

**CLAIM EXAMPLES FOR SUPPORTIVE LIVING PROGRAM FACILITIES  
(SLP) – (PT 28)**

**EXAMPLE ~ SLP1:**

**Claim with no leave of absence days for regular supportive living program.**

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

**Legacy Claim Coding:**

10/01/16 – 10/31/16 (COS 87)

ISA\*00\* \*00\* \*ZZ\*030230130 \*ZZ\*37-1320188INT \*161225\*1635\*^\*00501\*000525985\*0\*T\*:~  
GS\*HC\*ACME BILLING AGENT\*37-2323232\*20161225\*1635\*525986\*X\*005010X223A2~  
ST\*837\*0001\*005010X223A2~  
BHT\*0019\*00\*A1CFA5C0-2222-484E-9999-08CEE\*20161101\*083756\*CH~  
NM1\*41\*2\*ACME CORP\*\*\*\*\*46\*36-9999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*310400000X~  
NM1\*85\*2\*SLF LTC TEST\*\*\*\*XX\*2999149356 ~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*999999999~  
HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
DMG\*D8\*19260929\*M~  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188~  
N3\*201 S GRAND AVENUE E~  
N4\*SPRINGFIELD\*IL\*62763~  
CLM\*EXAMPLE-SLP1\*5000\*\*\*89:A:2\*\*A\*Y\*Y~  
DTP\*434\*RD8\*20161001-20161031~  
DTP\*435\*DT\*201610011900~  
CL1\*3\*4\*30~  
REF\*EA\*00712~  
REF\*D9\*122215247135643~  
HI\*ABK: M6281~  
HI\*ABJ: I6350~  
HI\*ABF: Z5189~  
HI\*BE:23:::500\*BE:80:::31~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*XX\*122222222~  
PRV\*AT\*PXC\*207R00000X~  
LX\*1~  
SV2\*0240\*\*5000\*DA\*31~

REF\*6R\*EI122215247135640-01~

SE\*36\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 ACME SLF LTC TEST	2		3a PAT. CNTL #		EXAMPLE-SLPI		4 TYPE OF BILL								
555 NORTH STREET			b. MED. REC. #		00712		0892								
CHICAGO, IL 60614502			5 FED. TAX NO.		123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116								
8 PATIENT NAME			9 PATIENT ADDRESS			a 555 NORTH STREET									
b DOE, JOHN			b CHICAGO			c IL d 60614502 e									
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR		17 STAT		18 19 20 21 22 23 24 25 26 27 28		29 ACDT STATE		30	
09291926		M		100116		19 3 4		30							
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
38		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT			
		a 23		500.00		b 80		31.00		c		d			
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0240		ALL INCL ANCIL				100116		31		5000.00					
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		5000.00			
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO		53 ASSO. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2999149356	
A ILLINOIS MEDICAID		37-1320188		Y		Y						57 OTHER PRV ID			
B															
C															
58 INSURED'S NAME		59 P. REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.							
A DOE, JOHN		18		011545209											
B															
C															
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME											
A															
B															
C															
66 DX		Z5189		I6350										68	
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI		73					
74 PRINCIPAL PROCEDURE CODE		DATE		a. OTHER PROCEDURE CODE		DATE		b. OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI 122222222	
														QUAL	
														LAST JACKSON	
														FIRST IGOR	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	
														QUAL	
														LAST	
														FIRST	

**EXAMPLE ~ SLP2:**

**Claim with leave of absence days for regular supportive living program.**

Statement Period: 10/01/16 – 10/31/16  
Occurrence Span Code 74: 10/04/16 – 10/04/16  
Occurrence Span Code 74: 10/20/16 – 10/24/16  
Value Code 80 = 25  
Value Code 81 = 6

**Legacy Claim Coding:**

10/01/16 – 10/03/16 (COS 87)  
10/04/16 – 10/04/16 (COS 87 with BR Type)  
10/05/16 – 10/19/16 (COS 87)  
10/20/16 – 10/24/16 (COS 87 with BR Type)  
10/25/16 – 10/31/16 (COS 87)

ISA\*00\* \*00\* \*ZZ\*030230130 \*ZZ\*37-1320188INT \*161225\*1635\*\*^\*00501\*000525985\*0\*T\*:~  
GS\*HC\*ACME BILLING AGENT\*37-2323232\*20161225\*1635\*525986\*X\*005010X223A2~  
ST\*837\*0001\*005010X223A2~  
BHT\*0019\*00\*A1CFA5C0-2222-484E-9999-08CEE\*20161101\*083756\*CH~  
NM1\*41\*2\*ACME CORP\*\*\*\*\*46\*36-99999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*310400000X ~  
NM1\*85\*2\* SLF LTC TEST\*\*\*\*XX\*2999149356~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*9999999999~  
HL \*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
DMG\*D8\*19260929\*M~  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188~  
N3\*201 S GRAND AVENUE E~  
N4\*SPRINGFIELD\*IL\*62763~  
CLM\*EXAMPLE-SLP2\*4600\*\*\*89:A:3\*\*A\*Y\*Y~  
DTP\*434\*RD8\*20161001-20161031~  
DTP\*435\*DT\*201510151900~  
CL1\*3\*4\*30~  
REF\*EA\*00712~  
REF\*D9\*122215247135643~  
HI\*ABK: M6281~  
HI\*ABJ: I6350~  
HI\*ABF: Z5189~  
HI\*BI:74:RD8:20161004-20161004\*BI:74:RD8:20161020-20161024~  
HI\*BE:23:::500\*80:::25\*BE:81:::6~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*XX\*1222222222~

PRV\*AT\*PXC\*207R00000X~

LX\*1~

SV2\*0240\*\*4500\*DA\*25~

REF\*6R\*E1122215247135641-01~

LX\*2~

SV2\*0185\*\*100\*DA\*6~

REF\*6R\*E1122215247135641-02~

SE\*40\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 ACME SLF LTC TEST		2		3a PAT. CNTL # EXAMPLE-SLP2		4 TYPE OF BILL 0893	
555 NORTH STREET				b. MED. REC. # 00712			
CHICAGO, IL 60614502				5 FED. TAX NO. 123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 103116	
8 PATIENT NAME a		9 PATIENT ADDRESS a		555 NORTH STREET			
b DOE, JOHN		b CHICAGO		c IL		d 60614502	
10 BIRTHDATE 09291926		11 SEX M		12 DATE 101515		13 HR 19	
14 TYPE 3		15 SRC 4		16 DHR 30		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACDT STATE	
30		31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE	
34 OCCURRENCE DATE		35 OCCURRENCE DATE		36 OCCURRENCE SPAN FROM 100416 THROUGH 100416		37 OCCURRENCE SPAN FROM 102016 THROUGH 102416	
38		39 VALUE CODES CODE 23 AMOUNT 500.00		40 VALUE CODES CODE 80 AMOUNT 25.00		41 VALUE CODES CODE 81 AMOUNT 6.00	
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE	
46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49	
1 0240		ALL INCL ANCIL				100116 25 4500.00	
2 0185		LOANURS HOME				100416 6 100.00	
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23		0001		PAGE 1 OF 1		CREATION DATE 110116 TOTALS 4600.00	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL BFG		53 ASO BEN	
A ILLINOIS MEDICAID		37-1320188		Y		Y	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2999149356	
57 OTHER PRV ID		58 INSURED'S NAME		59 P. REL		60 INSURED'S UNIQUE ID	
A DOE, JOHN		18		011545209		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66		66 DX Z5189		I6350		68	
69 ADMIT DX		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
M6281						73	
74 PRINCIPAL PROCEDURE CODE		a OTHER PROCEDURE CODE		b OTHER PROCEDURE CODE		75	
76 ATTENDING NPI 122222222		QUAL		LAST JACKSON		FIRST IGOR	
77 OPERATING NPI		QUAL		LAST		FIRST	
78 OTHER NPI		QUAL		LAST		FIRST	
79 OTHER NPI		QUAL		LAST		FIRST	
80 REMARKS		81CC a B3		310400000X			
		b					
		c					
		d					

**EXAMPLE ~ SLP3:**

**Claim with a leave of absence day and TPL reported on claim for regular supportive living program.**

Statement Period: 10/01/16 – 10/31/16  
Occurrence Span Code 74: 10/05/16 – 10/5/16  
Value Code 80 = 30  
Value Code 81 = 1

**Legacy Claim Coding:**

10/01/16 – 10/04/16 (COS 87)  
10/05/16 – 10/05/16 (COS 87 with BR Type)  
10/06/16 – 10/31/16 (COS 87)

ISA\*00\* 00\* \*ZZ\*030230130 \*ZZ\*37-1320188INT \*161225\*1635\*^\*00501\*000525985\*0\*T\*::~~  
GS\*HC\*ACME BILLING AGENT\*37-2323232\*20161225\*1635\*525986\*X\*005010X223A2~  
ST\*837\*0001\*005010X223A2~  
BHT\*0019\*00\*A1CFA5C0-2222-484E-9999-08CEE\*20161101\*083756\*CH~  
NM1\*41\*2\*ACME CORP\*\*\*\*\*46\*36-9999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*310400000X ~  
NM1\*85\*2\*SLF LTC TEST\*\*\*\*\*XX\*2999149356 ~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*999999999~  
HL\*2\*1\*22\*0~  
SBR\*S\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
DMG\*D8\*19260929\*M~  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188~  
N3\*201 S GRAND AVENUE E~  
N4\*SPRINGFIELD\*IL\*62763~  
CLM\*EXAMPLE-SLP3\*4250\*\*\*89:A:3\*\*A\*Y\*Y~  
DTP\*434\*RD8\*20161001-20161031~  
DTP\*435\*DT\*201609301900~  
CL1\*3\*4\*30~  
REF\*EA\*00712~  
REF\*D9\*122215247135643~  
HI\*ABK: M6281~  
HI\*ABJ: I6350 ~  
HI\*ABF: Z5189~  
HI\*BI:74:RD8:20161005-20161005~  
HI\*BE:23:::500\*80:::30\*81:::1~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*XX\*122222222~  
PRV\*AT\*PXC\*207R00000X~  
SBR\*P\*18\*\* HCSC-BCBS OF IL-STD A & B \*\*\*\*\*BC~

CAS\*CO\*45\*3150.00\*\*\*~  
CAS\*PR\*2\*50.00~  
AMT\*D\*1050.00~  
OI\*\*\*Y\*\*\*Y~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
NM1\*PR\*2\*HCSC-BCBS OF IL-STD A & B\*\*\*\*\*PI\*30024~  
N3\*300 EAST RANDOLPH, 13TH FLOOR~  
N4\*CHICAGO\*IL\*60601~  
DTP\*573\*D8\*20161210~  
REF\*2U\*00601~  
LX\*1~  
SV2\*0240\*\*4150\*DA\*30~  
REF\*6R\*EI122215247135642-01~  
LX\*2~  
SV2\*0182\*\*100\*DA\*1~  
REF\*6R\*EI122215247135642-02~  
SE\*53\*0001~  
GE\*1\*528986~  
IEA\*1\*000525985~



1 ACME SLF LTC TEST		2		3a PAT. CNTL #		EXAMPLE-SLP3		4 TYPE OF BILL									
555 NORTH STREET				b. MED. REC. #		00712		0893									
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH									
				123456789		100116		103116									
8 PATIENT NAME				9 PATIENT ADDRESS													
a				b CHICAGO													
b DOE, JOHN				c IL		d 60614502											
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		18 19 20 21 22 23 24 25 26 27 28		29 ACCT STATE		30	
09291926		M		093016		19 3 4		30									
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37					
								74 100516		100516							
38		39 CODE		39 VALUE CODES AMOUNT		40 CODE		40 VALUE CODES AMOUNT		41 CODE		41 VALUE CODES AMOUNT					
		a 23		500.00		b 80		30.00		c 81		1.00					
		c				d											
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49			
1 0240		ALL INCL ANCIL				100116		30		4150.00							
2 0182		LOA/PT CONV				100516		1		100.00							
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	
21																	
22																	
23		0001		PAGE 1 OF 1		CREATION DATE		110116		TOTALS		4250.00					
50 PAYER NAME		51 HEALTH PLAN ID		52 REL #FO		53 ASO DEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2999149356			
A HCSC-BCBS OF IL-STD A&B		00601		Y		Y		1050.00				57 OTHER					
B ILLINOIS MEDICAID		37-1320188										58					
58 INSURED'S NAME		59 REL.		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.									
A DOE, JOHN		18		011545209A													
B DOE, JOHN		18		011545209													
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME													
A																	
B																	
C																	
66 DX		Z5189		I6350													
69 ADMIT DX		M6281		70 PATIENT REASON DX		71 FPS CODE		72 ECI		73							
74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI		122222222		QUAL									
				LAST JACKSON		FIRST IGOR											
77 OPERATING NPI				QUAL													
78 OTHER NPI				QUAL													
79 OTHER NPI				QUAL													
80 REMARKS		81CC B3		310400000X													
		b															
		c															
		d															

**EXAMPLE ~ SLP4:**

**Claim for Medicaid covered days prior to discharge to hospital for SLP Dementia Unit.**

Medicaid Primary

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 02

Value Code 80 = 14

**Legacy Claim Coding:**

10/01/16 – 10/14/16 (COS 86)

ISA\*00\* \*00\* \*ZZ\*030230130 \*ZZ\*37-1320188INT \*161225\*1635\*\*^\*00501\*000525985\*0\*T\*:~  
GS\*HC\*ACME BILLING AGENT\*37-2323232\*20161225\*1635\*525986\*X\*005010X223A2~  
ST\*837\*0001\*005010X223A2~  
BHT\*0019\*00\*A1CFA5C0-2222-484E-9999-08CEE\*20161101\*083756\*CH~  
NM1\*41\*2\*ACME CORP\*\*\*\*\*46\*36-9999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*311500000X~  
NM1\*85\*2\*SLF LTC TEST\*\*\*\*\*XX\*2999149356 ~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*999999999~  
HL\*2\*1\*22\*0~  
SBR\*P\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
DMG\*D8\*19260929\*M~  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188~  
N3\*201 S GRAND AVENUE E~  
N4\*SPRINGFIELD\*IL\*62763~  
CLM\*EXAMPLE - SLP4\*1400\*\*\*89:A:1\*\*A\*Y\*Y~  
DTP\*096\*TM\*1300~  
DTP\*434\*RD8\*20161001-20161015~  
DTP\*435\*DT\*201610011900~  
CL1\*3\*4\*02~  
REF\*EA\*00712~  
REF\*D9\*122215247135643~  
HI\*ABK: M6281~  
HI\*ABJ: I6350~  
HI\*ABF: Z5189 ~  
HI\*BE:23:::500\*BE:80:::14~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*XX\*122222222~  
PRV\*AT\*PXC\*207R00000X  
LX\*1~  
SV2\*0240\*\*1400\*DA\*14~  
REF\*6R\*EI122215247135643-01~

SE\*38\*0001~

GE\*1\*525986~

IEA\*1\*000525985~



**EXAMPLE ~ SLP5:**

**Claim for Medicaid covered days prior to discharge due to death for SLP Dementia Unit.**

Medicaid Primary

Statement Period: 10/01/16 – 10/15/16

Discharge Status Code = 20

Value Code 80 = 15

**Legacy Claim Coding:**

10/01/16 – 10/15/16 (COS 86)

ISA\*00\* \*00\* \*ZZ\*030230130 \*ZZ\*37-1320188INT \*161225\*1635\*^\*00501\*000525985\*0\*T\*::~~  
GS\*HC\*ACME BILLING AGENT\*37-2323232\*20161225\*1635\*525986\*X\*005010X223A2~  
ST\*837\*0001\*005010X223A2~  
BHT\*0019\*00\*A1CFA5C0-2222-484E-9999-08CEE\*20161101\*083756\*CH~  
NM1\*41\*2\*ACME CORP\*\*\*\*\*46\*36-9999999~  
PER\*IC\*MOLLY SMITH\*EM\*MSMITH@ACMECORP.COM~  
NM1\*40\*2\*ILLINOIS MEDICAID\*\*\*\*\*46\*37-1320188~  
HL\*1\*\*20\*1~  
PRV\*BI\*PXC\*311500000X~  
NM1\*85\*2\*SLF LTC TEST\*\*\*\*\*XX\*2957979356 ~  
N3\*555 NORTH STREET~  
N4\* CHICAGO \*IL\*606141502~  
REF\*EI\*999999999~  
HL\*2\*1\*22\*0~  
SBR\*p\*18\*\*\*\*\*MC~  
NM1\*IL\*1\*DOE\*JOHN\*\*\*\*MI\*011545209~  
N3\*555 NORTH STREET ~  
N4\*CHICAGO\*IL\*606141502~  
DMG\*D8\*19260929\*M~  
NM1\*PR\*2\*ILLINOIS MEDICAID\*\*\*\*\*PI\*37-1320188~  
N3\*201 S GRAND AVENUE E~  
N4\*SPRINGFIELD\*IL\*62763~  
CLM\*EXAMPLE -SLP5\*1400\*\*\*89:A:4\*\*A\*Y\*Y~  
DTP\*096\*TM\*1300~  
DTP\*434\*RD8\*20161001-20161015~  
DTP\*435\*DT\*201609301900~  
CL1\*3\*4\*20~  
REF\*EA\*00712~  
REF\*D9\*122215247135643~  
HI\*ABK: M6281~  
HI\*ABJ: I6350~  
HI\*ABF: Z5189 ~  
HI\*BE:23:::500\*BE:80:::15~  
NM1\*71\*1\*JACKSON\*IGOR\*\*\*\*\*XX\*122222222~  
PRV\*AT\*PXC\*207R00000X  
LX\*1~  
SV2\*0240\*\*1400\*DA\*15~  
REF\*6R\*EI122215247135644-01~

SE\*37\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 ACME SLF LTC TEST	2		3a PAT. CNTRL #		EXAMPLE-SLP5		4 TYPE OF BILL														
555 NORTH STREET			b. MED. REC. #		00712		0894														
CHICAGO, IL 606141502			5 FED. TAX NO.		123456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516														
8 PATIENT NAME			9 PATIENT ADDRESS						a 555 NORTH STREET												
b DOE, JOHN			b CHICAGO						c IL d 606141502												
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		CONDITION CODES 22 23 24 25 26 27 28					29 ACCT STATE		30			
09291926		M	093016		19 3 4		13		20												
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		OCCURRENCE SPAN FROM		THROUGH		36 OCCURRENCE SPAN FROM		THROUGH		37			
38										39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT	
										a 23		500.00		80		15.00					
										b											
										c											
										d											
42 REV. CD.		43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49					
1 0240		ALL INCL ANCIL						100116		15		1400.00									
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
16																					
17																					
18																					
19																					
20																					
21																					
22																					
23		0001			PAGE 1 OF 1			CREATION DATE		110116		TOTALS		1400.00							
50 PAYER NAME			51 HEALTH PLAN ID			52 REL INFO		53 ASG BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2999149356					
A ILLINOIS MEDICAID			37-1320188			Y		Y						57 OTHER PRV ID							
58 INSURED'S NAME			59 R.REL		60 INSURED'S UNIQUE ID			61 GROUP NAME			62 INSURANCE GROUP NO.										
A DOE, JOHN			18		011545209																
63 TREATMENT AUTHORIZATION CODES			64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME														
A																					
B																					
C																					
66 DX		Z5189		I6350								68									
69 ADMIT DX		M6281		70 PATIENT REASON DX				71 PPS CODE		72 ECI		73									
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75									
												76 ATTENDING NPI 122222222									
												QUAL									
												LAST JACKSON									
												FIRST IGOR									
												QUAL									
												LAST									
												FIRST									
80 REMARKS		B1CC a		B3		31150000X		78 OTHER NPI		QUAL											
		b						LAST		FIRST											
		c						79 OTHER NPI		QUAL											
		d						LAST		FIRST											