



Provider Notice

July 10, 2024

APR-DRG Billing Clarification Failure Could Result in Claim Denials

This update is effective for claims received **08/15/2024** and after. CountyCare is further aligning with the HFS Hospital Rate Reform Initiative ([Hospital Rate Reform Initiative | HFS \(illinois.gov\)](#)) to ensure if a DRG is submitted on a claim, it follows APR-DRG methodology.

Hospitals are not required to submit APR-DRG codes on their claims however, if an APR-DRG code is submitted, it must match an APR-DRG on the “DRG Table” within the HFS calculator files located in the link above.

For 837I claims, the APR-DRG is located within Loop ID 2300, segment ID HI.

For UB-04 paper claims, the APR-DRG is located within Box 71.

Failure to include a billable APR-DRG following the effective date above can result in a claim denial.

CountyCare will review claims denied, as a result of this change, submitted between **04/10/2024** and **08/14/2024** and reprocess accordingly. After 08/15/2024, providers must follow the instructions above to ensure claims are processed appropriately.

Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at CountyCareProviderServices@cookcountyhhs.org or your Provider Relations Representative.