

Illinois Data Coordinator Manual
Update History Table

Date	Update Type	Page Numbers
06/13/11	<ul style="list-style-type: none"> • Verbiage updated for use of XX8 process to delete previously submitted records • Accident State code 99 added for foreign countries • Requirements for Operating Clinician updated to reflect surgical range by Revenue Codes • Filler field length for outpatient flat file element 254 corrected to 24 • Loop designation updated for 1st Individual Payer ID in 837 5010 specs • Segment examples updated for POA & diagnosis fields in 837 5010 specs & Appendix • Segment example updated for qualifier on Other Clinician in 837 5010 specs • Verbiage added noting CPTs/HCPCs only to be reported in SV2 segment in 837 as of 4/01/11 cases • Entire Error Code Reference Sheet reformatted • New error message added to Error Code Reference Sheet • Glossary and Common Terminology reference sheets updated with current reference items • Errata designation updated to A2 in header example in 837 5010 Appendix • DTP typo correct in outpatient record description in 837 5010 Appendix 	<ul style="list-style-type: none"> • 26, 62, 97 • 55, 80, 98 • 77, 110 • 88 • 95 • 104, 106, 107, 233, 235, 239 • 110 • 112 • 139-154 • 150 • 215-217 • 232 • 237
02/28/11	<ul style="list-style-type: none"> • Updated outpatient category ranges by revenue codes • ILIP Flat File Format: filler for positions 852-853 corrected to read Field Length of 2 • ILIP Flat File Format: filler for data element 261 corrected to read Field Length of 24 • Flat File Format: Former outpatient procedure fields 1-25 replaced with filler fields per new reporting requirements 	<ul style="list-style-type: none"> • 11-12 • 41 • 57 • 64, 67, 76, 77

	<ul style="list-style-type: none"> ✓ Elements #s 22, 23, 25-34, 137-174 now filler ✓ Send CPTs/HCPCs only in Service Line Items = element #s 205-248 ✓ (Note: 837 format was already updated for this change in last manual release) • Error Code Reference Sheet Updated <ul style="list-style-type: none"> ✓ New error message verbiage added ✓ Existing error verbiage updated ✓ Element #s and Segment #s updated to match new numbering in specs • IP DSVR updated with new formatting and explanation • HAC column removed from AdHoc Report info • 837 5010 Appendix: removed HI*BP segment from outpatient record example, as is no longer allowed on 5010 	<ul style="list-style-type: none"> • 139-154 • 155, 157 • 210-211 • 237
10/15/10	<ul style="list-style-type: none"> • Late Load processing information updated • File specs updated to reflect the following changes: <ul style="list-style-type: none"> ✓ Bill Types 430/830/850 added ✓ Misadventure reporting effective date updated ✓ Payer codes 98935 & 98945 added ✓ Principal Dx cannot be repeated in Other Dx fields ✓ Point of Origin code 7 discontinued ✓ Readmission and other data elements added • 837 specs updated for new 5010 version <ul style="list-style-type: none"> ✓ Please pay special attention to the new Qualifiers for use with ICD-10 diagnoses ✓ Look for an upcoming webinar on the changes for the 837 5010 • System requirements & browser setting changes • Error Code Reference Sheet updated to reflect the following changes: <ul style="list-style-type: none"> ✓ New Patient Name and Address field error messages ✓ Principal Dx cannot be repeated in Other Dx fields – new edit added ✓ Point of Origin edit verbiage changed ✓ Revenue Code error messages updated 	<ul style="list-style-type: none"> • 9 • 26-59, 62-95, 100-118 • 100-118 • 119-123 • 154-158

	<ul style="list-style-type: none"> AdHoc System screen changes and explanations of flag abbreviations added 837 5010 Appendix added 	<ul style="list-style-type: none"> 212, 213, 215 235-245
04/12/10	<ul style="list-style-type: none"> www.compdatainfo.com website summary added Data Submission Highlights updated File specs updated to reflect the following changes: <ul style="list-style-type: none"> ✓ 110 Bill Type updated for NCCs ✓ Added non-covered charges to charge fields ✓ Added Workers' Comp. payer code 98950 ✓ Misadventure reporting requirements added ✓ MLN #s referenced for NCCs and NEVs ✓ New Bill Types 121 & 130 added COMPdata system requirements updated Feedback report overview & resources page updated Potential Duplicate Report added Recap updated for NCCs and NEVs IP DSVR updated for NCCs DQSR charity and workers' comp. payer additions AdHoc screen and report updates 837 Appendix updated for non-covered charges 	<ul style="list-style-type: none"> 5 10 26-59, 62-96, 100-117 122 135 137, 167-168 138-140 159-161 178, 179, 190 209-217 243
01/14/10	<ul style="list-style-type: none"> Nationally deleted T-Codes and G-Codes removed from Outpatient Surgery (OS) range Conversion of www.compdata.org/three_links URL to simplified www.compdata.org URL Specs updated to reflect that only NPIs are accepted as Clinician IDs Feedback Report retrieval screen prints updated 	<ul style="list-style-type: none"> 12 16, 119, 121, 192, 193, 206 42, 43, 54, 77, 78, 85, 114 199-200
12/01/09	<ul style="list-style-type: none"> T-Code Outpatient Surgery (OS) range changes New national Patient Discharge Status added Specs updated to include updated UB-04 FL info for charges Facility NPI info updated in 837 segment specs and example 	<ul style="list-style-type: none"> 12 34, 68, 107 37-42, 72-77, 102, 116 100

	<ul style="list-style-type: none"> • NPI Excel file upload option removed from EFT instructions • Newly updated Error Code Reference Sheet • Updates for DQSR and DSVR date selection functionality 	<ul style="list-style-type: none"> • 127-131, 134 • 143-156 • 200-201
07/16/09	<ul style="list-style-type: none"> • Observation (OC) spec changes for 2009 • Outpatient Surgery (OS) spec changes just announced • Update to Three Links URL • Changes to system selection screens • Updates to 837 segment examples in format specs • Updates to COMPdata software installation instructions • Additional information regarding special character use in file names • Newly updated Error Code Reference Sheet • Section added regarding new AdHoc Report function • New 837 Appendix added 	<ul style="list-style-type: none"> • 11 • 12 • 15, 186, 187 • 16, 21, 188, 197 • 98-115 • 117-121 • 125 • 139-150 • 199-208 • 212-222
02/12/09	<ul style="list-style-type: none"> • Purpose section moved • XX8 process clarified • Data submission highlights section updated and moved • New online count entry section • County code clarification • Outpatient service line item and revenue code clarification • 837 element separator information • Clinician mismatch verbiage removed • Feedback report verbiage updates • NPI submission section removed • Feedback system screen changes 	<ul style="list-style-type: none"> • 5 • 6 • 10 • 13 – 22 • 58, 94 • 70, 89, 114 • 98 • 132, 133, 188, 195 • 133 – 182 • 183+ • 186 - 195
10/02/08	<ul style="list-style-type: none"> • EFT site screen changes • E-Code range update for Accident State requirement • G0378 addition to OC range 	<ul style="list-style-type: none"> • 113 – 121 • 47, 77, 91 • 10
07/09/08	<ul style="list-style-type: none"> • Edit Error Code Reference Sheet update • Patient Discharge Status national coding changes 	<ul style="list-style-type: none"> • 131 – 139 • 21, 23, 56, 58, 95, 96
04/22/08	<ul style="list-style-type: none"> • Single field characters on Expanded Flat File Format • 837 Format loop and POA coding for E- 	<ul style="list-style-type: none"> • 48, 84 • 97, 98, 99

	<p>Codes</p> <ul style="list-style-type: none">• 837 Format loop for Race and Ethnicity• 837 Format loop for Outpatient Procedures / Service Line Items• Late Load Policy• Birth Weight Values	<ul style="list-style-type: none">• 89• 100• 8• 48, 101
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