

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

IL Claims Detail Data Set - HFS – Field Descriptions

Column Title	Description	Comments
Claim #	The unique identifying number (DCN) for the claim.	The line number must also be used to distinguish the claim line.
Line #	Line Number	The line number of the claim.
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.
Diagnosis 3	Tertiary 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 service date.
Gender	The consumers' gender.	Valid codes include: <ul style="list-style-type: none"> • M = Male • F = Female • U = Unknown
Provider #	Provider Number	The unique identifying code for the provider

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

IL Claims Detail Data Set - HFS – Field Descriptions

		submitting the claim or providing the services.
Provider Name	Provider Name	The name of the provider submitting the claim or providing the service.
Provider NPI#	Provider NPI Number	Provider NPI is the rendering provider. Not necessarily the submitting provider.
Payee NPI #		Payee NPI is the provider that was paid. Not necessarily the submitting 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 HFS or if it is an adjustment.
Recd Date	Received Date	The date that HFS received the claim.
Charges	Claim Amount	The dollar amount charged for the medical service by the provider.
Paid Amount	Paid Amount	The dollar amount that HFS has paid.
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.
Error Code 1 - Error Code 20	Error (Denial) Code and Description	Displays the code (#) and description of the error (denial) 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.
Birth Date	Consumer's Birth Date	The birth date of the consumer.
Rejection Indicator	Indicates where the claim rejected in the HFS system.	Values:

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

IL Claims Detail Data Set - HFS – Field Descriptions

		<p>'' = Claim was paid, not rejected X = Claim was rejected in IP1 Y = Claim was rejected in on-line correction Z = Claim was rejected during adjudication (such as duplicate check)</p>
Provider Reference Number	Provider's reference or claim number.	This is the number that the provider submitted.
Category of Service	Categorizes the service.	There are currently three valid values for DMH claims: 33 for Clinic Option, 34 for Rehab Option, and 47 for Targeted Case Management.
Adjusted DCN	Adjustment DCN (Claim #)	If the claim is an adjustment, this field displays the DCN (claim #) of the original claim.
Adjustment Date	Date the adjustment was processed.	If the claim is not an adjustment and there is no adjustment date, 01/01/19000 displays.
Adjustment Type	Type of Adjustment	Shows the code for the type of adjustment.
Adjustment (Debit) Amount	Debit Amount	If the adjustment is a debit, shows the debit amount, if the claim is not a debit adjustment the field displays 0.00.
Adjustment (Credit) Amount	Credit Amount	If the adjustment is a credit, shows the credit amount, if the claim is not a credit adjustment the field displays 0.00.
Place of Service Code	Place of Service	Code associated to where the service occurred as submitted on the claim.