SurgiSource®

State Reporting

Illinois

ASC Quarterly

User Guide

April 2017

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SOURCEMED™

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Version History

Version	Date	Revised By	Revisions
4.6.0	10/09/07	WFH	Modified format and changed content to reflect NPI and UB-04 changes per COMPdata, a product of Illinois Hospital Association and its affiliate AMR, on behalf of the State of Illinois Department of Public Health
4.6.0	10/23/07	WFH	Updated state report tip sheet images reflecting UB-04 format as a report option.
4.6.0	12/13/07	WFH	Added description of 1st Individual Payer ID # and referenced 2nd and 3rd Individual Payers ID # in the General Assumptions and Specifications section of this document. See page 15 for additional information on Payer ID #.
4.60	12/14/07	WFH	On page 8, under Assumptions and Specifications, added section 5.1 Populating Accounts with Insurance to the Report
4.6.0	12/19/07	WFH	Updated document to comply with COMPdata 10/01/2007 changes, i.e., Point of Origin/Source of Admission, Priority (Type) of Visit/Type of Admission, Patient County Code, and Crime Victim Occurrence code.
4.6.0	01/08/08	WFH	Updated document to clarify Patient County code and how it will be captured in SIS.
4.6.12	04/07/08	WFH	Modified document to update definition of "Patient's Reason for Visit Diagnosis Code," IHA Accepted Procedure Codes, 1st Revenue Code, Unit and Charges per COMPdata changes dated 02/28/2008.
4.6.28	07/17/08	WFH	Updated section 5.1.Populating Accounts with Insurance to the Report by adding sentence "Billed self-pay claims will be included in the report."
4.6.28	07/28/08	WFH	Per CSAT request, added commentary to section 5.1 Populating Accounts with Insurance and Self-pay Accounts to the Report by adding how to force billed self-pay accounts to the state report.
4.7.02	02/02/10	SLG	Updated White paper to reflect the removal of specified reported CPT® codes from reportable list. [MQC #2222]
4.7.04	06/17/10	SLG	Updated White paper to reflect addition of new Workers' Comp. payer code 98950 for Individual Payer ID# entry in **General Assumptions** table.
4.705	07/20/10	SLG	• Updated first 2 screens in Report Gen procedure • Added disclaimer regarding state specific County codes versus FIPS codes in the Introduction section of this white paper. • Updated CPT Code range entry in General Assumptions. • Validated data elements against 2010 specs to ensure all were up to date and accurate.
4.705	08/30/10	WFH	Reformatted table of contents.
5.0.0.1	02/09/11	SLG	Updates to elements in General Assumptions section per state specs: 1. Updated the Procedure Code entry with the most current list of Illinois approved Procedure Codes (Eff Date 01/01/2010). 2. Removed Point of Origin code: "7 - Emergency Room". 3. Added new Type of Bill codes to list of valid Type of Bill codes. 4. Updated Payer Codes with new payer codes (98935 and 98945). 5. Updated E-code entry to specify the correct location in SurgiSource for entering e-codes and added note for new reporting requirements for reporting E-codes for specific DX. Deleted note specifying no decimals – code does this automatically. 6. Updated Principal DX entry to indicated new requirements for reporting E-codes for specific DX.
4.1.2011	04/01/11	WFH	1. Removed reference to Outpatient Surgical Procedure Table referenced in the Principle Procedure data element field specified on page 15 in the General Assumptions and Specifications section of this document. [MQC #2529]

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Version	Date	Revised By	Revisions
			2. Added notes on Reporting guidelines in the Principle Procedure data element field on Page 15 in the General Assumptions and Specifications section of this document. [MQC #2529]
Build 1.0	06/20/11	SLG	1. Added update to Accident State in General Assumptions and Specifications section for entering new "99" Accident State code for Foreign Country. Added content for entering in Security module and selecting Accident State code (Place of Visit) in Patient Visit > Claims. [MQC 2595] 2. Reviewed QA comments in MQC #2529 and implemented app. changes in General Assumptions and Specifications section. • Reworded entries for principal Procedure, Prin Proc date, other procedures and other proc dates to remove required language and added notes to indicate that these fields are zero filled as of 04/01/11. • Added entry for 2nd rev code (codes 2-22). • Reworded entries for CPT/HCPCS Service Line Item (1-22) and date to be clearer and more accurate.
Build 2.0	07/19/11	SLG	1. Accident State – Revised content for data element entry in **General Assumptions and Specifications** section to specify that Clients should call CS for date entry needs for Accident State (based on CS/PM feedback. [MQC 2595] 2. Added statement (per QA request) to specify when cases and revenue codes are populated to the report based on the new revenue code reporting range. [MQC #2529]
SIS 5.0.0.3	08/08/11		Accident State – Revised content for data element entry in **General Assumptions and Specifications** section to specify correct E-code range (810.0 – 819.9). [MQC #2489]
STR v3.0	10/03/11	SLG	Added note in **General Assumptions and Specifications** section to specify that positions 2130 through 2500 were populated due to error in specs and will now be blank filled. [MQC #2671]
STR v6.0	01/01/13	SLG	Updated ILL ASC Whitepaper as follows: 1. Revenue Codes – Added new list of Imaging Rev codes based on specs then validated current list was correct. Added GUI path for entering Rev Codes in Rev Code table in Table Maintenance. 2. E-Codes – Updated E-Code entry to indicate up to 8 E-codes can be populated to ILL ASC STR (5 additional added per State specs). 3. Primary Insured's Unique Identifier – Added content for Primary Insured's Unique Identifier data element to General Assumptions section. 4. Added Patient Last Name, Suffix, First Name, Middle Name, Patient Address, Patient City, Patient State, and Last Four Digits of the Patient SSN data elements to General Assumptions section. 5. Patient Name Suffix not specified in white paper since the data element is optional (and per request since there is not a specific field in SIS for Suffix). 6. Removed Principal Procedure Code /Date data elements, and 1st Other Procedures (1-24)/ Date (1-24) data elements. These segments are blank filled. 7. Reordered data elements on General Assumptions section to match layout in specs (Illinois State specs dated 11/28/2012) and Ill state report. Validated that all codes from specs are accurately listed where included in the white paper. 8. Added new screenshot and content for **Report $0 Charges** options on **File Output** dialog box in the Generating the Illinois ASC Quarterly State Report section (step 7). Updates for MQC #2970. 9. Updated Type of Bill and **1st Individual Payer ID#** to specify that "Type of Bill" must = 830 for Charity/Non-Paymnt when "State Report ID" = 98912 (Charity). Update for MQC #2922

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Version	Date	Revised By	Revisions
STR v9.0	07/30/13	SLG	Generating the State Report 1. Step 12 – Verified that the ILL STR website was correct. 2. General Assumptions Section 3. 1st Oth Clinician Type – Added entry for this element and specified how value is derived. 4. 2nd Oth Clinician NPI – The 2nd Oth Clinician NPI and Type does not currently pull to the report so removed entry for 2nd Oth Clinician NPI.
STR v10.0	11/14/13	SLG	In the General Assumptions Section, Patient Zip Code, added note indicating that '99999' will be populated for Patient Zip Code field when a foreign country is entered in Country Name.
STR v11.0	02/06/14	SLG	General Assumptions 1. Race entry – Added R6 race code for '2 or more races' to table in Race entry. 2. E-Code entry – Added note in () about name change for ICD9 Diagnosis Code form in SIS 6.0.x. 3. Accident State – Added note to remind user to check Auto Related box and entered app. E-code. Added note that Accident State will not pull if E-code is out of range or missing.
STR v13.0	09/23/14	SLG	1. Added section that documents procedure for configuring State Reports module for populating ICD-10 codes. 2. General Assumptions Section • Principal Diagnosis – Updated GUI references to specify how to enter Prin. ICD-10 and/or ICD-9 DX codes for SIS 6.0.x users. For SIS 5.2.x users or less, added note that only icd-9 codes can be entered. • Added notes for how/when ICD10/ICD9 codes populate to report. • Other Diagnosis – Updated GUI references to specify how to enter Other ICD-10 and/or ICD-9 DX codes for SIS 6.0.x users. For SIS 5.2.x users or less, added note that only icd-9 codes can be entered. • Added notes for how/when Other ICD10/ICD9 codes populate to report. • ICD Diagnosis Code Version Qualifier – Added ICD-10 qualifier ('0') to list and formatted list of version qualifiers into a table to match rest of WP. • E-Code – Updated GUI references to specify how to enter ICD-10 and/or ICD-9 E-codes for SIS 6.0.x users. For SIS 5.2.x users or less, added note that only icd-9 codes can be entered. • Added notes for how/when ICD10/ICD9 E-codes populate to report. • Race entry – Added R7 race code for 'Declined/unknown' to table in Race entry. Revised statement some above table. • Ethnicity – Added E7 ethnicity code for 'Declined/unknown' to table in Ethnicity entry. Revised statement some above table. • Accident State – Added note that Accident State required if ICD-10 E-code on valid list populated to report. Provided link to valid list. Revised some notes to mention both ICD-9 and ICD-10. • Patient Reason for Visit Diagnosis Code (1 - 3) – Updated GUI references to specify how to enter ICD-10 and/or ICD-9 Reason for Visit DX codes for SIS 6.0.x users. For SIS 5.2.x users or less, added note that only icd-9 codes can be entered. • Added notes for how/when ICD10/ICD9 Reason for Visit DX codes populate to report.

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Version	Date	Revised By	Revisions
STR v18.0	04/21/15	SLG	General Assumptions Section • Principal Diagnosis – Added note that only ICD-10 codes should be populated after state's effective date. Revised GUI references for entering ICD-10 and/or ICD-9 Principal DX codes to remove version. o Revised note for how/when ICD10 codes populate to report. Removed note for SIS 5.2 • Other Diagnosis – Added note that only ICD-10 codes should be populated after state's effective date. Revised GUI references for entering ICD-10 and/or ICD-9 Other DX codes to remove version. o Revised note for how/when ICD10 codes populate to report. Removed note for SIS 5.2. • E-code – Added note that only ICD-10 codes should be populated after state's effective date. Revised GUI references for entering ICD-10 and/or ICD-9 E-codes to remove version. Revised GUI location for entering e-codes in table maint. o Revised note for how/when ICD10 codes populate to report. Removed note for SIS 5.2. • Patient Reason for Visit Diagnosis Code (1 - 3) – Added note that only ICD-10 codes should be populated after state's effective date. Revised GUI references for entering ICD-10 and/or ICD-9 Reason for Visit DX codes to remove version. o Revised note for how/when ICD10 codes populate to report. Removed note for SIS 5.2.
STR v24.0	06/23/16	WFH	1. Updated the document footer with the new calendar year. 2. Added Registered Trademark symbol [®] to the SurgiSource Name specified on cover page and the header. 3. General Assumptions and Specifications • On pages 17and 18, updated 1st Individual Payer ID # and name. • On page 25, added a note to the Ethnicity data element, under General Assumptions and Specifications. • On page 24, added note to the Race data element, under general assumptions and specifications.
STR v27.0	12/12/16	SMK	• Updated document to new format/Title page. • Updated the valid codes for the 1st Individual Payer ID# field under Data Elements.

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Chapter 1: Introduction

Many states mandate that Outpatient Surgical Hospitals and Freestanding Ambulatory Surgery Centers (ASCs) submit discharge data on performed cases to their respective state governing authorities. This discharge data may be quarterly, semi-annually or annually generated and will most likely include patient demographics, surgical procedure and diagnoses codes, and billed payer data.

SurgiSource offers the ability to generate discharge information for Outpatient Surgical Hospitals and Ambulatory Surgery Centers via the State Reporting Module. The discharge information is populated in a report format that is drafted from respective state specifications.

Zip Code

- If a zip code upload was purchased for implementation of your Source Medical software, please be advised that the file provided is based off the Federal Information Processing Standards (FIPS) publication. You will need to review the data entry requirements provided by your state report agency, including those for county codes. Some states require a unique county code entry other than the FIPS code. See your state report specs for additional information.

1.1: Purpose

The purpose of this document is to assist Clients with troubleshooting any issue(s) that may arise when generating the Illinois ASC State Report.

1.2: Audience

This white paper was designed for SurgiSource users. It assumes users are familiar with SurgiSource and have knowledge of personal computers, a mouse, a Windows operating system and the Internet. If unfamiliar with the operation of the application, please take the time to reference other material to supplement your knowledge or contact your facility Business Office Manager, Systems Administrator, PC Support Technician, or Source Medical Client Services.

1.3: Related Documents

The scope of this document is limited to the functionality of the State Reports. Please refer to the following documentation for assistance with issues outside the scope of this document.

- SurgiSource User Manual
- Inpatient and Outpatient Data Coordinator Manual for Illinois, published by COMPData which is a product of the Illinois Hospital Association and its affiliate AMR (current version).

1.4: Support

For questions regarding this report, contact Client Services/Application Support:

Application	Telephone	Fax	Email
SurgiSource	800-447-0104	Fax: (203) 949-6298	surgisourcesupport@sourcemed.net

Before scheduling an appointment, please make sure that the facility has a recent and valid backup of the database.

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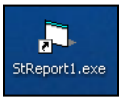
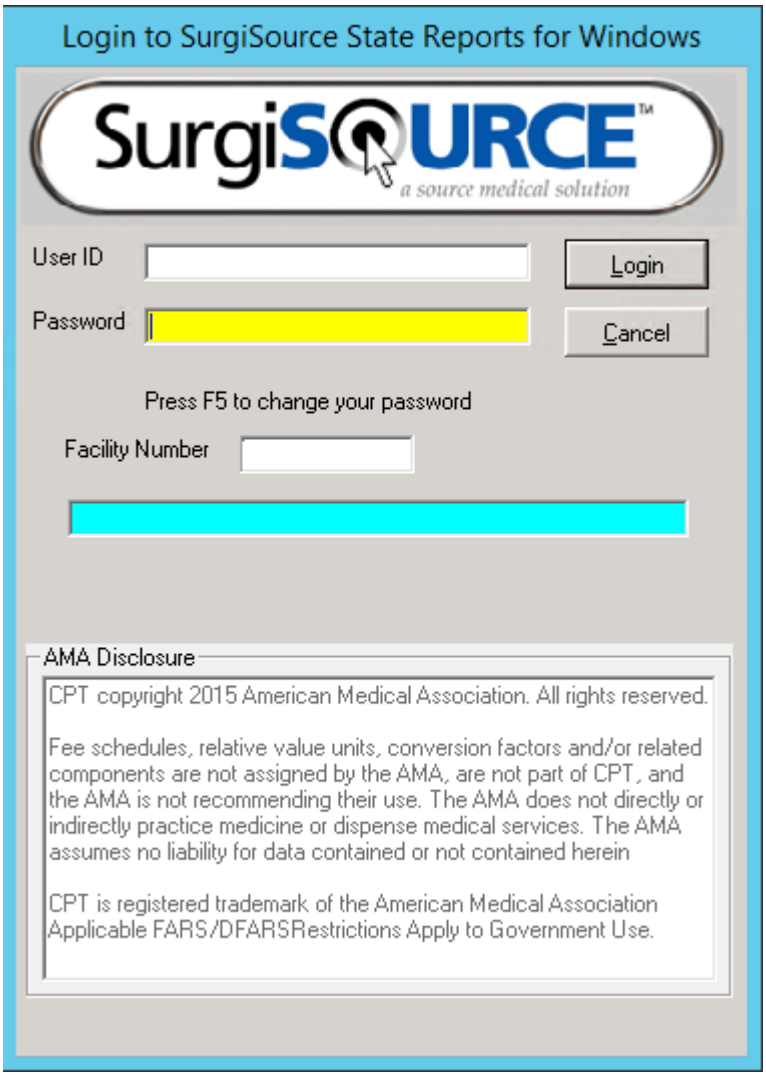
Chapter 2: Login and Navigation

2.1: Login

1. On the desktop, click the StReport1.exe icon.



The following screen displays.



2. Type the **User ID**.
3. Type the **Password**.
4. Type the **Facility Number**.

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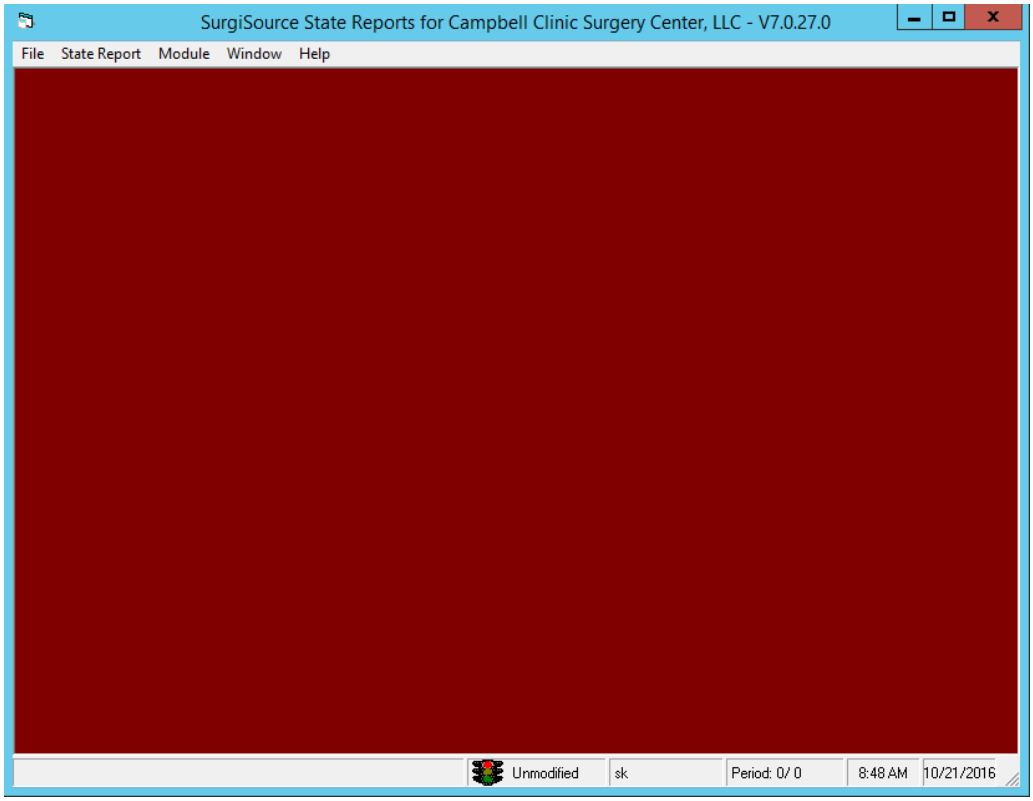
5. Click **Login**.

   The **SurgiSource State Reports** module displays.



2.2: Menu Options

Below is a description of each of the menu options.

- **File**: **Login**, configure **Settings**, or **Exit** the module.
- **State Report**: Used to generate the report.
- **Module**: Switches to other SurgiSource modules, for example, Billing or Registration. You can access all of the SurgiSource modules from the State Report module; however, you cannot access State Reports from the SurgiSource main menu.
- **Window**: Modifies the format of the SurgiSource window, i.e., horizontal, vertical, etc.
- **Help**: Displays the Source Medical application version, license, and copyright information. Currently there is no online help associated with this application. See the current version of the SurgiSource User Manual.

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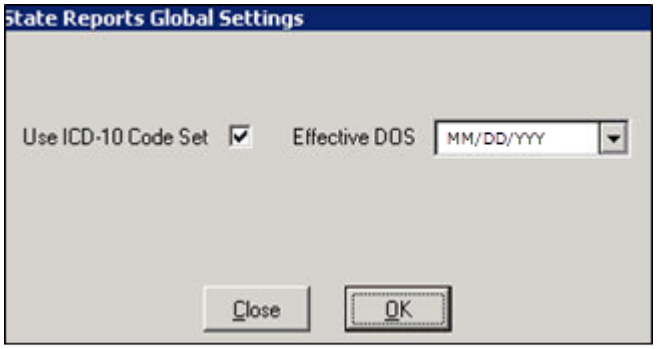
Chapter 3: ICD-10 Codes Setup

State Reports Global Settings must be edited before generating the reports with ICD-10 data. This is a one-time setup.

1. Login the **State Reports** module.
2. Click **File** > **Settings**.

   The **State Reports Global Settings** dialog box is displayed.



3. Select **Use ICD-10 Code Set** to generate the report using ICD-10-CM codes.
4. Enter the **Effective DOS (Date of Service).**

   The Effective Date may be driven by CMS implementation dates; however, facilities may use the date that they started using ICD-10 code sets, if applicable.

   Note: The State Reports module is now configured to populate ICD-10 codes to the state report for Visits with DOS (dates of service) on or after the date entered in the **Effective DOS** field.

5. Click **OK.**

   Or**,** click **Close** to cancel.

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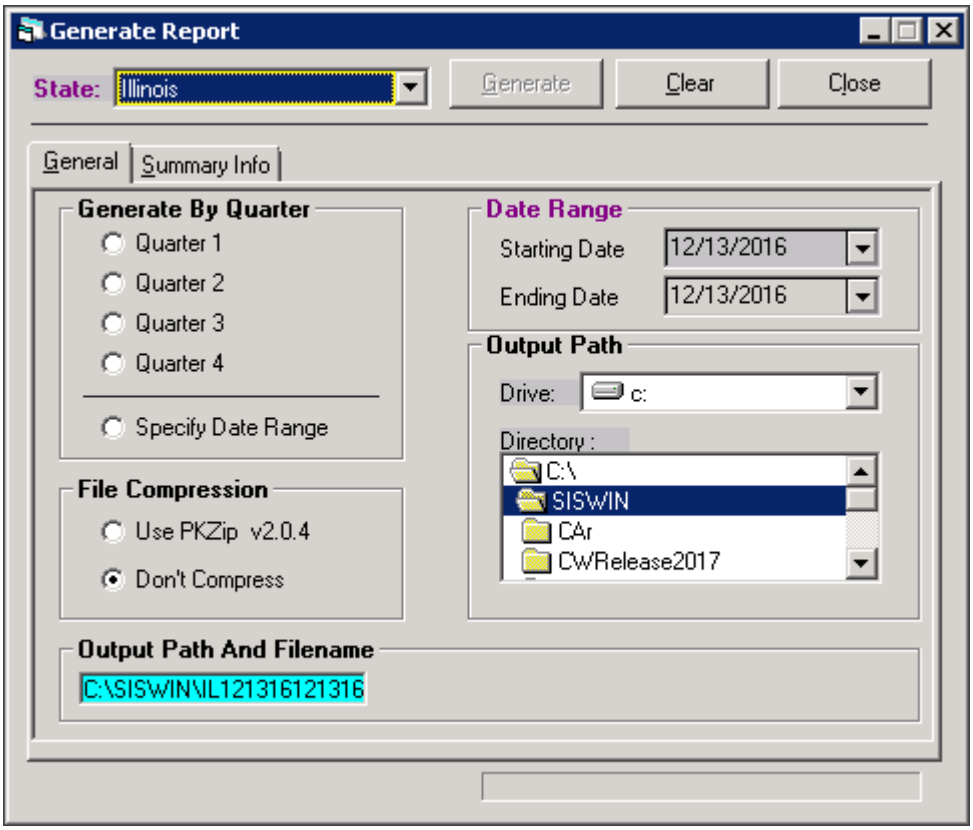
Chapter 4: Generating the HCFA 1500 Report

Note: To obtain security permissions for using the State Report module, access the **Security** module **> User > Permissions**.

To generate the **Illinois ASC Quarterly Report**:

1. Login the **State Reports** module.
2. Click **State Report** > **Generate**.
3. From the **State** list, select **Illinois**.

   The following screen displays.



4. In the **Generate by Quarter** region, select the desired **Quarter Date Period** radio button.

   Note: Do not use **Date Range** region to generate the report.

   Note: To generate a report by quarter, the date range field is automatically populated with the desired dates for the specified year.

   Note: When a valid quarter of the year or date range is selected, the system will automatically enable the **Generate** button

5. Select the desired **File Compression.**

   Note: To compress the State Report output file, select the Use PKZip v2.0.4 option. The PKZip software must be installed in the SISWIN Folder for this option to work.

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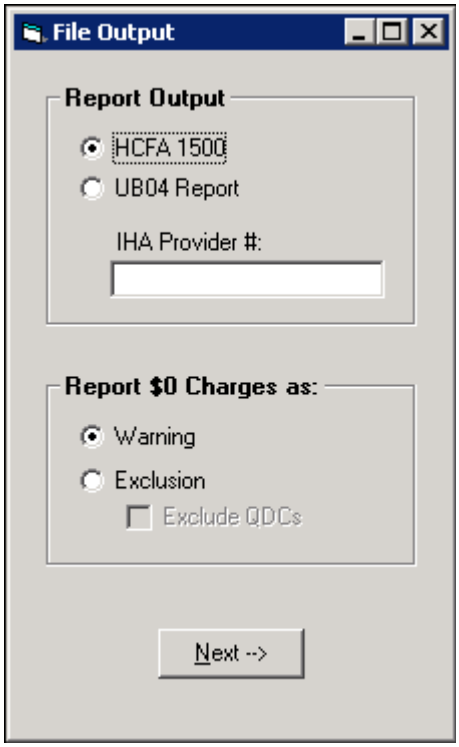
6. In the **Output Path** field, accept the default **Output Path**.

7. Click **Generate**.

   The **File Output** window appears.



8. In the **Report Output** region, select the **HCFA 1500**report format.

9. In the **Report $0 Charges as** region, select how zero (0) dollar charge items are handled on the report:

   - **Warning** – When the **Warning** option is selected, every line item that has a zero (0) dollar charge entry will receive a warning (**except** for QDCs with 0 dollar charges). However, all line items with 0 dollar charges will be included on the report.
   - **Exclusion** – When the **Exclusion** option is selected, every line item that has a zero (0) dollar charge entry will be excluded from the report **except** for Quality Data Codes (QDCs) with 0 dollar charges (unless the **Exclude QDCs** box is checked).
     - **Exclude QDCs** – When the **Exclude QDCs** box under the **Exclusion** option is checked, all line items with zero (0) dollar charges will be excluded from the report including **QDCs** with 0 dollar charges.
     - The **Exclude QDCs** checkbox will only be enabled when the **Exclusion** option is selected.

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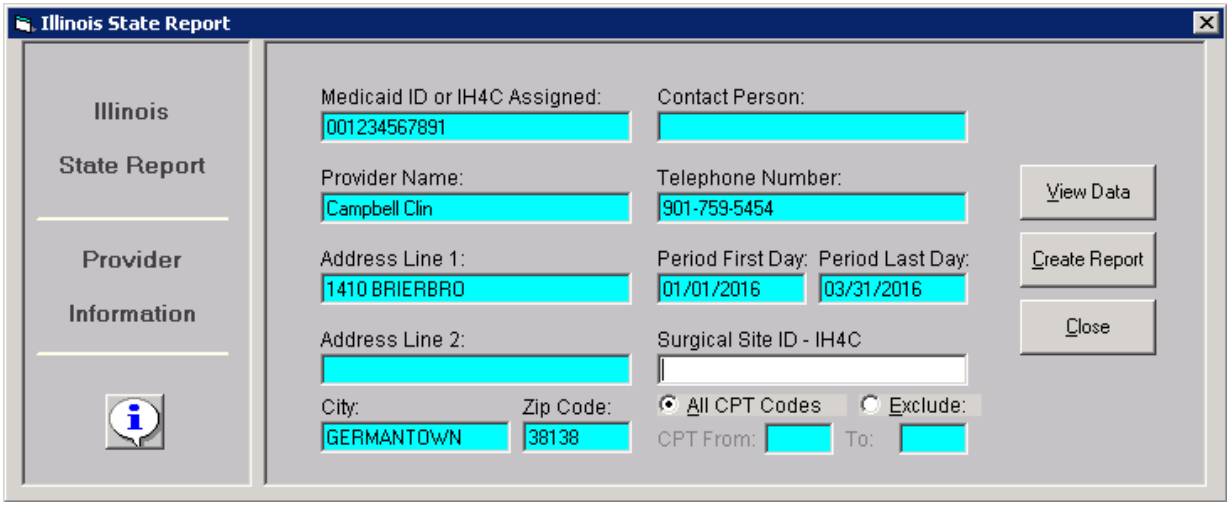
10. Click **Next**.

    The **Provider Information** window appears.



11. Make the desired changes:

- **Medicaid ID Number** or **IH4C Assigned:** Type the **Medicaid ID Number** or **IH4C Assigned Number** as appropriate for the provider.
- **Contact Person** – Type the name of the person who serves as a contact for the Facility.
- **Provider Name, Telephone Number, Address, City** and **ZIP Code**: Type the appropriate information for the Provider in each of these fields.
- **Period First Day** and **Period Last Day**: Type the dates indicating the **First Day** and **Last Day** of the reporting period.
- **Surgical Site ID - IH4C**: Type the Facility's **Surgical Site ID - IH4C** number. All ASCs and Freestanding Outpatient Surgery Centers should use 01 for Outpatient Surgical Services.
- **All CPT Codes** or **Exclude**: To include all CPT® codes on the report, select the **All CPT Codes** option**.** To enter a range of CPT codes to exclude from the report, select the **Exclude** option then enter the CPT code range in the **CPT From** and **To** fields**.**

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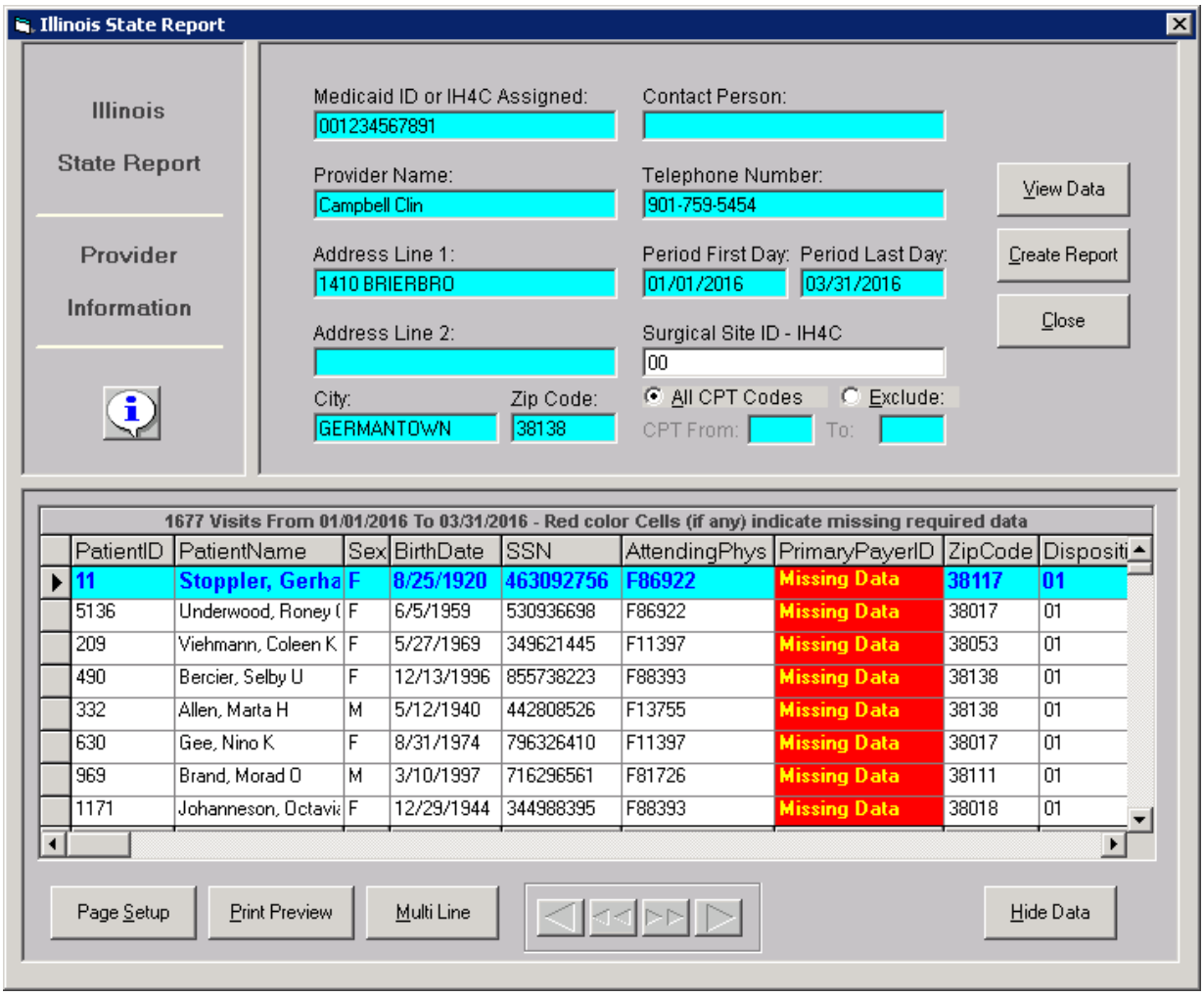
12. Click **View Data** to review the data included on the report.



Notes:

- The above window identifies the number of visits in the reporting period.
- The red colored cell indicates data is missing from the patient record.
- Use Page Setup, Print Preview, Multi-line and Hide Data buttons to navigate printing of the Error Report.
- Correct any errors and then **View Data**. Repeat until report is error free.

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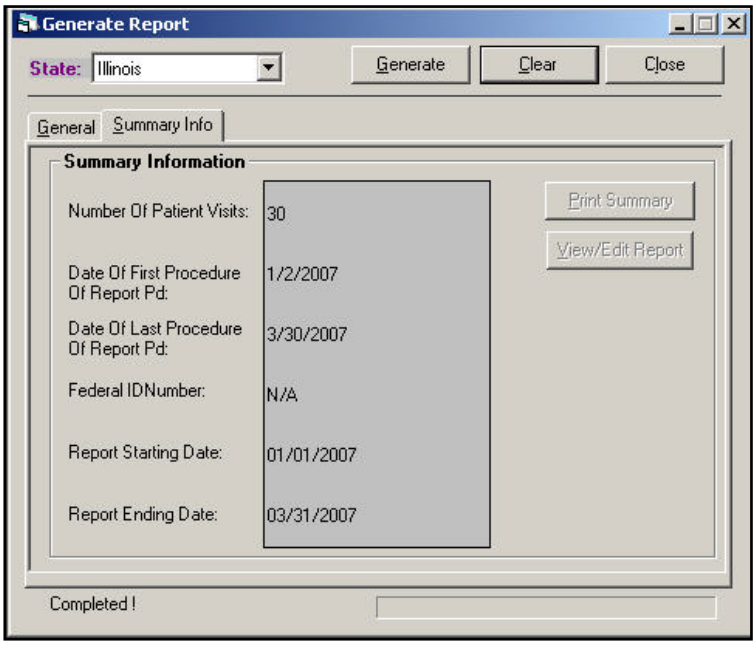
13. After reviewing the report data as appropriate, click **Create Report**.

    Note: For errors in the report, exit the State Report Module and return to the Billing module to make corrections. When errors are corrected, generate the report again. Refer to Data Elements for information to correct the errors.

    Note: If the report does not contain any errors, SurgiSource creates the report file, stores it in the directory location selected then displays the following summary screen:



14. If no errors are found, the **Summary Info** Page displays specific information about the report period, e.g., number of patient visits, date of first and last procedure in the report, the Facility's **Federal Tax ID**, and report start and end dates.

    Note: The report can be printed by clicking the **Print Summary** button.

15. Two text files generate to the output path selected above:

    1. Output file
    2. Error file

    Note: The Output file can be submitted electronically using the following website: http://www.compdatainfo.com/. It is the responsibility of the Client to negotiate method of transmission of this report. Please see the current **Inpatient and Outpatient Data Coordinator Manual for Illinois** for more information on the submission of the Illinois ASC state report.

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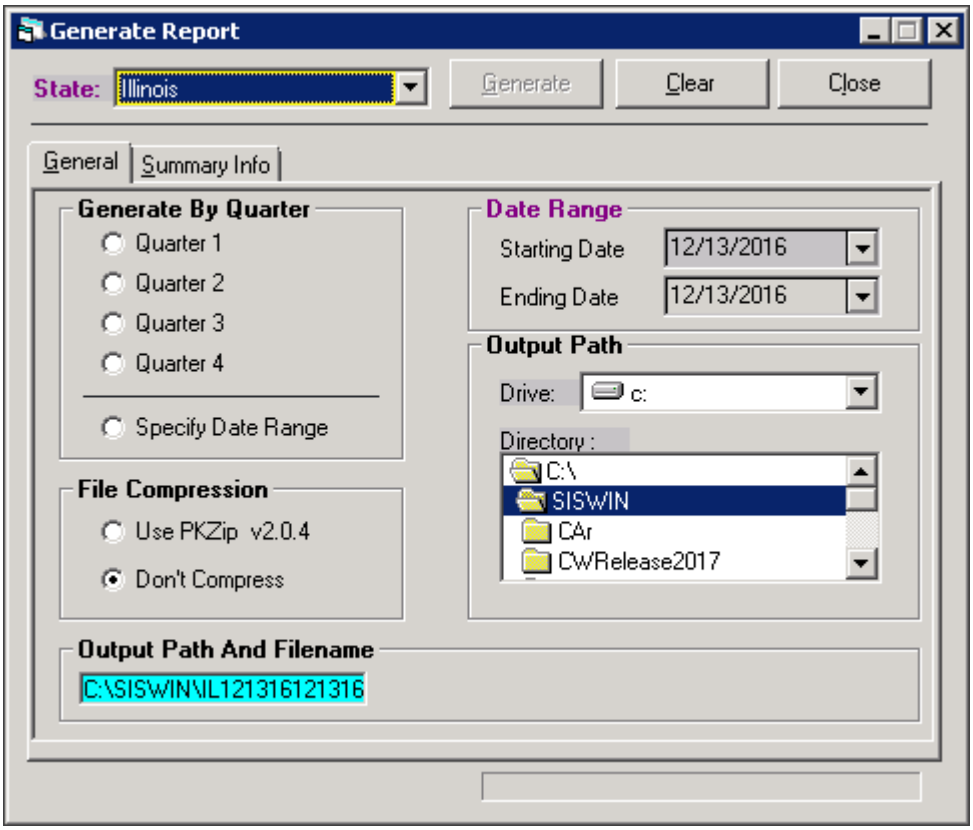
Chapter 5: Generating the UB04 Report

Note: To obtain security permissions for using the State Report module, access the **Security** module **> User > Permissions**.

To generate the **Illinois ASC Quarterly Report**:

1. Login the **State Reports** module.
2. Click **State Report** > **Generate**.
3. From the **State** list, select **Illinois**.

   The following screen displays.



4. In the **Generate by Quarter** region, select the desired **Quarter Date Period** radio button.

   Note: Do not use **Date Range** region to generate the report.

   Note: When generating a report by quarter, the date range field is automatically populated with the desired dates for the specified year.

   Note: When a valid quarter of the year or date range is selected, the system will automatically enable the **Generate** button

5. Select the desired **File Compression.**

   Note: To compress the State Report output file, select the Use PKZip v2.0.4 option. The PKZip software must be installed in the SISWIN Folder for this option to work.

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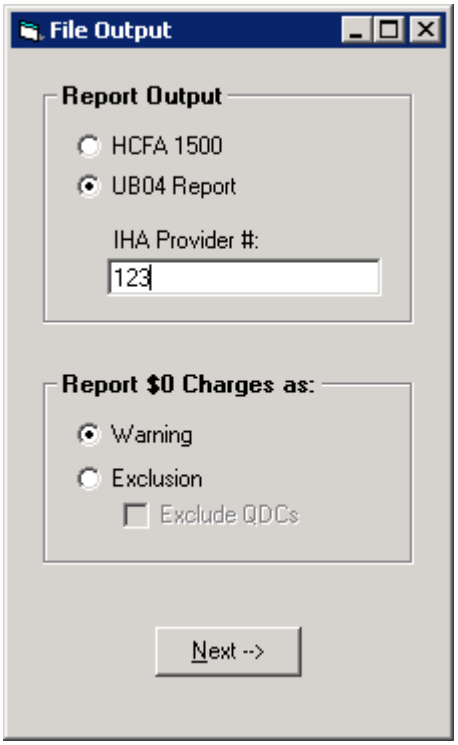
6. In the **Output Path** field, accept the default **Output Path**.
7. Click **Generate**.

   The **File Output** window appears.



8. In the **Report Output** region, select **UB-04 Report**.
9. Type the **IHA Provider #** (IHA Provider Data Collection ID #).
10. In the **Report $0 Charges as** region, select how zero (0) dollar charge items are handled on the report:
    - **Warning** – When the **Warning** option is selected, every line item that has a zero (0) dollar charge entry will receive a warning (**except** for QDCs with 0 dollar charges). However, all line items with 0 dollar charges will be included on the report.
    - **Exclusion** – When the **Exclusion** option is selected, every line item that has a zero (0) dollar charge entry will be excluded from the report **except** for Quality Data Codes (QDCs) with 0 dollar charges (unless the **Exclude QDCs** box is checked).
      - **Exclude QDCs** – When the **Exclude QDCs** box under the **Exclusion** option is checked, all line items with zero (0) dollar charges will be excluded from the report including **QDCs** with 0 dollar charges.
      - The **Exclude QDCs** checkbox will only be enabled when the **Exclusion** option is selected.
11. Click **Next**.

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12. If the report is error free**,** the system will save the report to the designated **Output Path**.

    If the **UB-04 Report** is missing required information, the system will display the following "**Warning**" message:

    Note: If the above message appears, exit the **State Report** module and return to the SurgiSource **Billing** module to make corrections. Continue this process until the report is error free.

13. Two text files generate to the output path selected above:

    - Output file
    - Error file

14. **Note**: The Output file can be submitted electronically using the following website: http://www.compdatainfo.com/.

    It is the responsibility of the Client to negotiate method of transmission of this report. Please see the current **Inpatient and Outpatient Data Coordinator Manual for Illinois** for more information on the submission of the Illinois ASC state report.

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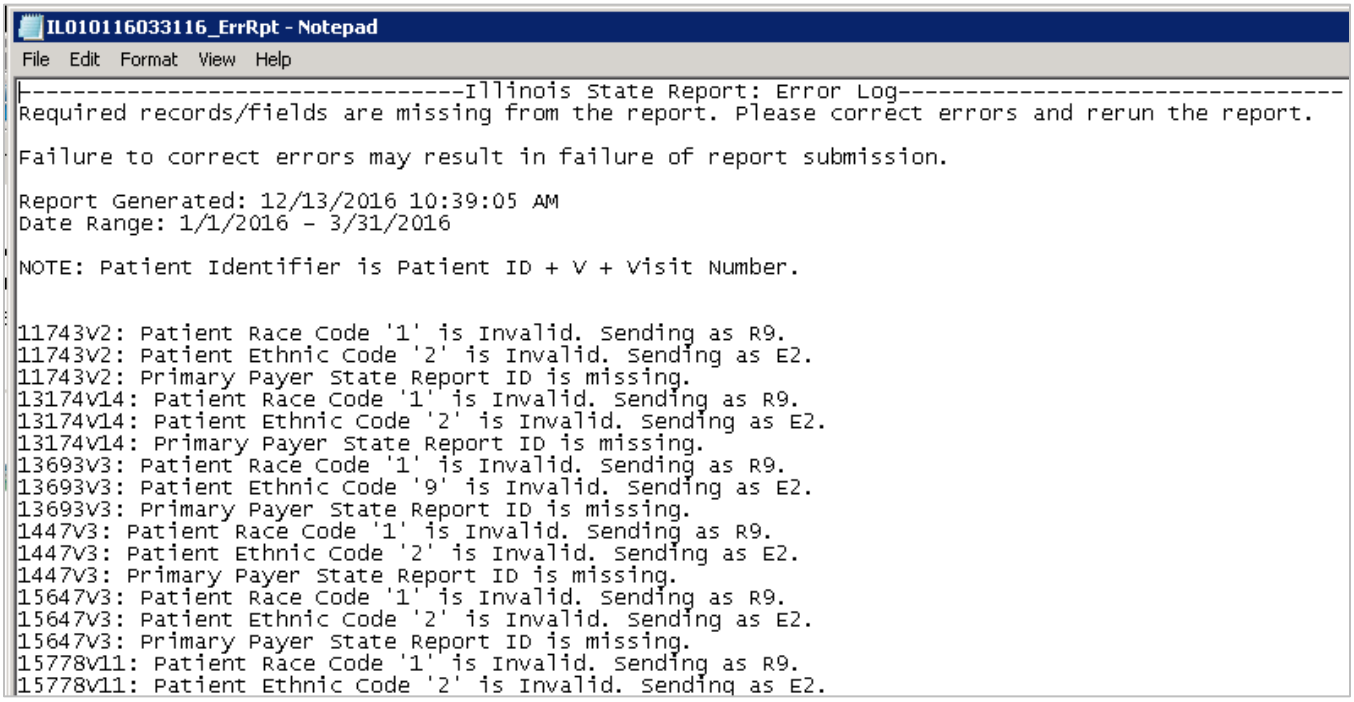
Chapter 6: About the Error report

An Error Report text file is generated and sent to the designated **Output Path** specified in the **Output Path** field. The text file has the following naming convention: ILMMDDYYMMDDYY_ErrRpt.txt.

- The first (in yellow) MMDDYY is the beginning period date.
- The second (in green) MMDDYY is the ending period date.

The omission of certain fields may result in an error message. All errors display in this report. Refer to Data Elements to repair the errors.

Below is an example of the error log.



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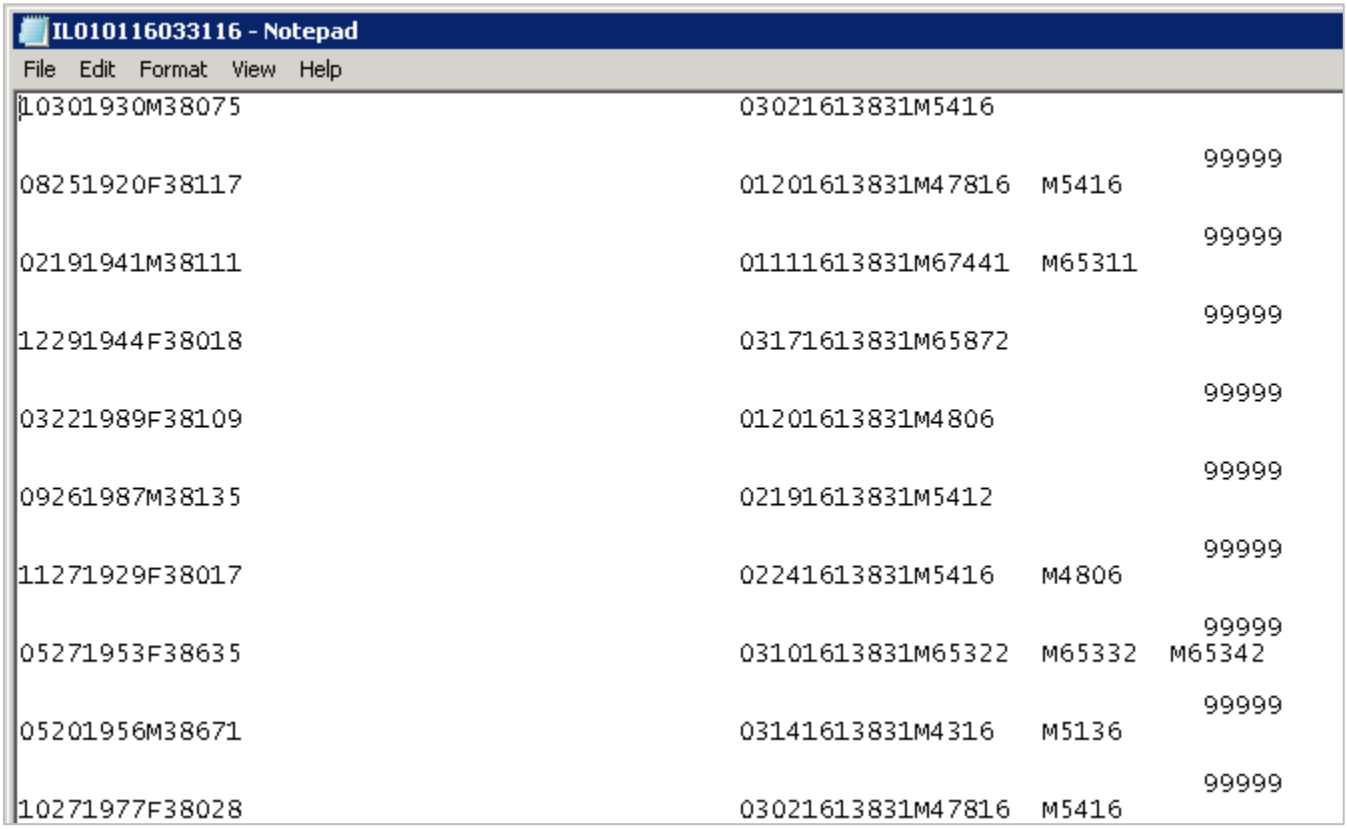
Chapter 7: About the Output file

The text file has the following naming convention: ILMMDDYYMMDDYY.txt.

- The first (in yellow) MMDDYY is the beginning period date.
- The second (in green) MMDDYY is the ending period date.

Below is an example of the text file:



7.1: Data Elements

To get started with generating your ASC and Outpatient state report, verify that the following data has been populated in SurgiSource, as appropriate:

Field	Description
Patient DOB	Verify and/or specify **Date of Birth** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Personal Data** page > **Date of Birth** field. Select patient and enter birth date. Click **Update** to save patient record. The **Patient Birth Date** must be entered as MMDDYYYY.
Patient Sex	Verify and/or specify **Patient Sex** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Personal Data** page > **Gender** drop-down. Select patient and specify **Patient Sex** from the **Gender** drop-down. Click **Update** to save the patient record. This is a required field and must be specified as **M, F** or **U**.

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Field	Description
Patient ZIP Code	Refers to the **Zip Code** of the patient's principal residence at the time of admission. Verify and/or specify **ZIP Code** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Address, Phone** page > **Zip** field. Select patient and enter the **ZIP Code**. Click **Update** to save patient record. Verify and/or specify ZIP Codes for the Facility in SurgiSource from the **Security** module > **Utility** Menu > **Table Maintenance** > **ZIP Code** table**.** Update the **Zip Code** entry (and other fields) as appropriate then click **Update** to save the change. **Valid IL Zip Codes for Foreign and Unknown**: **Code** **Description** 99999 Foreign 00000 Unknown **Notes**: • A ZIP Code must be entered for all patients. • If the Patient is homeless, check the Homeless box on the Address, Phone tab. As a result, '00000' will be populated to Patient Zip Code on the state report (indicating a status of Unknown). • When a foreign country (not 'US') is selected (or entered) in the Country Name look up menu on the Address, Phone tab, '99999' will be populated to Patient Zip Code on the state report (indicating a status of Foreign).

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Field	Description
1st Individual Payer ID#	Refers to the expected principal payment source. You may enter the Payer ID # by using Fed ID #, Insur Plan #, or BCBS #. These ID numbers may be 3, 5 or 9 digit codes. Valid codes are: **Code** **Description** 40015 Blue Cross Blue Shield Commercial HMO 40010 Blue Cross Blue Shield Commercial (POS, PPO, etc.) 40025 United Healthcare Commercial HMO 40020 United Healthcare Commercial (POS, PPO, etc.) 40035 Aetna Commercial HMO 40030 Aetna (POS, PPO, etc.) 40155 Humana Commercial HMO 40150 Humana Commercial (POS, PPO, etc.) 40165 Health Alliance Commercial HMO 40160 Health Alliance Commercial (POS, PPO, etc.) 98910 Medicare 98911 Black Lung 98912 Charity 98913 Hill Burton Free Care 98914 Champus/Tricare 98915 Champva 98916 In State Medicaid 98917 Out of State Medicaid 98918 Self Pay/ Payer Name should be "Self Pay" 98919 Miscellaneous/Other - Use with caution 98920 Commercial Insurance (PPO, POS, etc.) Other than 400 series 98925 Commercial HMO Other than 400 series 98930 Self-Administered Plan 98935 Medicaid Managed Care 98945 Medicare Managed Care 98950 Workers' Compensation 00000 Discontinued as of 10/01/2016 discharge use 98919 Verify and/or specify the **Payer ID #** in SurgiSource from the **Billing** module **> Payer > Profile > Regulatory Data** page **> State Report ID** field. **Notes**: • The Payer ID # must be added for 2nd and 3rd Individual Payer IDs, if applicable. • When '98912' (Charity) is specified for Individual Payer ID# in the State Report ID field, '830' will be populated for Type of Bill.
Date of Admission	**Date of Admission** is a required field and must be specified in MMDDYY format. This date cannot precede patient birth date or 1993. **Date of Admission** defaults to the **Scheduled Date** entered in the **Scheduling** module if this option is set to "yes" in **Security** module > **Facility** > **Billing Configuration**.

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Field	Description
Point of Origin	Refers to the code indicating the point of patient origin for this admission or visit. Verify and/or specify **Point of Origin** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Admission** page > **Source**. Valid codes are: **Code** **Description** 1 Non Health Care Facility 2 Clinic 4 Transfer from a Hospital (Different Facility) 5 Transfer from a SNF/ICF 6 Transfer to Another Health Care Facility 8 Court/Law Enforcement 9 Information not Available D Transfer from One Distinct Unit of the Hospital to another Distinct Unit of the Same Hospital Resulting in a Separate Claim to the Payer E Transfer from Ambulatory Surgery Center F Transfer from Hospice and is Under a Hospice Plan of Care or Enrolled in a Hospice Program If Priority of Visit indicates Newborn (4), Point of Origin must be one of the following: 5 Born inside the Hospital 6 Born outside the Hospital
Priority (Type) of Visit	Refers to the code indicating the priority (type) of the admission. Verify and/or specify **Priority (Type) of Visit** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Admission** page > **Admit Type**. The following codes must be used to specify **Type of Admission**: **Code** **Description** 1 Emergency 2 Urgent 3 Elective 4 Newborn 5 Trauma 9 Information Not Available

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<table>
<tr><th>Field</th><th>Description</th></tr>
<tr><td>Type of Bill</td><td>Refers to the code that identifies the place of service. Type of Bill is a state required field and only final bills should be reflected in the report.

SurgiSource automatically populates '831' for Type of Bill on the report unless a value of '98912' is entered in the State Report ID field from the Payer Profile (see below for more information).

Valid Codes:

Code — Description
130, 430, 730, 830, 850 — Outpatient Non-Payment
131, 431, or 831 — Outpatient Surgical Sites
731 — Free Standing Clinics
781 — Licensed Free Standing Emergency Medical Facility
851 — Specialty Facility, Critical Access, Outpatient
XX7 — Updates and overwrites Original Record at COMPdata
XX8 — Deletes original Record at COMPdata

Notes:

• When '98912' (Charity) is specified for Individual Payer ID# in the State Report ID field, '830' will be populated for Type of Bill. See the 1st Individual Payer ID# entry on page 22 for additional information.

• Bill Type XX8 requires resubmission of "7 key fields," and is only valid if a record was previously submitted using an XX1 Bill Type and was without error.</td></tr>
<tr><td>Principal Diagnosis</td><td>The Principal Diagnosis is a required field and must be a valid ICD code established after admission as responsible for outpatient care necessity.

Note: Effective 10/1/2015, the state of Illinois will only accept a valid ICD-10 code (established after admission as responsible for outpatient care necessity) for Principal Diagnosis on the report.

Verify and/or specify Principal Diagnosis in SurgiSource from the Billing module > Visit menu > Clinical Log form > Procedure and Diagnosis tab. Enter ICD-10 codes on the ICD-10 Diagnosis tab and/or ICD-9 codes on the ICD-9 Diagnosis tab (as applicable). Click Update to save the change.

Notes:

• Principal Diagnosis must be consistent with patient age and gender.

• ICD-10 codes will be populated to the report if present on the Visit, the State Reports module has been configured to populate ICD-10 codes and the specified effective date for populating ICD-10 codes has been met or exceeded.

• If the Principal Diagnosis is V30 - V39 (with 0 as 4th digit), Admission Type must be 4.

• Effective with 07/01/10 cases, the IDPH (Illinois Department of Public Health) requires additional reporting of misadventures (injuries and adverse events). For more information on current Diagnosis and E-code reporting requirements, please refer to the current Illinois state reporting specifications.

For more information on E-Codes, please see the E-Code entry in this table.</td></tr>
</table>

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Field	Description
Other Diagnosis (1 – 24)	Refers to the additional condition that coexists at admission or develops during hospital stay, and has effect on the treatment provided or length of stay (LOS). Up to 24 **Other Diagnosis** may be added. **Note:** Effective 10/1/2015, the state of Illinois will only accept a valid ICD-10 code (that indicates the additional condition that coexists at admission or develops during hospital stay) for **Other Diagnosis** on the report. Verify and/or specify **Other Diagnosis** in SurgiSource from the **Billing** module > **Visit** menu > **Clinical Log** form > **Procedure and Diagnosis** tab. Enter ICD-10 codes on the **ICD-10 Diagnosis** tab and/or ICD-9 codes on the **ICD-9 Diagnosis** tab (as applicable). Click **Update** to save the change. **Note**: ICD-10 codes will be populated to the report if present on the Visit, the State Reports module has been configured to populate ICD-10 codes and the specified effective date for populating ICD-10 codes has been met or exceeded.

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Field	Description
Patient Discharge Status	Refers to the patient's status at the time of discharge. Verify and/or specify **Patient Discharge Status** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Admission** page > **Discharge Status** look up menu. Valid Codes are: **Code** **Description** 01 Discharged to home or self-care (routine discharge) 02 Discharged/transferred to another short term general hospital for inpatient care 03 Discharged/transferred to SNF w/Medicare Certification in anticipation of covered skilled care 04 Discharged/transferred to ICF 05 Discharged /transferred to a Designated Cancer Center or Children's Hospital. 06 Discharged/transferred to home under the care of organized home health service organization in anticipation of covered skilled care. 07 Left against medical advice or discontinued care 09 Admitted as inpatient to this hospital 20 Expired 21 Discharged/transferred to court / law enforcement 30 Still patient 40 Expired at home (Medicare, CHAMPUS claims only for hospice care) 41 Expired in a medical facility (Medicare, CHAMPUS claims only for hospice) 42 Expired – place unknown (Medicare, CHAMPUS claims only for hospice care) 43 Discharged/transferred to a Federal hospital 50 Hospice – home 51 Hospice – medical facility 61 Discharged/transferred within this institution to hospital-based Medicare approved swing bed 62 Discharged/transferred to an inpatient rehabilitation facility (IRF) including rehab distinct part units of a hospital 63 Discharged/transferred to a Medicare certified long term care hospital (LTCH) 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital 66 Discharged/transferred to a Critical Access Hospital (CAH) 70 Discharged/transferred to another Type of Health Care Institution not defined elsewhere in this code list. Verify and/or specify **Discharge Status Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility** Menu > **Table Maintenance** > **Patient Disposition Code** table**.** Add new **Discharge Status Codes** and **Descriptions** as appropriate then click **Update** to save the change.

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Field	Description
1st Revenue Code	Refers to the code that identifies specific accommodation, ancillary service or unique billing calculations or arrangements. Verify and/or specify **Revenue Codes** in SurgiSource for a Patient Visit from the **Billing** module > **Account** menu > **Enter Charges** form > **Billed Services** page > **Billed Services** panel. **Note:** The Revenue Code can also be attached to CPT Codes from the **Facility** > **CPT® Code** > **Revenue Code** field. Verify and/or specify **Revenue Codes** for the Facility in SurgiSource from the **Security** Module > **Utility** Menu > **Table Maintenance** > **Revenue Code** table**.** Update **Revenue Codes** and **Descriptions** as appropriate then click **Update** to save the change. **Notes**: • If this field is left blank, the system will not include this case in the state report output file. • Surgical procedure data is to be reported (for generally, those cases that were conducted in a surgical suite or invasive procedure suite) based on a specific revenue code range. The patient record must contain one of the below specified revenue codes to qualify for inclusion in the IL Outpatient OS database: 036X – Operating Room Services 0481 – Cardiac Cath Lab 049X – Ambulatory Surgical Care 0511 – Pain Management 0723 – Circumcision 075X – GI Services (Endo/Colo suite, etc.) 079X – Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy) Imaging Revenue Codes 032X – Radiology Diagnostic 0340, 0341, 0343, 0349 – Nuclear Medicine General and Diagnostic 035X – CT Scan 040X – Other Imaging Services 0483 – Echocardiogram Sonography 061X – MRI • A case is pulled to the state report if it includes a revenue code that falls within the indicated range. Also, if additional codes are attached to the case that do not fall within the range, all revenue codes for the claim are populated to the report without any exclusions (as per the state reporting specifications). However, if a case only includes revenue codes that do not fall within the indicated reporting range, that case **does not** pull to the report.
Units of Service	Refers to the quantitative measurement of services rendered by revenue code. Verify and/or specify **Units of Service** in SurgiSource from the **Billing** module > **Account** menu > **Enter Charges** form > **Billed Services** page > **Billed Services** panel.
Charges	Refers to the total charges for the corresponding revenue code. This value is system generated.
2nd Revenue Code (2-22)	See **1st Revenue Code** entry above.

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Field	Description
2nd Units of Service (2-22)	See **Units of Service** above.
2nd Charges (2-22)	See **Charges** above.
23rd Revenue Code (Total Charges for Patient)	This value is system generated. Revenue Code '0001' (**Total Charges for Patient**) is reported in this field. **Note**: Revenue Code 23 is required when the number of pages of the UB04 is greater than one (1).
Charges	Refers to the **Total Charges** for the Patient Visit. System generated.
Page Number	Refers to the value used to designate the incrementing page count (record) and total number of pages for the claim. This value is system generated.
Attending Clinician NPI #	Refers to the 10-digit NPI that identifies the Attending Clinician who is expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the Patient's medical care and treatment. Verify and/or specify **Attending Clinician NPI #** in SurgiSource from the **Billing** module > **Physician** menu > **Physician Profile** form > **Credential** page > **NPI #** field. Remember to click **Update** to save record. Verify and/or specify the **Attending Clinician** (and role) for a patient visit in SurgiSource from the **Billing** module > **Visit** > **Patient Visit** > **Case tab** > **Physician** field (**Physician's Role** field for role).
Patient ID #	Refers to the number that uniquely identifies each patient. The **Patient ID #** is assumed to be the **Patient ID #**, the letter 'V' and the **Visit Number**. For example, 11111V5 where **Patient ID #** = 11111, Alphabet = V and **Visit #** = 5.
1st Insurance Group #	Refers to the ID#, Control #, or code assigned by the carrier or the plan administrator to identify the group number which the patient is covered. Verify and/or specify **1st Insurance Group #** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Insurance** page > **Insurance for a Visit**. **Note**: You must specify Insurance Group # for secondary (2nd) and tertiary (3rd) insurances, if applicable.
1st Other Clinician NPI #	Refers to the 10-digit NPI that identifies the clinician who consulted on or referred the patient's case. See the **Attending Clinician** description above in order to verify and/or specify the **1st Other Clinician NPI #**.

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Field	Description
1st Other Clinician Type	Refers to the 2-digit code describing the type of Other Clinician. The **1st Other Clinician Type** is system derived based on the role of the **1st Other Clinician** (**Referring Provider**) specified in **Patient Visit > Case** tab **> Physician Role** field. Valid code are: **Code** **Description** DN Referring Clinician ZZ Assisting Operating Clinician 82 Rendering Clinician **Note**: Required when 1st Other Clinician NPI # is reported.
Outpatient Site ID #	Refers to the surgical site of the patient surgical service: 1. On Campus site = 01 2. Off Campus sites are to be specified according to the Site Designation on Data Coordinator Forms. Verify and/or specify **Outpatient Site ID #** in SurgiSource from the **Security** module **> Facility** menu > **Billing Configuration** form > **Page 1** tab > **Place of Service Code** field**.** Click **Update** to save entry.
ICD Diagnosis Code Version Qualifier	Refers to the qualifier code value for the version of International Classification of Disease being used by the Facility: **Qualifier** **Description** 9 ICD-9 Version 0 ICD-10 Version

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Field	Description
E-Code	Refers to the **ICD External Cause of Injury** (ECI) code that designates the causative event of condition or injury. **Note:** Effective 10/1/2015, the state of Illinois will only accept a valid ICD-10 code (that designates the causative event of condition or injury) for **E-Code** on the report. Verify and/or specify **E-Codes** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Claim** tab > **Injury Code1, Injury Code2** and/or **Injury Code3** fields. Enter ICD-10 codes in the **ICD-10** column and/or ICD-9 codes in the **ICD-9** column (as applicable)**.** To enter additional **E-codes**, click the **Additional Injury Codes** button under these fields on this tab. Enter the applicable **E-Code** in the appropriate field (or scan for the applicable value). Remember to click **Update** to save the record. Verify and/or specify **E-Codes** for your Facility in SurgiSource from the **Billing** module > **Facility** > **ICD Diagnosis Code** form. Click the **Add** button, enter the **ICD** code and **Description** in the appropriate fields then click **Update** to save the E-Code. **Notes**: • The code must be consistent with patient's age and gender. • Must be a valid ICD E-Code for discharge date. • ICD-10 codes will be populated to the report if present on the Visit, the State Reports module has been configured to populate ICD-10 codes and the specified effective date for populating ICD-10 codes has been met or exceeded. • Illinois will accept up to 8 E-Codes on the report. • For more information on current E-code reporting requirements, please refer to the current Illinois state reporting specifications.
Operating Clinician NPI #	Refers to the 10-digit NPI that identifies the individual who is primarily responsible for performing the surgical procedure(s). See the **Attending Clinician** description above in order to verify and/or specify the **Operating Clinician NPI #**.
Billing Provider Facility NPI	Refers to the NPI assigned to the provider submitting the bill. Verify and/or specify the **Billing Provider Facility NPI** for the Facility in SurgiSource from the **Security** module > **Facility** menu > **Billing Configuration** form > **Page 1** tab > **NPI #** field. Click **Update** to save entry.
Other Provider Identifier	Refers to the field used by Facilities to specify their current **IHA Provider Data Collection ID #** until their NPI or NPI subpart is assigned. The **IHA Provider Data Collection ID #** can be entered in the **IHA Provider #** field on the **File Output** dialog box during report generation.

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Field	Description
Statement Covers Period	Refers to the From and Through dates (beginning and ending dates) of patient care. It is assumed that the **Statement Covers Period** is the **Admission** and **Discharge Date**. Verify and/or specify the **Admission** and **Discharge Date** in SurgiSource from the **Billing** module **> Visit** menu > **Patient Visit** form > **Admission** page.
Primary Payer Name	Refers to the **Name** of the **Primary Payer** source for the patient. Verify and/or specify **Primary Payer** for a Patient Visit in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Insurance** page **> Insurance** button. It may be necessary to add a **Primary Payer** in the system. Verify and/or specify a **Primary Payer** in SurgiSource from the **Billing** module **> Payer** menu **> Payer Profile** form **> Profile** page. **Note**: Be sure to add Secondary and Tertiary Payers, if applicable.
Race	Refers to the 2-digit code designating the patient's race. **Race Codes** are populated to the report based on entries made in the SurgiSource **Race** field. Verify and/or specify **Patient Race** in SurgiSource from the **Billing** module > **Patient** menu **> Patient Demographics** form > **Personal Data** page > **Race** look up menu. Select patient and specify **Patient Race** from the look up menu. Click **Update** to save patient record. Adjustments may be required in the **Race Code** table to verify that your SurgiSource **Race Code** entries contain the same code and description values referenced below: **Code** **Description** R1 American Indian or Alaska Native R2 Asian R3 Black or African American R4 Native Hawaiian or Pacific Islander R5 White R6 Multi-Racial R7 Declined R9 Other Verify and/or specify **Race Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility** menu > **Table Maintenance** > **Race Code** table**.** Update **Race Codes** and **Descriptions** as appropriate then click **Update** to save the change. **Notes**: • When the Patient Race field is left blank or missing, SurgiSource will leave this field blank. • When Patient Race is invalid, SurgiSource will send the value "R9" for Other.

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Field	Description
Ethnicity	Refers to the 2-digit code designating the patient's ethnic background. **Ethnic Codes** are populated in the report based on entries made in the SurgiSource **Ethnic** field. Verify and/or specify **Patient Ethnicity** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Personal Data** page > **Ethnic** field. Select patient and specify **Patient Ethnicity** from the look up menu. Click **Update** to save the patient record. Adjustments may be required in the **Ethnic Code** table to verify that your SurgiSource **Ethnic Code** entries contain the same code and description values referenced below. **Code** **Description** E1 Hispanic or Latino Ethnicity E2 Non-Hispanic or Latino Ethnicity E7 Declined Verify and/or specify **Ethnicity Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility** menu > **Table Maintenance** > **Ethnic Code** table**.** Update **Ethnicity Codes** and **Descriptions** as appropriate then click **Update** to save the change. **Notes**: • When the Patient Ethnicity field is left blank or missing, SurgiSource will send "E2" for Non-Hispanic or Latino Ethnicity. • When Patient Ethnicity is invalid, SurgiSource will send the value "E2" for Non-Hispanic or Latino Ethnicity.

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Field	Description
Admission Hour	Refers to the 2-digit code that specifies the hour during which the patient was admitted for outpatient care. The **Admission Hour** must be specified using the following codes which are mapped to military time (HH): **Code** **Code Time AM** 00 12:00 – 12:59 midnight 01 01:00 – 01:59 02 02:00 – 02:59 03 03:00 – 03:59 04 04:00 – 04:59 05 05:00 – 05:59 06 06:00 – 06:59 07 07:00 – 07:59 08 08:00 – 08:59 09 09:00 – 09:59 10 10:00 – 10:59 11 11:00 – 11:59 **Code** **Code Time PM** 12 12:00 – 12:59 Noon 13 01:00 – 01:59 14 02:00 – 02:59 15 03:00 – 03:59 16 04:00 – 04:59 17 05:00 – 05:59 18 06:00 – 06:59 19 07:00 – 07:59 20 08:00 – 08:59 21 09:00 – 09:59 22 10:00 – 10:59 23 11:00 – 11:59 The **Admission Hour** is automatically populated from data captured when the patient is admitted to service.
Discharge Hour	Refers to the two-digit code that specifies the hour during which the patient was discharged from outpatient care. The **Discharge Hour** must be specified using the codes mapped to military time. (See **Admission Hour** above for the list of 2-digit codes.) Verify and/or specify **Discharge Hour** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Admission** tab > **Discharge Time** field.

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Field	Description
Accident State	Refers to the state in which the patient's auto accident occurred. If **Accident State** is applicable, this is a required field if an **E-Code** in the range of 810.0 – 819.9 was reported (for ICD-9 codes). **Note:** When ICD-10 **E-Codes** are populated to the Illinois ASC State Report for a Visit, Accident State is required on the state report in SurgiSource if the reported **E-Code** falls within the list of industry standard ICD-10 **E-Codes** for motor vehicle traffic accidents. Verify and/or specify **Accident State** in SurgiSource from the **Billing** module > **Visit** > **Patient Visit** form > **Claim** tab > **Place of Accident** drop-down. Verify and/or specify **State Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility** menu > **Table Maintenance** > **State Code** table. Update **State Codes** and **Descriptions** as appropriate then click **Update** to save the change. **Notes:** • Be sure to check the **Auto Related** box and enter the correct auto accident **E-Code** (for ICD-9 and/or ICD-10 codes as applicable) in either the **Injury Code 1, 2** or **3** fields (as applicable) on the **Patient Visit** form > **Claim** tab to ensure that the **Accident State** populates correctly to the state report. • For more information on entering **E-Codes**, please see the **E-Code** entry in this table. • When the **E-Code** is out of range or has not been entered in one of the **Injury Code 1, 2** or **3** fields, the system will not populate **Accident State** to the state report • For a list of industry standard ICD-10 **E-Codes** for motor vehicle traffic accidents, please refer to the External Cause of Injury Mortality Matrix for ICD-10 (Motor Vehicle Traffic section) published by the CDC at the following link: • http://www.cdc.gov/nchs/data/ice/icd10_transcode.pdf • If the patient's accident occurred in a Foreign Country, an **Accident State** code of '99' must be populated to the state report for this element. Please contact Source Medical Client Services for data entry instructions and to ensure that the correct **Accident State** code (indicating Foreign Country) is populated to the state report: Telephone**:** 1-800-447-0104 Fax: 203-949-6298 Email: surgisourcesupport@sourcemed.net
Condition Employment Related	If applicable, refers to the condition code designating whether the patient's condition is due to an employment related accident. Only one code is accepted. Verify and/or specify **Condition Employment Related** code in SurgiSource from the **Billing** module > **Visit** > **Patient Visit** form > **Claim** page. **Note**: A condition code of "02" code indicates that the patient alleges that the medical condition is due to environment/events resulting from employment.

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Field	Description
Accident Employment Related Occurrence Code	If applicable, refers to the occurrence code designating whether the patient's accident occurred during employment related duties. Only one code is accepted. Verify and/or specify **Accident Employment Related Occurrence Code** in SurgiSource from the **Billing** module **> Visit > Patient Visit** form **> Claim** page. **Note**: An Occurrence code of "04" indicates the existence of an accident allegedly relating to the patient's employment.
Crime Victim Occurrence Code	If applicable, refers to the occurrence code designating whether the patient was a victim of a crime, which caused the patient's injuries. Only one code is accepted. Verify and/or specify **Crime Victim Occurrence Code** in SurgiSource from the **Billing** module **> Visit** menu **> Patient Visit** form **> Claim** page. **Note**: An Occurrence code of "06" code indicates the existence of a medical condition resulting from alleged criminal action committed by one or more parties.
Patient Reason for Visit Diagnosis Code (1 - 3)	Refers to the valid ICD diagnosis code describing the patient's reason for visit at time of outpatient registration. The **Patient Reason for Visit Diagnosis Codes** for all *unscheduled outpatient visits* should be documented. **Note:** Effective 10/1/2015, the state of Illinois will only accept a valid ICD-10 code (describing the patient's reason for visit at time of outpatient registration) for **Patient Reason for Visit Diagnosis Code** on the report. Verify and/or specify **Patient Reason for Visit Diagnosis Code** in SurgiSource from the **Billing** module > **Account** menu > **Enter Charges** form > **Additional Fields** tab > **Reason For Visit 1-3** fields. Enter ICD-10 codes in the **ICD-10** column and/or ICD-9 codes in the **ICD-9** column (as applicable). Click **Update** to save change. **Notes**: • The code must be consistent with the patient age and gender. • ICD-10 codes will be populated to the report if present on the Visit, the State Reports module has been configured to populate ICD-10 codes and the specified effective date for populating ICD-10 codes has been met or exceeded. • You may add up to 3 **Reasons for Visit Diagnosis Codes**.

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Field	Description
1st CPT/HCPCS Service Line Item (1 - 22)	Refers to the **CPT/HCPCS** codes plus modifiers for outpatient services. Must be a five-digit code (plus up to four 2-digit modifiers allowed for any service item). Also, the codes/modifiers must be valid for discharge date. Verify and/or specify **CPT/HCPCS** codes for a patient in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Case** page. **Notes**: • You may also add CPT/HCPCS codes from Account > Enter Charges > Billed Services. • There must be a related Revenue Code and Charge for each service line item on the patient record. Adjustments may be necessary to add **CPT/HCPCS codes** in the system. Verify and/or specify **CPT/HCPCS** codes in SurgiSource from the **Billing** module **> Facility >CPT® Code** form. See COMPdata requirements for **CPT/HCPCS codes.**
1st CPT/HCPCS Service Date (1-22)	Refers to the service date for each CPT/HCPCS in the service line. Verify and/or specify **CPT/HCPCS Service Date** in SurgiSource from the **Billing** module > **Visit > Patient Visit** > **Admission** Page > **Schedule Date** field.
Patient County Code	Refers to the **County Code** of the patient's principal residence at the time of admission. Verify and/or specify **County Code** in SurgiSource from the **Billing** module > **Patient** menu **> Patient Demographics** form > **Address, Phone** page > **County** drop-down. Select patient then select the county from the **County** drop-down. Click **Update** to save the patient record. The **County Code** can also be populated automatically when the User enters a **Zip** code in the **Zip** field. Verify and /or specify **County Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility > Table Maintenance > County Code** table**.** Update **County Codes** and **Descriptions** as appropriate then click **Update** to save the change. Verify and/or specify the **County Code** for a **Zip Code** from the **Security** module > **Utility > Table Maintenance > Zip Code** table > *select Zip Code entry* **> County Code** field. Update the **County Code** value for the **Zip Code** entry as appropriate then click **Update** to save the change. **Notes**: • The Patient County Code must be a valid 5-digit code for a county in Illinois or Border States. The first two-digits of the code represent the state and the last three digits represent the county code. For example: State of ILL = 01 Rockford County = 016 The patient county code is 01016 • '99999' may be used to designate 'Other' for any locations outside of Illinois and bordering states.

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Field	Description
Patient State	Refers to the **State** of the patient's principal residence at the time of service. Verify and/or specify **Patient State** for a Patient Visit in SurgiSource from the **Billing** module > **Patient** menu **> Patient Demographics** form > **Address, Phone** page > **State**. Select patient then select the state from the **State** drop-down. Click **Update** to save the patient record. The **Patient State** can also be populated automatically when the User enters a **Zip** code in the **Zip** field. Verify and /or specify **State Codes** and **Descriptions** in SurgiSource from the **Security** module > **Utility > Table Maintenance > State Code** table**.** Update **State Codes** and **Descriptions** as appropriate then click **Update** to save the change. Verify and/or specify the **Patient State** for a **Zip Code** from the **Security** module > **Utility > Table Maintenance > Zip Code** table **>** *select Zip Code entry* **> State** field. Update the **State** value for the **Zip Code** entry as appropriate then click **Update** to save the change.
Primary Insured's Unique Identifier (Beneficiary/Policy #)	Refers to the unique number assigned by the health plan to the individual under whose name the Primary insurance benefit is carried. Verify and/or specify **Primary Insured's Unique Identifier** in SurgiSource from the **Billing** module > **Visit** menu > **Patient Visit** form > **Insurance tab** > **Insurance** button > **Insurance for a Visit** > **Policy** tab > **Patient Insured ID** **Notes**: • Effective with 10/1/12 discharges, the Primary Insured's Unique Identifier is required for all patients except those with a Primary Payer of Self Pay or Charity. • If the Primary Insured's Unique Identifier has not been entered in the Patient Insured ID field, this value will pull from the Policy Number field on the Policy tab.
Patient Last Name	Refers to the patient's legal last name. Verify and/or specify **Patient Last Name** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Last Name** field.
Patient First Name	Refers to the patient's legal first name. Verify and/or specify **Patient First Name** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **First Name** field.
Patient Middle Name	*Optional.* Refers to the patient's legal middle name, if available. Verify and/or specify **Patient Middle Name** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **MI** field.

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Field	Description
Patient Street Address	Refers to the address of the patient's principal residence at the time of service. Verify and/or specify the **Patient Street Address** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Address, Phone** tab > **Address Line 1** and **Address Line 2** fields. **Notes**: • If the Patient is homeless, check the Homeless box on the Address, Phone tab. As a result, 'Homeless' will be populated to Patient Street Address. Also, '00000' will be populated to Patient Zip Code on the state report (indicating a status of Unknown). • If available, be sure to enter the Patient's shelter address in the appropriate fields (or other temporary address) if the Homeless box is checked in order to facilitate the processing of claims.
Patient City	Refers to the **City** of the patient's principal residence at the time of service. Verify and/or specify the **Patient City** in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Address, Phone** tab > **City** field. Click **Update** to save the patient record. The **Patient State** can also be populated automatically when the User enters a **Zip Code** in the **Zip** field. Verify and/or specify the **Patient City** for a **Zip Code** in SurgiSource from the **Security** module > **Utility > Table Maintenance > Zip Code** table **>** *select Zip Code entry* **> City** field. Update the **City** value for the **Zip Code** entry as appropriate then click **Update** to save the change. **Notes**: • If the Patient is homeless, check the Homeless box on the Address, Phone tab. As a result, 'Homeless' will be populated to Patient City. Also, '00000' will be populated to Patient Zip Code on the state report (indicating a status of Unknown). • If available, be sure to enter the Patient's shelter address in the appropriate fields (or other temporary address) if the Homeless box is checked in order to facilitate the processing of claims.

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Field	Description
Last 4 Digits of SSN	Refers to the last four digits of the patient's social security number (SSN). Verify and/or specify the patient's SSN in SurgiSource from the **Billing** module > **Patient** menu > **Patient Demographics** form > **Personal Data** tab > **SSN** field. **Notes**: • All nine digits of the social security number must be entered in the SSN field or the patient record cannot be saved. • If the Patient is a foreign national with a U.S. work visa but does not have a SSN, Users may report the Patient's Tax Identification Number (TIN) in the SSN field. Only the last 4 digits of the number will be populated to the report. • If the Patient refused to provide their SSN (Refused to Provide SSN box is checked), "0000" will be populated for this field on the report. • If the patient is a Foreign Visitor (nonresident), enter nines ('9s') in the SSN field. Only "9999" will be populated for this field on the report.
For assistance with the Illinois State Report, contact COMPData: • Email: ubhelp@ihastaff.org • Website**:** http://www.compdatainfo.com/	

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Chapter 8: Populating Accounts with Insurance

Since the Illinois Quarterly report is based upon generated claims, it will not include accounts with an Insurance Carrier associated to an account unless the user generate the claim.

8.1: Populating Self-pay Accounts

Billed self-pay claims will be included in the report. To force **Self-pay** accounts to be included in the IL ASC Quarterly Report, perform the following tasks:

1. Access the default **Self -pay** account code in **Payer Profile**.
2. In the **Claims** section, click the **Print Insurance Form** checkbox.
3. From the **Insurance Form ID** drop-down menu, select a **HCFA 4.5** format.

   Note: Printer type is not an issue with setting up self-pay claims.
4. Before generating the state report, go to **Claim to Generate** and specify the following information:
   a. **Date Range** for reporting period.
   b. **Insurance Form ID** attached to the **Self-pay** payer code.
   c. Default **Self-pay** account code under **Payer Type**.
5. Click **Print.** When the image of a printed claim appears on screen, click out of the image since the claims do not have to be physically printed.

   When the IL ASC Quarterly State Report is generated, the selected **Self-pay** accounts will be included in the output file.

If you only want to produce self-pay claims at the time you generate the state report, un-check **Print Insurance Form** in **Payer Profile** after completing the claim run. This option can be changed back to active when you are ready to generate the next quarterly report.

8.2: Payer Classification

The **Payer Type** and **Name** must be present and valid. The code must identify the **Payer**, **Product Type** and actual name of the **Payer** the Facility expects to receive payment from.

Verify and or specify that the **Payer Type** and **Name** have been entered in the **Payer Payment Source** Table in SurgiSource from the **Security** module > **Utility** form > **Table Maintenance** page. Double-click the desired **Table** to update or add table. Remember to click the **Update** button to save entry.

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