Descriptions (HFS 2360 Crosswalk) (part 2 of 2)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
24A	Date of Service	**24A Lower**	Date of Service - From/Thru
24B	POS (Place of Service) Allowed values 11 = Office 12 = Home 13 = Assisted Living Facility 14 = Group Home 21 = Inpatient Hospital 22 = Outpatient Hospital 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility	**24B**	POS
24C-1	Procedure Code	**24D-1**	HCPCS
24C-2	MOD	**24D-2**	M1, M2, M3, M4
24C-3	Procedure Description	**N/A**	HCPCS (Search HCPCS)
24D-1	Diagnosis Code (Primary)	**21-1**	Diagnosis
24D-2	Diagnosis Code (Secondary)	**21-2**	Diagnosis
24E	Charges	**24F**	Charges
24F	Days or Units	**24G**	Unit
27	Total Charges	**28**	Total Charges
28	Amount Paid	**29**	Amount Paid
29	Balance Due	**30**	Balance Due
34	Number of Sections (Number of lines)	N/A	Calculated field
37C	TPL Amount (Patient Paid)	N/A	Patient Paid
37D	TPL Date (Patient Paid Date)	N/A	Date of Service - From
38C	TPL Amount (Patient Paid)	N/A	Patient Paid
38D	TPL Date (Patient Paid Date)	N/A	Date of Service - From
N/A	N/A	24E	Pntr

Other Info > General Screen

Screen 23 Other Info > General Screen (HFS 2360 Crosswalk)

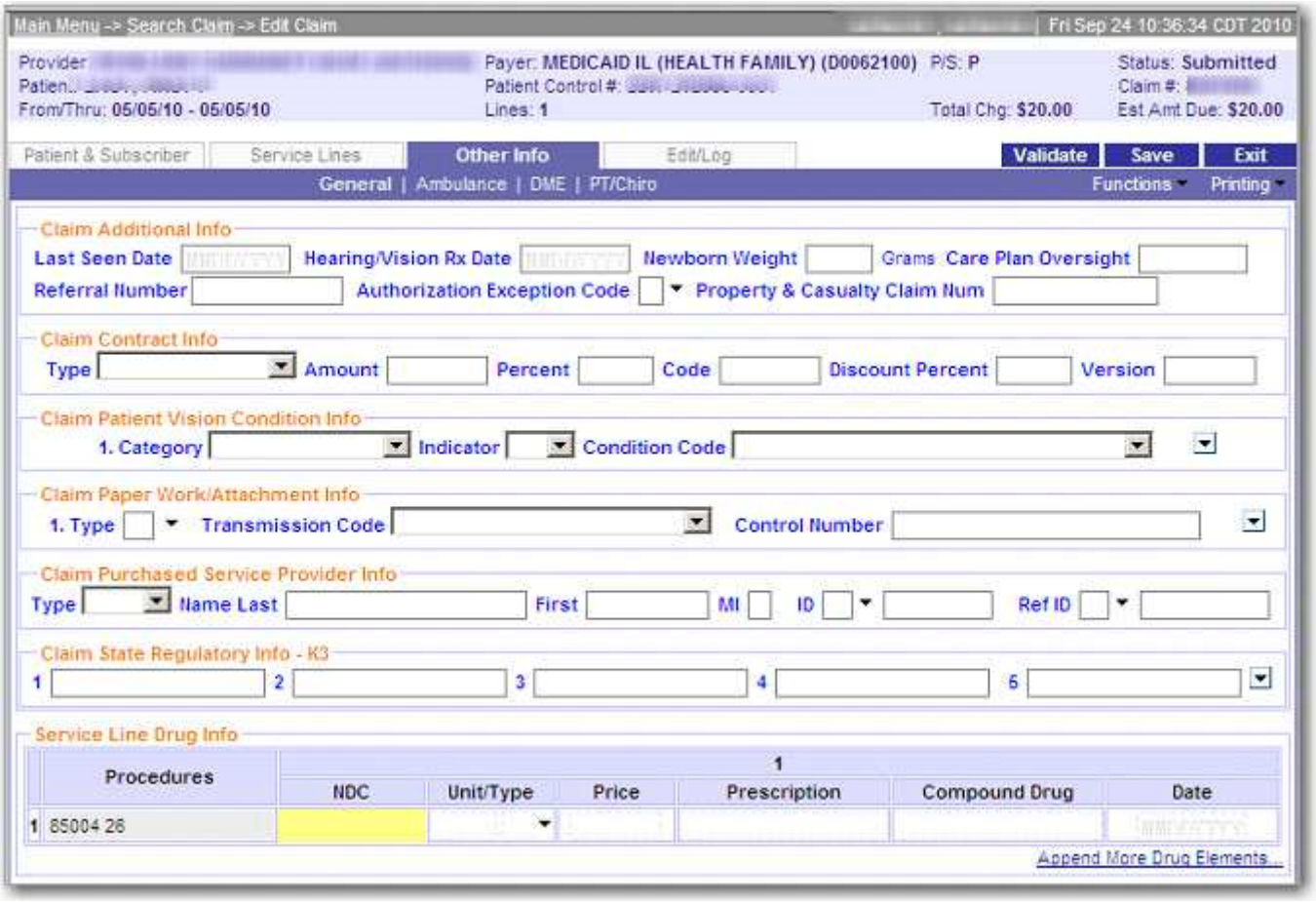


Table 21 Other Info > General Screen Field Descriptions (HFS 2360 Crosswalk)

HFS 2360 FL#	HFS 2360 Field Description	CMS 1500 FL#	Claim Master Field Description
24C-1	Procedure Code (NDC)	**24D-1**	NDC

HFS Form 2292

The HFS 2292 adjustment form is used to file adjustments for all Professional services in a hardcopy or paper format to Medicaid IL.

A color-coded visual aid in this chapter identifies the fields on the Claim Master claim form screens that:

Highlighted in yellow	Required for filling an adjustment to Medicaid Illinois HFS from Claim Master

The Medicaid Illinois HFS form specific data elements listed below were not added to the Claim Master claim form screens as the Payer requires the field to be blank upon submission.

HFS 2292 FL#	HFS 2292 Field Description
1	Document Control Number (**Leave blank**)
23	HFS Use Only (**Leave blank**)
24	HFS Use Only (**Leave blank**)
25	HFS Use Only (**Leave blank**)
26	HFS Use Only (**Leave blank**)
27	HFS Use Only (**Leave blank**)
28	HFS Use Only (**Leave blank**)
29	HFS Use Only (**Leave blank**)
30	HFS Use Only (**Leave blank**)
31	HFS Use Only (**Leave blank**)
32	HFS Use Only (**Leave blank**)
33	HFS Use Only (**Leave blank**)
34	HFS Use Only (**Leave blank**)
35	HFS Use Only (**Leave blank**)
36	HFS Use Only (**Leave blank**)
37	HFS Use Only (**Leave blank**)

Patient & Subscriber > Patient and Current Subscriber/Payer Screen

Screen 24 Patient & Subscriber > Patient and Current Subscriber/Payer Screen (HFS 2292 Crosswalk)

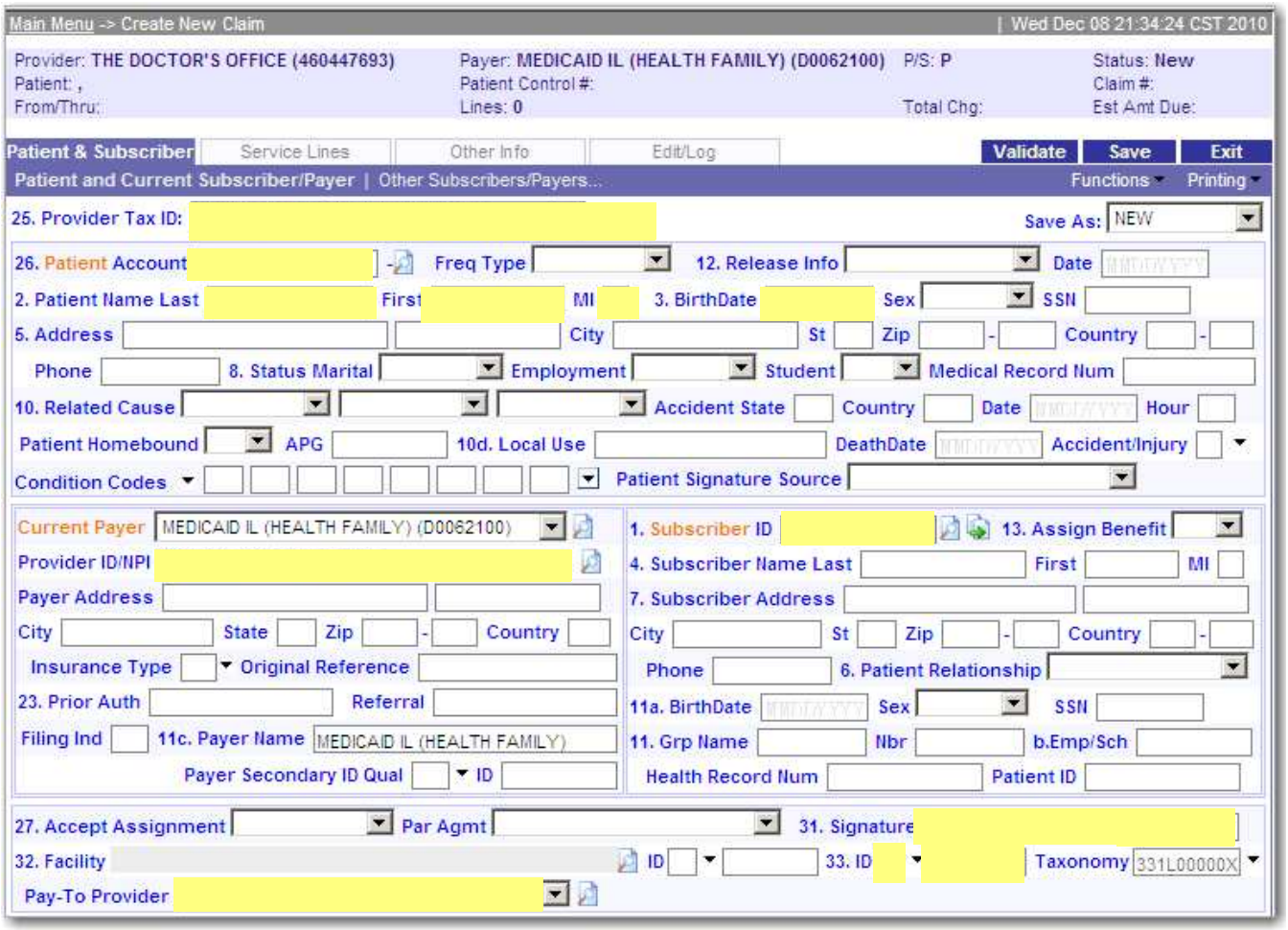


Table 22 Patient & Subscriber > Patient and Current Subscriber/Payer Screen Field Descriptions (HFS 2292 Crosswalk)

HFS 2292 FL#	HFS 2292 Field Description	Claim Master Field Description
2-1	Provider Name	Provider Tax ID (Name)
2-2	Provider Street	Provider ID/NPI (Address - Display Provider)
2-3	Provider City Provider State Provider Zip	Provider ID/NPI (City, State, Zip - Display Provider)
3	Provider Number	Provider ID/NPI
4	Payee	Pay-To Provider (Display Provider)
5	Provider Reference	Patient Account
11	Recipient Name	Patient Name Last, First, MI
12	Recipient Number	Subscriber ID
13	Date of Birth	BirthDate
21	Provider Signature (Leave blank)	Signature
22	Signature Date (Leave blank)	Date

Service Lines > Original Lines Screen

Screen 25 Service Lines > Original Lines Screen (HFS 2292 Crosswalk)

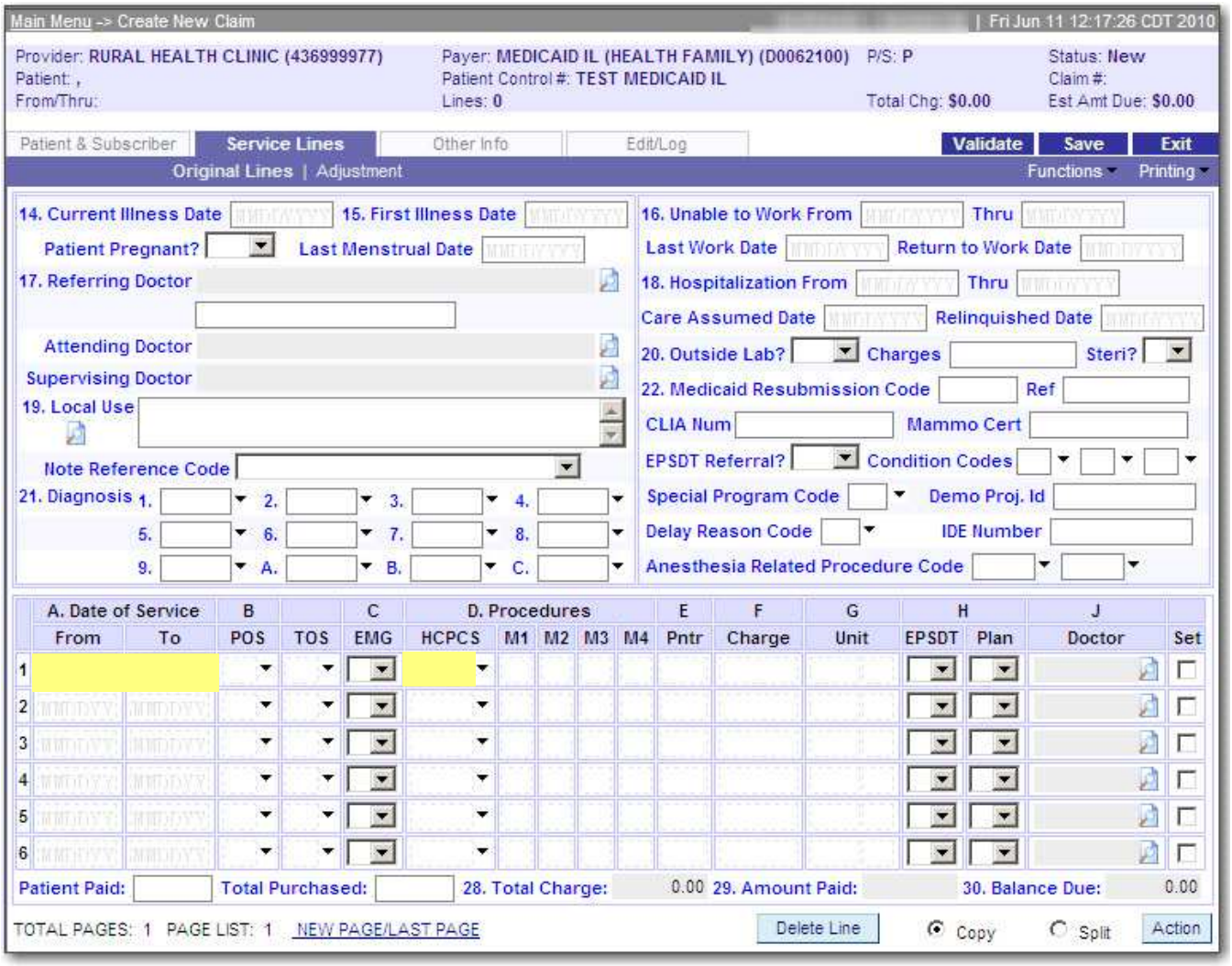


Table 23 Service Lines > Original Lines Screen Field Descriptions (HFS 2292 Crosswalk)

HFS 2292 FL#	HFS 2292 Field Description	Claim Master Field Description
9	Date of Service	Date of Service - From/To
10	Item or Service	HCPCS

Service Lines > Adjustment Screen

Screen 26 Service Lines > Adjustment Screen (HFS 2292 Crosswalk)

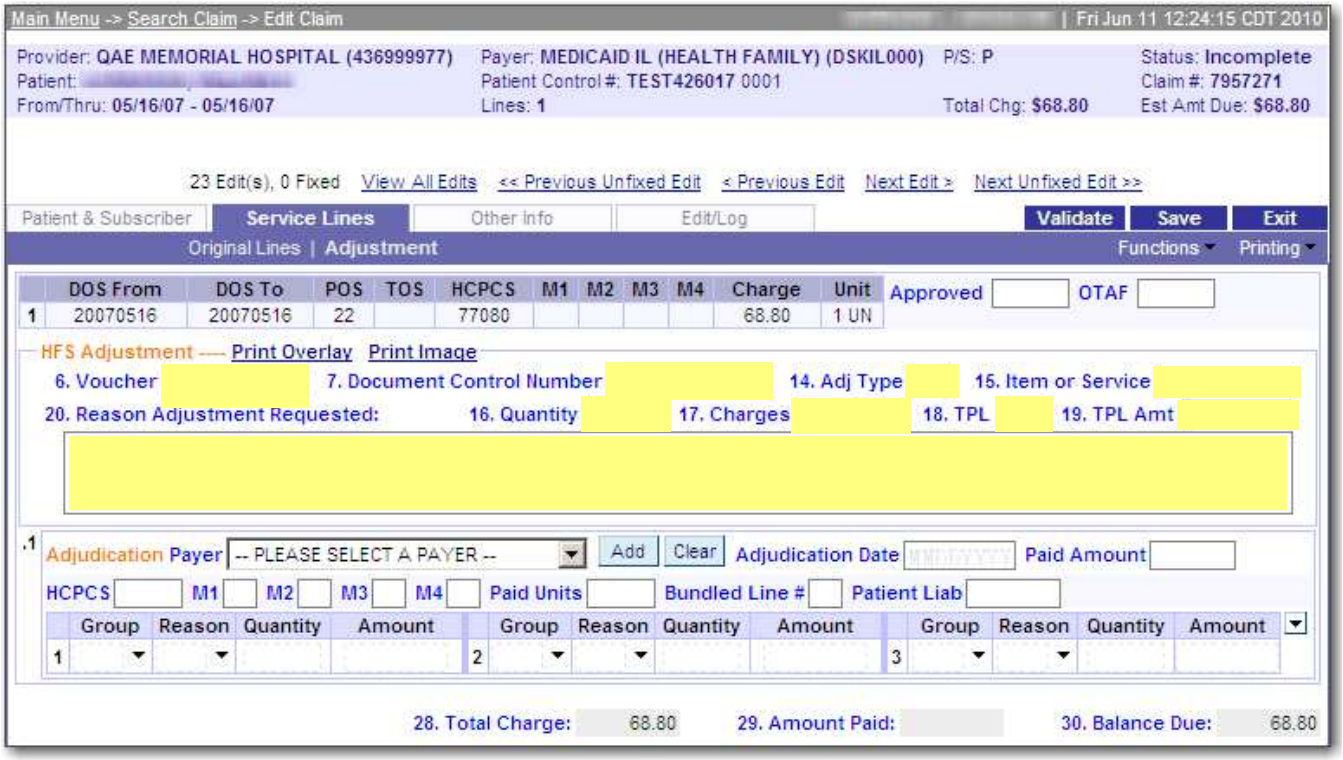


Table 24 Service Lines > Adjustment Screen Field Descriptions (HFS 2292 Crosswalk)

HFS 2292 FL#	HFS 2292 Field Description	Claim Master Field Description
6	Voucher	Voucher
7	Document Control Number	Document Control Number
8	Serv Sect	N/A - Calculated field
14	Adj Type	Adj Type
15	Item or Service	Item or Service
16	Quantity	Quantity
17	Charges	Charges
18	TPL	TPL
19	TPL Amount	TPL
20	Reason Adjustment Requested	Reason Adjustment Requested

Chapter 2

Hand-Keying Medicaid Illinois HFS Claims

In addition to its automated Claim Capture functionality, Claim Master allows you to hand-key Medicaid Illinois HFS proprietary claim forms. The order you in which you key in claim information is at your discretion. However, Emdeon recommends the following order for keying in claim information:

1. *Patient & Subscriber*

2. *Service Lines*

3. *Other Info*

Start by clicking on the *Patient & Subscriber* tab and entering Provider and Patient information. When entering information, you may tab to move from one field to the next.

It is not necessary to enter all the information for the claim before saving the claim. If you have an interruption while entering claim information, you may save the claim and access it later to complete it.

- **Patient and Subscriber** - The Patient & Subscriber tab contains demographic information such as address, Payer, provider, and insured's information.

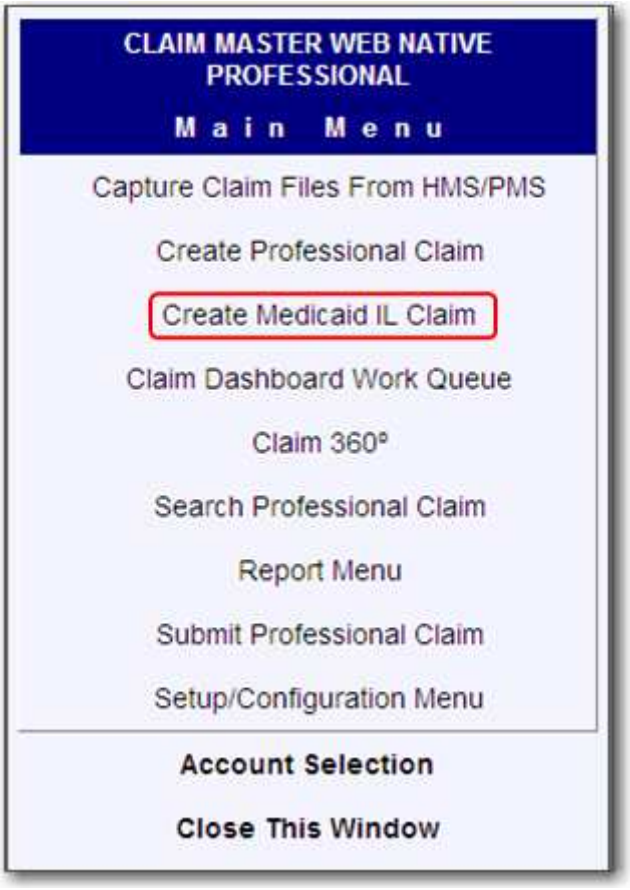
- **Service Lines** - The Service Lines tab contains itemized service/treatment information including HCPCS codes, date of service, and illness dates, doctor information, diagnosis codes, authorization information, and other service data.

- **Other Info** - The Other Info tab consists of four individual screens that contain additional claim information typically not on a printed HCFA form. This information includes General, Ambulance, DME, and PT/Chiro information.

For more detailed descriptions of these screens and crosswalks specific to each Medicaid Illinois HFS proprietary claim form, see Chapter 1, "Completing Claim Master Screens."

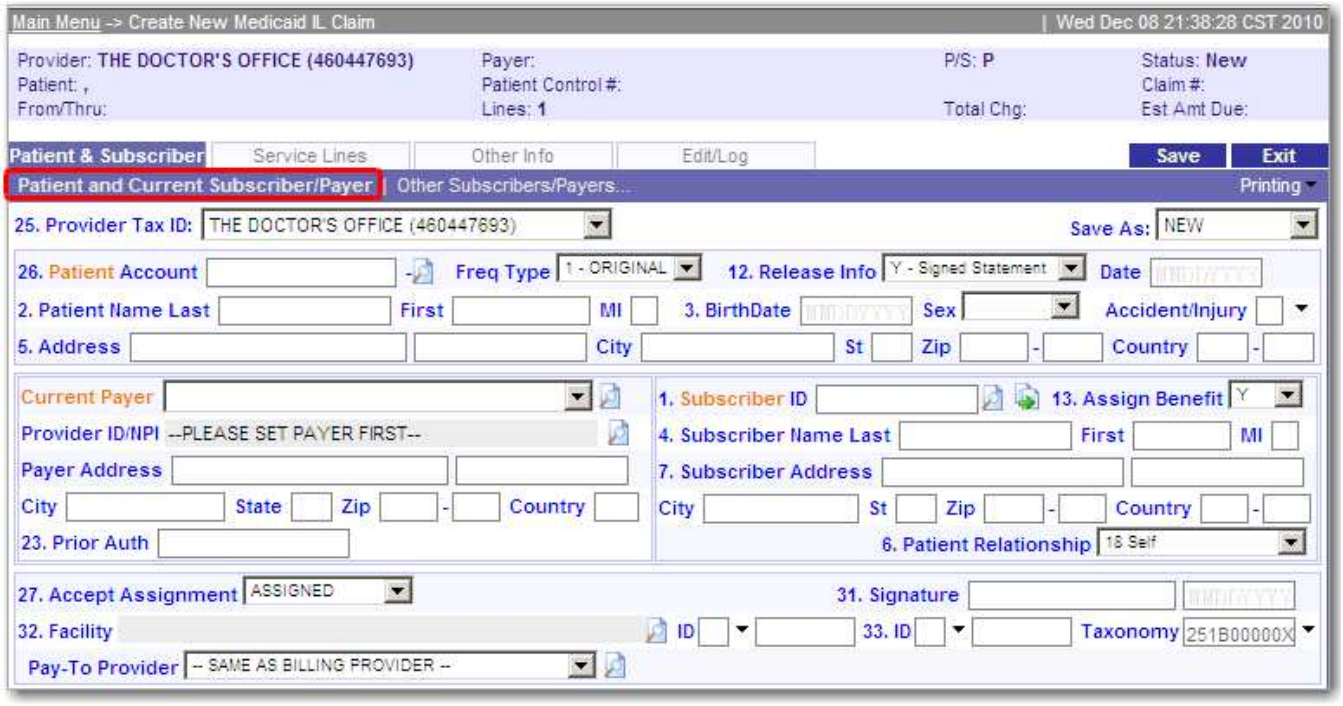
Hand Keying a Medicaid Illinois HFS Claim

1 Select the **Create Medicaid IL Claim** option from the Claim Master Main Menu.



The *Patient & Subscriber > Patient and Current Subscriber/Payer* displays.

Screen 27 Patient & Subscriber > Patient and Current Subscriber/Payer Screen

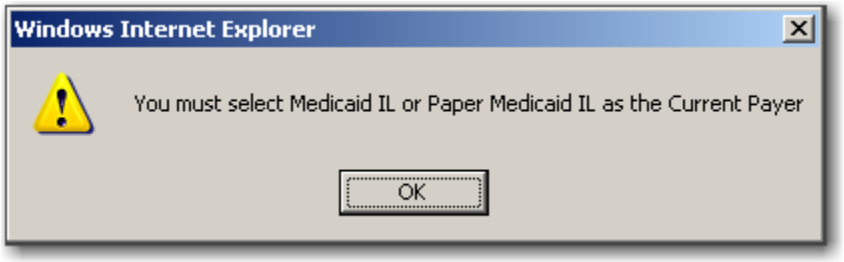


2 Enter Patient and Subscriber information into the applicable fields. The following fields will be defaulted:

- Frequency Type = 1 - Original
- Release Information = Y - Signed Statement
- Assign Benefits = Y - Yes
- Patient Relationship = 18 - Self
- Accept Assignment = Assigned

3 Select a Medicaid IL Payer as the current Payer.

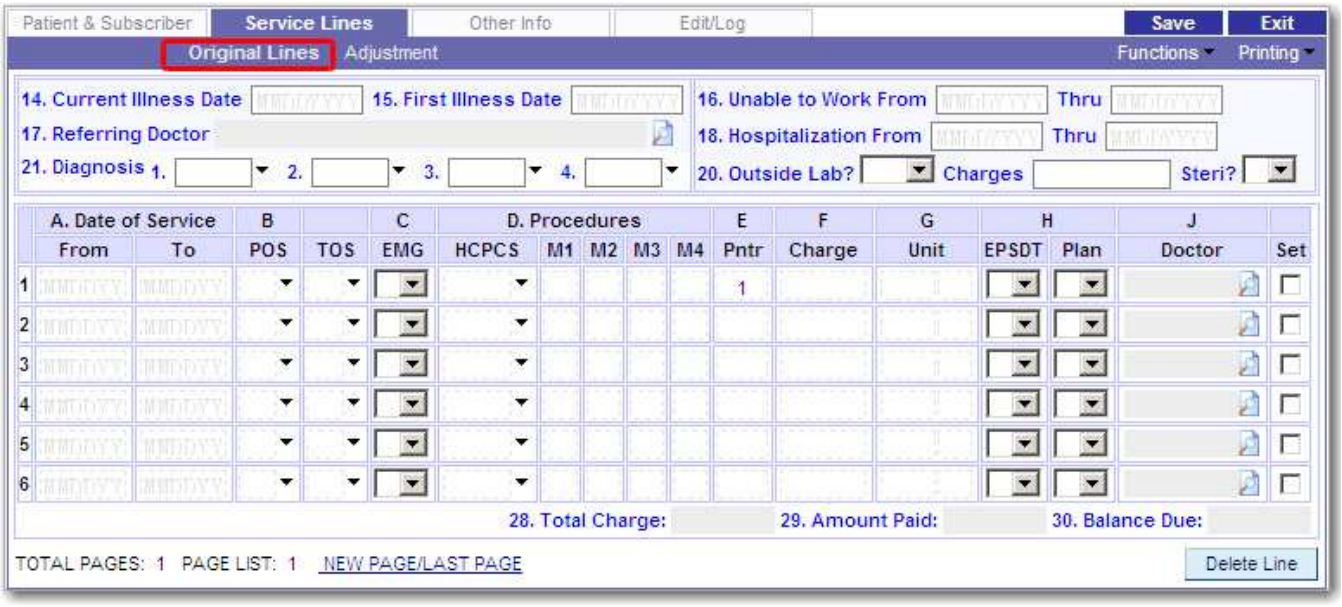
The following message will display upon exiting the *Patient & Subscriber > Patient and Current Subscriber/Payer* screen if a Medicaid IL Payer has not been selected.



4 Click the *Service Lines > Original Lines* link.

The *Service Lines* > *Original Lines* screen displays.

Screen 28 Service Lines > Original Lines Screen



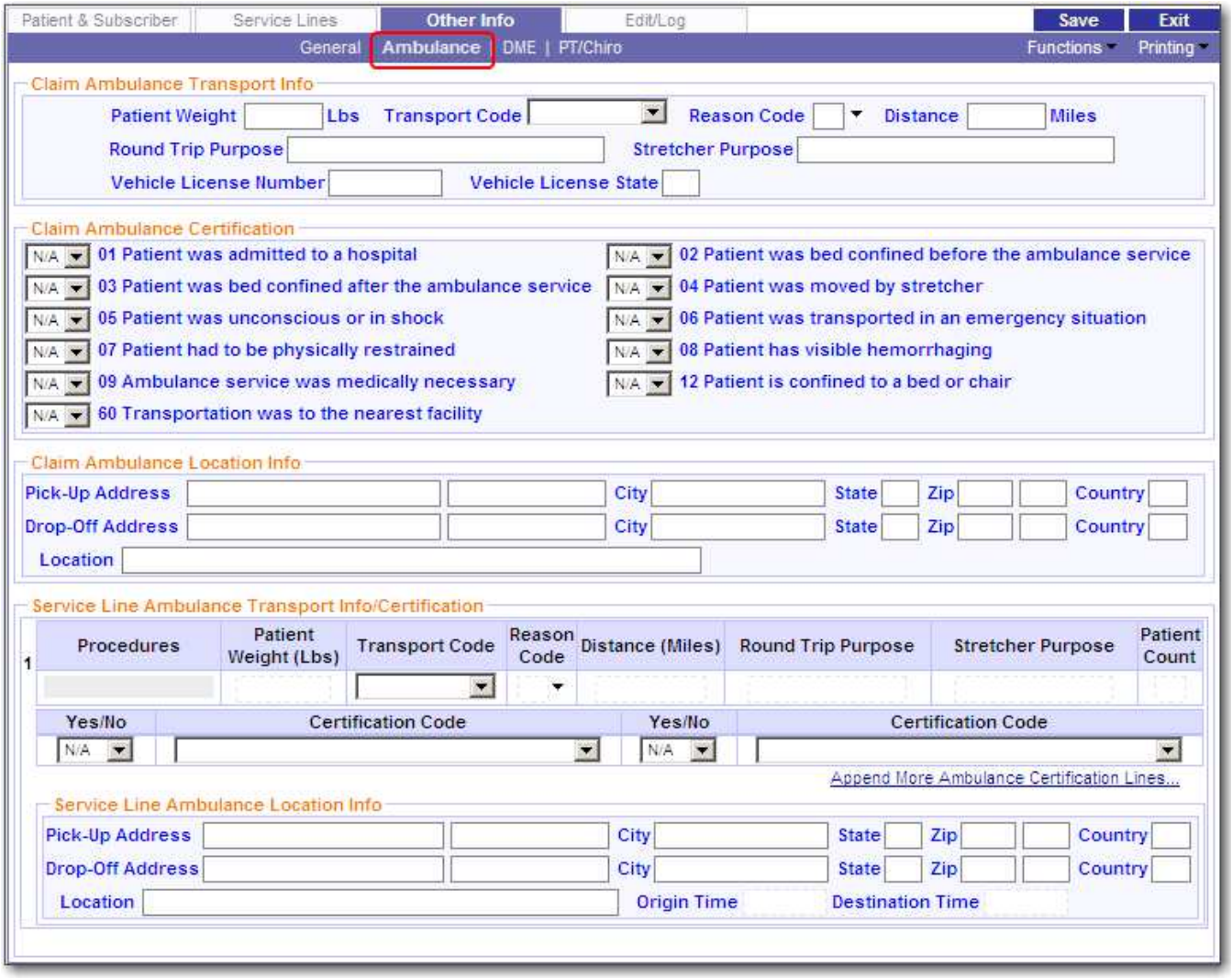
5 Enter Physician and Charge information into the applicable fields. The following field will be defaulted:

- Diagnosis Pointer = 1

6 Click the *Other Info* > *Ambulance* link if billing Transportation services.

The *Other Info* > *Ambulance* screen displays.

Screen 29 Other Info > Ambulance Screen



7 Enter Transportation information into the applicable fields.

8 Click the **Save** button to save the claim.

9 Click the **Exit** button to leave the claim.

The following message displays.

10 Click **OK** to key the next claim. Click **Cancel** to leave the screen.

Chapter 3

Creating and Printing Medicaid Illinois HFS Forms

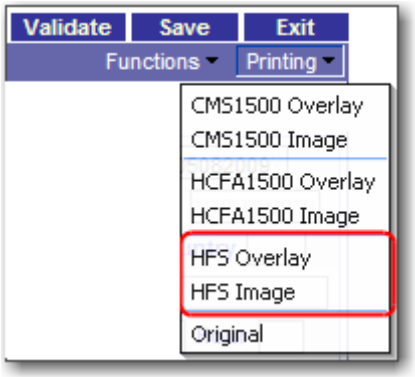
Medicaid Illinois HFS claim forms and adjustment forms can be created on demand or in a batch as Adobe PDF files for printing to your local printer. The PDF file is formatted to print based on the option selected. For detailed descriptions of the printing setup options and Adobe requirements, see the "Printing and Viewing Claims" section of Chapter 5 of the *Claim Master Professional User Reference*.

Client Setup Required

Access to the Medicaid Illinois HFS form specific fields and the capability to create the Medicaid Illinois HFS forms is a premium service that requires setup by the Emdeon Implementation Administrator.

On Demand Claim Forms

The Printing pull-down menu, which is located directly under the Exit button, displays the available on demand claim printing options for Claim Master. The **HFS Overlay** and **HFS Image** options are used to create the Medicaid Illinois HFS claim forms based upon the Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen.



Selecting the **HFS Overlay** option will create the claim, with the form pre-formatted in red in the background, to print to white paper on your local printer.

Selecting the **HFS Image** option will create the claim, formatted with claim data only, to print on pre-printed forms on your local printer.

Note

Prior to printing any claim forms, you must verify that your printer is loaded with the correct forms or paper.

The Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen in Claim Master determines the appropriate Medicaid Illinois HFS claim form to create.

Table 25 HFS Form Descriptions > Type of Service (TOS) Crosswalk

Number	Description	Type of Service (TOS)
1443	Provider Invoice (Therapy)	03, 04, 05, 11, 12, 13, 14, 33, 34, 45, 47
2209	Transportation Invoice	50, 51, 52, 53, 54, 55, 56
2210	Medical Equipment/Medical Supplies	41, 48
2360	Health Insurance Claim Form (Professional)	1, 2, 3, 4, 5, 7, 8, 9, G, S, Y

Selecting the **HFS Overlay** or **HFS Image** option without a Type of Service (TOS) entered will display the following message.

Click the **OK** button to return to the claim to enter a Type of Service (TOS) on the ***Service Lines > Original Info*** screen.

Selecting the **HFS Overlay** or **HFS Image** option with conflicting Type of Service (TOS) entered will display the following message.

Click the **OK** button to return to the claim to correct the Type of Service (TOS) entered on the ***Service Lines > Original Info*** screen.

On Demand Adjustment Forms

The Medicaid Illinois HFS adjustment form printing options are located on the ***Service Lines > Adjustment*** screen in Claim Master. The **HFS Adjustment > Print Overlay** and **HFS Adjustment > Print Image** options are used to create the Medicaid Illinois HFS 2292 adjustment form for each service line.

Selecting the **HFS Adjustment > Print Overlay** option will create the adjustment form, with the form pre-formatted in red in the background, to print to white paper on your local printer.

Selecting the **HFS Adjustment > Print Image** option will create the adjustment form, formatted with claim data only, to print on pre-printed forms on your local printer.

Note

Prior to printing any claim forms, you must verify that your printer is loaded with the correct forms or paper.

Submitting Paper Claims

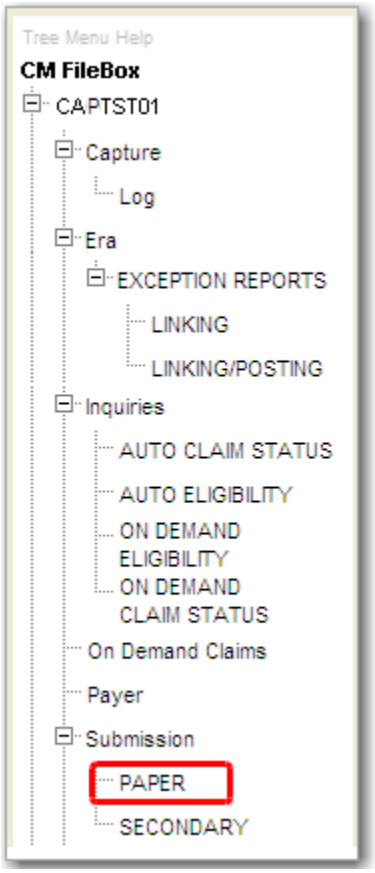
Claim Master provides the option to submit claims in a hardcopy or paper format in addition to electronically. Claims that are assigned to a 'Paper' Payer ID or Secondary claims that require a hardcopy EOB facsimile will have a Paper Medicaid Illinois HFS claim form created from the Submit Claim process. Paper Medicaid Illinois HFS claim forms can be created and formatted to print at your local printer via the FileBox, or to the Emdeon Clearinghouse via the Print Mail service.

Client Setup Required

Print Mail is a premium service that requires setup by the Emdeon Implementation Administrator.

Primary HFS Claim Forms

For *Primary* Medicaid Illinois HFS claim forms that are directed to print to the FileBox, a batch file is created from the Submit Claim process. These claims are sorted by the Payer Name entered on the claim, Patient Last Name, and Patient Account #. They are formatted to print on blank Medicaid Illinois HFS claim forms, which must be placed in your printer tray. The printable claims can be found under the **Report Menu >Downloadable Reports From Filebox > Submission > Paper** folder.



Separate print files are created for each type of Medicaid Illinois HFS claim form based upon the Type of Service (TOS) that was entered on the ***Service Lines > Original Info*** screen in Claim Master.

Batch Submission Paper Claims

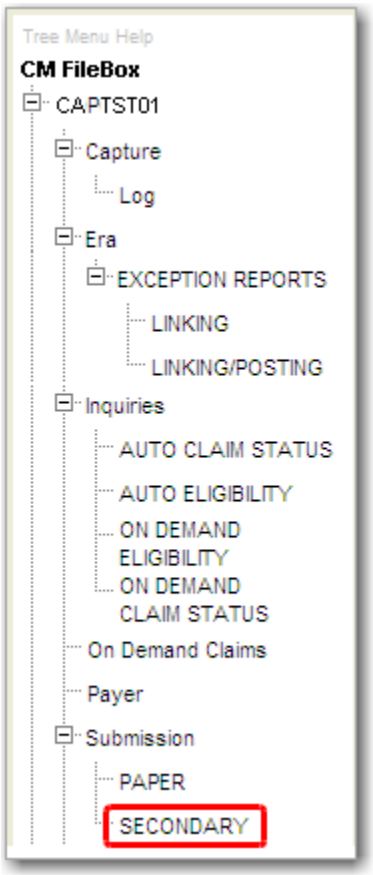
>> Submission >> PAPER

File Name	File Size	File Date	Description	Printed
HFSP1443_13032.PDF	4 Kb	2009-08-03 06:03:57	HFS 1443 Paper Form Print Spool: 13032-999366	☐
HFSP2209_13032.PDF	2 Kb	2009-08-03 06:03:57	HFS 2209 Paper Form Print Spool: 13032-999366	☐
HFSP2210_13032.PDF	2 Kb	2009-08-03 06:03:57	HFS 2210 Paper Form Print Spool: 13032-999366	☐
HFSP2360_13032.PDF	5 Kb	2009-08-03 06:03:57	HFS 2360 Paper Form Print Spool: 13032-999366	☐

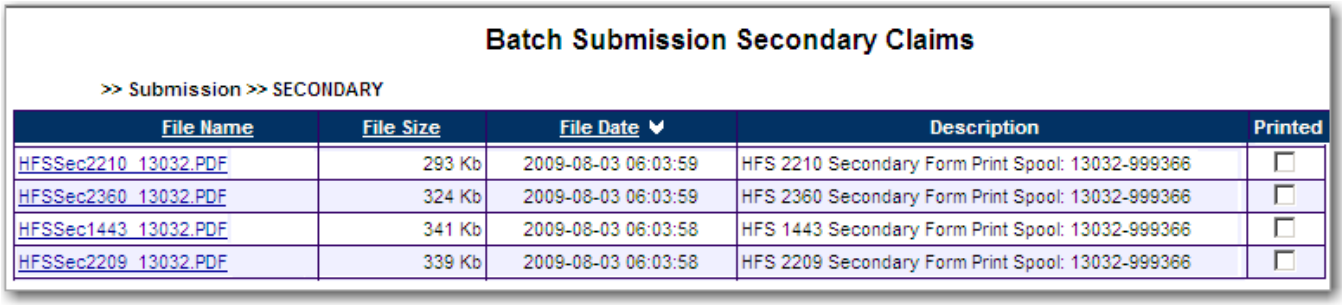
To keep track of the files that have been printed, select the checkbox under the Printed column as you print each individual file.

Secondary HFS Claim Forms

For *Secondary* Medicaid Illinois HFS claim forms that are directed to print to the FileBox, a batch file is created from the Submit Claim process. These claims are sorted by the Payer Name entered on the claim, Patient Last Name, and Patient Account #. They are formatted to print on plain white paper, which must be placed in your printer tray. Secondary Paper claims in the Medicaid Illinois HFS format are pre-formatted with the red form background. Secondary Paper claims that have an ERA linked in Payment Manager are printed and collated with a facsimile of the paper EOB. The printable claims can be found under the **Report Menu > Downloadable Reports From Filebox > Submission > Secondary** folder.



Separate print files are created for each type of Medicaid Illinois HFS claim form based upon the Type of Service (TOS) that was entered on the ***Service Lines > Original Info*** screen in Claim Master.



Batch Submission Secondary Claims

>> Submission >> SECONDARY

File Name	File Size	File Date	Description	Printed
HFSSec2210_13032.PDF	293 Kb	2009-08-03 06:03:59	HFS 2210 Secondary Form Print Spool: 13032-999366	☐
HFSSec2360_13032.PDF	324 Kb	2009-08-03 06:03:59	HFS 2360 Secondary Form Print Spool: 13032-999366	☐
HFSSec1443_13032.PDF	341 Kb	2009-08-03 06:03:58	HFS 1443 Secondary Form Print Spool: 13032-999366	☐
HFSSec2209_13032.PDF	339 Kb	2009-08-03 06:03:58	HFS 2209 Secondary Form Print Spool: 13032-999366	☐

To keep track of the files that have been printed, select the checkbox under the Printed column as you print each individual file.