

ILLINOIS  
MENTAL HEALTH COLLABORATIVE  
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## IL Claims Dataset Reports – Field Descriptions

Column Title	Description	Comments
Claim #	The unique identifying number for the claim.	The line number must also be used to distinguish the claim line.
Line #	Line Number	The line number of the claim.
DCNUM	Document Control Number	The billing document control number.
RIN	Consumer Number	The unique identifying number for the consumer.
Consumer Name	Name	The consumer's name.
Service Location	Address Line 1	The location at which the consumer received services.
From DOS	Date of Service	The beginning date of service.
To DOS	Date of Service	The ending date of service.
Service Code	The service code identifying the specific authorized services.	
Mod 1	Modifier Code 1	Used to further define the service performed.
Mod 3	Modifier Code 3	Used to further define the service performed.
Mod 2	Modifier Code 2	Used to further define the service performed.
Mod 4	Modifier Code 4	Used to further define the service performed.
Diagnosis 1	Primary Diagnosis	The condition chiefly responsible for the medical service.
Diagnosis 2	Secondary Diagnosis	A condition that coexists at the time of the medical service or that affects the treatment received.
MEMAGE	The consumer's age.	The age of the consumer in years. Calculated from the consumer's birth date as of the authorization effective date.
RACE01	Race Code 1	The first race code assigned to the consumer.
RACE02	Race Code 2	The second race code assigned to the consumer.
RACE03	Race Code 3	The third race code assigned to the consumer.
RACE04	Race Code 4	The fourth race code assigned to the consumer.
RACE05	Race Code 5	The fifth race code assigned to the consumer.

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Gender	The consumers' gender.	Valid codes include: <ul style="list-style-type: none"> <li>• M = Male</li> <li>• F = Female</li> <li>• U = Unknown</li> </ul>
Patient #	Patient Number	The patient number assigned by the provider and used as a reference field on the provider's remittance.
Provider #	Provider Number	The unique identifying code for the provider submitting the claim or providing the services.
Provider Name	Provider Name	The name of the provider submitting the claim or providing the service.
Vendor	Vendor Number	The unique number used to identify the vendor associated with the claim, indicating the practice location where services were performed and/or billing address.
NPI#	Provider NPI Number	National Provider Identification associated with the Provider record.
StaffID	Provider Staff Identification Number	The id number of the staff administering treatment to the consumer.
Line Item Control #	HIPAA Line Item Control Number	This number is a unique control number assigned by the provider.
Start Time	Time Service Started	The time the service began in HHMM.
Duration	Service Duration	The duration of the service in minutes.
Approved or Denied	Approved or Denied	Shows whether a claim has been approved or denied by the Collaborative.
Recd Date	Received Date	The date that Value Options received the claim. If the claim has not yet been received by Value Options 01/01/1900 displays.
Finalized Date	Paid Date	The date the collaborative approves the claim. If

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		the claim has not yet been approved 01/01/1900 displays.
Charges	Claim Amount	The dollar amount charged for the medical service by the provider.
Pre-Paid	Pre-Paid Amount	The dollar portion of the claim that is prepaid.
Allowed Amount	Allowed Amount	The dollar amount associated with the claim line representing the negotiated allowable charge for the service code based on the appropriate fee schedule and provider type.
OHI Paid	Other Health Insurance Allowed Amount	The amount that is paid by the consumer's private health insurance.
Paid Amount	To-Pay Amount	This value will always be 0.00 as Value Options does not pay for services.
Units	Unit Count	The number of units for the associated service performed and for which the provider is requesting to be paid.
Submitted Program Code	Program Code/Fund Source	The DMH Program Code/Fund Source with which the claim was submitted.
Adjudicated Program Code	Program Code/Fund Source	The Program Code/Fund Source which with the claim was adjudicated.
Delivery Mode	Service Delivery Method	Valid values: <ul style="list-style-type: none"> <li>• FF = Face to face</li> <li>• TE = Telephone</li> <li>• VI = Video</li> </ul>
Staff Qualification	Staff Member Qualification	The qualification level of the staff member treating the consumer.
Subcontractor FEIN	Subcontractor FEIN	If the service was provided by a subcontractor, this field displays the subcontractor's FEIN.
Group ID	Provider Group ID	If the service was performed in a group setting,

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		group ID. If not a group service, this field is blank
# Clients in Group	Number of Clients in the Group	If the service was performed in a group setting, the total number of clients involved in the group service. If not a group service, this field is blank.
# Staff in Group	Number of Staff in Group	If the service was performed in a group setting, the total number of staff involved in the group service. If not a group service, this field is blank.
Code 1	Hold Code 1	Displays the first hold code, if any, on the claim.
Remark 1	Hold Code 1 Description	Displays the description of the hold code, if any, on the claim.
Code 2	Hold Code 2	Displays the second hold code, if any, on the claim.
Remark 2	Hold Code 2 Description	Displays the description of the hold code, if any, on the claim.
Code 3	Hold Code 3	Displays the third hold code, if any, on the claim.
Remark 3	Hold Code 3 Description	Displays the description of the hold code, if any, on the claim.
Code 4	Hold Code 4	Displays the fourth hold code, if any, on the claim.
Remark 4	Hold Code 4 Description	Displays the description of the hold code, if any, on the claim.
HFS Data Type	Medicaid Status	Displays whether or not the claim was adjudicated Medicaid or Non-Medicaid by HFS. If this field is blank, refer to: <ul style="list-style-type: none"> <li>• Service Code field (W services are not sent to HFS for approval)</li> <li>• HFS Approval Date field (if the Service Code is not a W code and the approval date is blank the claim has not yet been approved by HFS)</li> </ul>
Birth Date	Consumer's Birth Date	The birth date of the consumer.

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HFS Approval Date	HFS Approval Date	<p>The date that HFS approved the claim for payment. This field will only be populated for claims that were sent to and adjudicated by HFS. If this field is blank, refer to:</p> <ul style="list-style-type: none"> <li>• Service Code field (W services are not sent to HFS for approval)</li> </ul> <p>HFS Approval Date field (if the Service Code is not a W code and the approval date is blank the claim has not yet been approved by HFS)</p>
HFS Document Control Number	Document Control Number	<p>The Document Control Number or claim number assigned by HFS upon their adjudication of the claim. This field will only be populated for claims that were sent to and adjudicated by HFS. If this field is blank, refer to:</p> <ul style="list-style-type: none"> <li>• Service Code field (W services are not sent to HFS for approval)</li> <li>• HFS Approval Date field (if the Service Code is not a W code and the approval date is blank the claim has not yet been approved by HFS)</li> </ul>