

**Illinois Paper EOB Requirements
(FINAL)**

No.	Field Description	Required (R) Sometimes (S) Optional (O)	Comments
1	Date of Review	R	Date of Review
2	Method of Payment	S	If there is a payment, indicate if Paper Check or EFT
3	Payment ID Number	S	If there is a payment, indicate Paper Check Number or EFT Tracer Number
4	Payment Date	S	If there is a payment, indicate the payment date.
5	Payer Name	R	
6	Payer Address	R	
7	Payer Identification Number	O	Payer Identification Number (FEIN).
8	Payer Contact Name	S	Required if there is no payment or payment less than billed charges: Additional claim administrator contact information e.g., Adjustor ID reference for billing dispute contact
9	Payer Contact Phone Number	S	Required if there is no payment or payment less than billed charges: Additional claim administrator contact information e.g., Adjustor ID reference for billing dispute contact
10	Jurisdiction	O	The state that has jurisdictional authority over the claim
11	Pay-To Provider Name	R	
12	Pay-To Provider Address	R	
13	Pay-To Provider TIN	R	
14	Pay-To Provider State License Number	S	If additional payee ID information is required. This applies only to billing provider health entities
15	Patient Name	R	Patient Name
16	Patient Social Security Number	R	
17	Patient Address	O	
18	Patient Date of Birth	O	
19	Employer Name	R	Employer Name
20	Employer ID	R	Employer ID assigned by Payer
21	Employer Address	O	
22	Rendering Provider Name	R	
23	Rendering Provider ID	R	Rendering Provider NPI Number
24	PPO/MPN Name	S	Required if a PPO / MPN reduction is used
25	PPO/MPN ID Number	S	State License Number or Certification Number
26	Claim Number	R	Workers' Compensation Claim Number assigned by payer
27	Date of Accident	R	
28	Payer Bill Review Contact Name	R	
29	Payer Bill Review Phone Number	R	

Bill Payment Information

30	Bill Submitter's Identifier	R	Patient Control/Unique Bill Identification Number assigned by provider
31	Payment Status Code	R	Payment Status Indicates if the bill is being Paid, Denied or a Reversal of Previous Payment. Payment status Codes: Paid = (1) Denied = (4) Reversal of Previous Payment = (22)
32	Total Charges	R	
33	Total Paid	S	If there is a payment, indicate the total paid.
34	Payer Bill ID Number	R	The tracking number assigned by payer/bill review entity
35	Bill Frequency Type	S	Required if Institutional bill
36	Diagnostic Related Group Code	S	Required if payment is based on DRG
37	Service Dates	R	
38	Date Bill Received	R	

Bill Level Adjustment Information - Situational

The Bill Level Adjustments is used when an adjustment cannot be made to a single service line. The bill level adjustment is not a roll up of the line adjustments. The total adjustment is the sum of the bill and line level adjustments.

39	CARC/RARC Adjustment Reason Codes	S	Required if an adjustment is made to the bill, if there is a denial of billed charges, or there is a need to communicate the messages represented in the codes. Refer to IAIABC Companion Guide to identify adjustment reason codes.
40	Adjustment Amount	S	
41	Adjustment Quantity	S	

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Service Payment Information			
42	Paid Procedure Code	R	The service code used for the actual review, revenue, HCPCS/CPT, or NDC. Includes modifiers if applicable
43	Charge Amount	R	
44	Paid Amount	R	A zero amount is acceptable
45	Revenue Code	S	Required when used in the review in addition to the HCPCS/CPT procedure code
46	Paid Units	R	
47	Billed Procedure Code	S	Required if different from the procedure code used for the review
48	Billed Units	S	Required if different from the units for the review.
49	Date of Service	R	
50	Prescription Number	S	Required for Retail Pharmacy and DME only
Service Level Adjustment			
51	CARC/RARC Adjustment Reason Codes	S	Required if an adjustment is made to the bill, if there is a denial of billed charges, or there is a need to communicate the messages represented in the codes. Refer to IAIABC Companion Guide to identify adjustment reason codes.
52	Adjustment Amount	S	
53	Adjustment Quantity	S	