

**CLAIM EXAMPLES FOR NURSING FACILITIES ELIGIBLE TO BE  
LICENSED AS SPECIALISED MENTAL HEALTH REHABILITATION  
FACILITIES (SMHRFs) – (PT 38)**

**EXAMPLE ~ SMHRF1:**

**Claim with no leave of absence days.**

Statement Period: 10/01/16 – 10/31/16

Value Code 80 = 31

**Legacy Claim Coding:**

10/01/16 – 10/31/16 (COS 71)

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\*310500000X~  
NM1\*85\*2\*SMHRF 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-SMHRF1\*5000\*\*\*65: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\*0110\*\*5000\*DA\*31~

REF\*6R\*E1122215247135640-01~

SE\*36\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 SMHRF LTC TEST		2		3a PAT. CNTL. #		EXAMPLE -SMHRF1		4 TYPE OF BILL																	
555 NORTH STREET				b. MED. REC. #		00712		0652																	
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																	
				213456789		100116		103116																	
8 PATIENT NAME			a			9 PATIENT ADDRESS			a																
b DOE, JOHN						b CHICAGO			c IL																
									d 60614502																
10 BIRTHDATE		11 SEX	12 DATE		ADMISSION 13 HR 14 TYPE 15 SRC		16 DHR		17 STAT		CONDITION CODES		25		26		27		28		29 ACDT STATE		30		
09291926		M	100116		19 3 4				30																
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE SPAN FROM		37 OCCURRENCE SPAN THROUGH		38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42		43	
																a 23		500.00		80		31.00			
																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 0110		ROOM-BOARD/ PVT								100116		31		5000.00											
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									
11																									
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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. #/PO		53 ASG. BEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957979356							
A ILLINOIS MEDICAID				37-1320188				Y		Y						57		OTHER							
B																57		PRV ID							
C																									
58 INSURED'S NAME				59 PREL		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		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		75		76 ATTENDING NPI		122222222		QUAL													
								LAST JACKSON		FIRST IGOR															
c. OTHER PROCEDURE CODE		d. OTHER PROCEDURE CODE		e. OTHER PROCEDURE CODE				77 OPERATING NPI				QUAL													
								LAST		FIRST															
80 REMARKS		81CC a		B3		310500000X		78 OTHER NPI				QUAL													
		b						LAST		FIRST															
		c						79 OTHER NPI				QUAL													
		d						LAST		FIRST															

**EXAMPLE ~ SMHRF2:**

**Claim with leave of absence days.**

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 71)  
10/04/16 – 10/04/16 (COS 71 with BR Type)  
10/05/16 – 10/19/16 (COS 71)  
10/20/16 – 10/24/16 (COS 71 with BR Type)  
10/25/16 – 10/31/16 (COS 71)

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\*310500000X~  
NM1\*85\*2\* SMHRF 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-SMHRF2\*4600\*\*\*65: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\*122222222~

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

LX\*1~

SV2\*0110\*\*4500\*DA\*25~

REF\*6R\*EI122215247135641-01~

LX\*2~

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

REF\*6R\*EI122215247135641-02~

SE\*40\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 SMHRF LTC TEST		2		3a PAT. CNTL #		EXAMPLE -SMHRF2		4 TYPE OF BILL																		
555 NORTH STREET				b. MED. REC. #		00712		0653																		
CHICAGO, IL 60614502				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH																		
				213456789		100116		103116																		
8 PATIENT NAME			9 PATIENT ADDRESS			a 555 NORTH STREET																				
b DOE, JOHN			b CHICAGO			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	CONDITION CODES		22	23	24	25	26	27	28	29 ACCT STATE	30	
09291926		M	101515		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		100416		100416														
								74		102016		102416														
38		39 CODE		VALUE CODES AMOUNT		40 CODE		VALUE CODES AMOUNT		41 CODE		VALUE CODES AMOUNT														
		a 23		500.00		80		25.00		81		6.00														
		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 0110		ROOM-BOARD/ PVT						100116		25		4500.00														
2 0185		LOA/NURS HOME						100416		6		100.00														
3																										
4																										
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20																										
21																										
22																										
23 0001		PAGE 1 OF 1			CREATION DATE			110116		TOTALS		4600.00														
50 PAYER NAME			51 HEALTH PLAN ID			52 REL INPO	53 AGO BSH.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI		2957979356												
A ILLINOIS MEDICAID			37-1320188			Y	Y					57 OTHER PRV ID														
B																										
C																										
58 INSURED'S NAME			59 PREL	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																							
69 ADMIT DX		M6281	70 PATIENT REASON DX																							
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																
c. OTHER PROCEDURE CODE		DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		77 OPERATING NPI		QUAL																
								LAST		FIRST																
80 REMARKS		b1CC a	B3	310500000X				78 OTHER NPI		QUAL																
		b						LAST		FIRST																
		c						79 OTHER NPI		QUAL																
		d						LAST		FIRST																

**EXAMPLE ~ SMHRF3:**

**Claim with a leave of absence day and TPL reported on claim.**

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 71)

10/05/16 – 10/05/16 (COS 71 with BR Type)

10/06/16 – 10/31/16 (COS 71)

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\*310500000X~  
NM1\*85\*2\*SMHRF 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-SMHRF3\*4250\*\*\*65: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\*0110\*\*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 SMHRF LTC TEST		2		3a PAT. CNTL. # EXAMPLE -SMHRF3		4 TYPE OF BILL 0653	
555 NORTH STREET				5 MED. REC. # 00712			
CHICAGO, IL 60614502				5 FED. TAX NO. 213456789		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 093016		13 HR 19	
14 TYPE 3		15 SRC 4		16 DHR		17 STAT 30	
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 100516 THROUGH 100516		37	
38		39 CODE a 23		VALUE CODES AMOUNT 500.00		40 CODE b 80	
		c		VALUE CODES AMOUNT 30.00		41 CODE c 81	
		d		VALUE CODES AMOUNT 1.00		42	
42 REV. CD. 0110		43 DESCRIPTION ROOM-BOARD/PVT		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE 100116	
0182		LOA/PT CONV				46 SERV. UNITS 30	
						47 TOTAL CHARGES 4150.00	
						48 NON-COVERED CHARGES	
						49	
0001		PAGE 1 OF 1		CREATION DATE 110116		TOTALS 4250.00	
50 PAYER NAME HCSC-BCBS OF IL-STD A&B ILLINOIS MEDICAID		51 HEALTH PLAN ID 00601 37-1320188		52 REL INFO Y		53 ASG BEN Y	
				54 PRIOR PAYMENTS 1050.00		55 EST. AMOUNT DUE	
						56 NPI 2957979356	
58 INSURED'S NAME DOE, JOHN		59 PREL 18		60 INSURED'S UNIQUE ID 011545209A		61 GROUP NAME	
DOE, JOHN		18		011545209		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DX Z5189		I6350		68			
69 ADMIT DX M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 122222222	
		77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI	
80 REMARKS		B1CC a B3 31050000X		b		c	
		d		LAST JACKSON		FIRST IGOR	
				LAST		FIRST	
				LAST		FIRST	
				LAST		FIRST	

**EXAMPLE ~ SMHRF4:**

**Claim for Medicaid covered days prior to discharge to hospital.**

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 71)

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\*310500000X~  
NM1\*85\*2\*SMHRF 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 - SMHRF 4\*1400\*\*\*65: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\*0110\*\*1400\*DA\*14~  
REF\*6R\*EI122215247135643-01~

SE\*37\*0001~

GE\*1\*525986~

IEA\*1\*000525985~



**EXAMPLE ~ SMHRF5:**

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

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 71)

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\*310500000X~  
NM1\*85\*2\*SMHRF 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 –SMHRF5\*1400\*\*\*65: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\*0110\*\*1400\*DA\*15~  
REF\*6R\*EI122215247135644-01~

SE\*37\*0001~

GE\*1\*525986~

IEA\*1\*000525985~

1 SMHRF LTC TEST		2		3a PAT. CNTL # EXAMPLE -SMHRF5		4 TYPE OF BILL 0654	
555 NORTH STREET				b. MED. REG. # 00712			
CHICAGO, IL 60614502				5 FED. TAX NO. 213456789		6 STATEMENT COVERS PERIOD FROM 100116 THROUGH 101516	
8 PATIENT NAME a			9 PATIENT ADDRESS a			555 NORTH STREET	
b DOE, JOHN			b CHICAGO			c IL d 60614502 e	
10 BIRTHDATE 09291926		11 SEX M		12 DATE 093016		13 HR 19	
14 TYPE 3		15 SRC 4		16 DHR 13		17 STAT 20	
18		19		20		21	
22		23		24		25	
26		27		28		29	
30		31		32		33	
34		35		36		37	
38		39		40		41	
a 23		b 500.00		c 80		d 15.00	
42 REV. CD. 0110		43 DESCRIPTION ROOM-BOARD/ PVT		44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE 100116	
46 SERV. UNITS 15		47 TOTAL CHARGES 1400.00		48 NON-COVERED CHARGES		49	
0001		PAGE 1 OF 1		CREATION DATE 110116		TOTALS 1400.00	
50 PAYER NAME ILLINOIS MEDICAID		51 HEALTH PLAN ID 37-1320188		52 REL. INFO Y		53 ASS. BEN. Y	
54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI 2957979356		57 OTHER PRV ID	
58 INSURED'S NAME DOE, JOHN		59 P. REL. 18		60 INSURED'S UNIQUE ID 011545209		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX Z5189		16350				68	
69 ADMIT DX M6281		70 PATIENT REASON DX		71 PPS CODE		72 ECI	
73		74 PRINCIPAL PROCEDURE CODE		75 OTHER PROCEDURE CODE		76 ATTENDING NPI 122222222	
77 OPERATING NPI		78 OTHER NPI		79 OTHER NPI		QUAL	
80 REMARKS		81CC a B3 310500000X		LAST JACKSON		FIRST IGOR	
				LAST		FIRST	
				LAST		FIRST	
				LAST		FIRST	