



## Forum Companion Document

For use with ANSI ASC X12N  
Health Care Claim: Institutional  
Implementation Guide and Addenda

# Health Care Claim: Institutional 837

ASC X12N 837 (004010X096A1)

## “Health Plan Specific Data Requirements & Coding Scenarios”

*Version:  
September 20, 2004*

## **Introduction**

This document is intended to be used by programmers who are developing or modifying the HIPAA 837I transaction for a Provider Organization. It identifies data segments, loops and elements . . .

- where additional clarification may be beneficial, and/or
- where participating health plans have specific data requirements or conventions that need to be implemented

This document should be used in conjunction with the HIPAA Implementation Guide, which can be accessed at [www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

This document has two sections:

1. Clarifying Data Requirements: This section is designed to be used by programmers when developing the 837I transaction or updating it to accommodate an additional health plan trading partner. It identifies important variations, by health plans, in how data elements should be populated.
2. Scenarios: This section is also designed to be used by programmers during initial development of the 837I transaction. It provides samples of how to code different variations of the 837I transaction.

**THIS DOCUMENT ONLY APPLIES WHEN PROVIDERS ARE EXCHANGING INFORMATION DIRECTLY WITH A HEALTH PLAN. CLEARINGHOUSES MAY HAVE OTHER OR DIFFERENT REQUIREMENTS**

# **Clarifying Data Requirements**

Standard Envelop Information: ISA & GS

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
Append B	Envelope	ISA	01	Authorization Information Qualifier	<b>00</b>				
	Envelope	ISA	03	Security Information Qualifier	<b>00</b>				
	Envelope	ISA	05	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	06	Interchange Sender ID	Contact Plan	TIN	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	07	Interchange ID Qualifier	<b>ZZ</b>				
	Envelope	ISA	08	Interchange Receiver ID	Contact Plan	TIN	Contact Plan	Contact Plan	Contact Plan
	Envelope	ISA	11	Interchange Control Standards Identifier	<b>U</b>				
	Envelope	ISA	12	Interchange Control Version Number	<b>00401</b>				
	Envelope	ISA	13	Interchange Control Number	A value assigned by provider which must be identical to number used in IEA02				
	Envelope	ISA	14	Acknowledgement Requested	Would prefer a 0 (zero), file will be acknowledged using a 997 transaction				
	Envelope	GS	02	Application Sender Code	Contact Plan	TIN	Contact Plan	Contact Plan	Contact Plan
	Envelope	GS	03	Application Receiver Code	Contact Plan	TIN	Contact Plan	Contact Plan	Contact Plan

837 Institutional Claim: Transaction-Specific Information

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
58	<b>Hierarchical Transaction</b>  Header	BHT	03	Reference Identification	The number assigned by the submitter to identify the transaction within the senders application			Submission number - must be six-digit alphanumeric value unique for each submission. No embedded blanks or special characters. This number will be used to perform duplicate file checking and cannot be used more than once in 12 months	
59	Header	BHT	06	Transaction Type Code	'CH' for Fee for Service claims				
63	<b>Submitter Name</b>  1000A	NM1	09	Identification Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
68	<b>Receiver Name</b>  1000B	NM1	03	Last Name or Organization Name	FCHA	GHC	Premera	Regence	Asuris NW Health
77	<b>Billing Provider Name</b>  2010AA	NM1	03	Name Last or Organization Name	Use this code to identify billing provider or billing submitter				
83	2010AA	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>G2</b> for all non-Medicare claims, <b>1C</b> for Medicare Claims	Use <b>G2</b> or <b>1A</b> for commercial claims, <b>1D</b> for Medicaid, <b>1C</b> for Medicare	Use <b>1B</b>	Use <b>1B</b>
84	2010AA	REF	02	Reference Identification	Contact FCHA	If <b>G2</b> - the GHC	If <b>G2</b> or <b>1A</b> - the	The Regence	The Asuris assigned

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
						assigned commercial provider number, <b>If 1C</b> - the Providers Medicare Number	Premera assigned commercial provider number, <b>If 1D</b> - the Providers Medicaid Number, <b>If 1C</b> - the Providers Medicare Number	BlueShield assigned number	number
92	<b>Pay-To Provider Name</b> 2010AB	NM1	03	Name Last or Organization Name	Use this code to identify billing provider or billing submitter				
97	2010AB	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>G2</b> for all non-Medicare claims, <b>1C</b> for Medicare Claims	Use <b>G2</b> or <b>1A</b> for commercial claims, <b>1D</b> for Medicaid, <b>1C</b> for Medicare	Use <b>1B</b>	Use <b>1B</b>
98	2010AB	REF	02	Reference Identification	Contact FCHA	<b>If G2</b> - the GHC assigned commercial provider number, <b>If 1C</b> - the Providers Medicare Number	<b>If G2</b> or <b>1A</b> - the Premera assigned commercial provider number, <b>If 1D</b> - the Providers Medicaid Number, <b>If 1C</b> - the	The Regence BlueShield assigned number	The Asuris assigned number

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
							Providers Medicare Number		
109	<b>Subscriber Name</b> 2010BA	NM1	03	Last Name or Organization Name	Use Subscriber's Last Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
109	2010BA	NM1	04	First Name	Use Subscriber's First Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
109	2010BA	NM1	05	Middle Name	Use Subscriber's Middle Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
110	2010BA	NM1	09	Identification Code	Use the subscribers number as indicated on their Membership Card				
127	<b>Payer Name</b> 2010BB	NM1	03	Last Name or Organization Name	FCHA	GHC	Premera	Regence	Asuris NW Health
127	2010BB	NM1	08	Identification Code Qualifier	<b>PI</b>				
128	2010BB	NM1	09	Identification Code	Contact FCHA	Use <b>91051</b> For Western Washington Providers or <b>91121</b> for Eastern Washington Providers	Contact Premera	G00932	G00932
159	<b>Claim Information</b> 2300	CLM	05-3	Claim Frequency Type Code	Follow the guidelines outlined in the <i>Submitting Corrected Claims</i> policy that is posted on the Administrative Simplifications page of this web site – <a href="http://www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp">www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp</a>				
175	2300	PWK	06	Attachment Control Number	Not used for adjudication				
191	2300	REF	01-02	Original Reference Qualifier (ICN/DCN)	Follow the guidelines outlined in the <i>Submitting Corrected Claims</i> policy that is posted on the Administrative Simplifications page of this web site –				

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
					<a href="http://www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp">www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp</a>				
206	2300	NTE	01	Claim Note	Will accept any				
207	2300	NTE	02	Description	<b>Claim Note Text</b> The field can be used at the Providers discretion to supply additional claim level information according to the Note Reference Code <b>NTE01</b>				
208	2300	NTE	01	Billing Note	<b>Billing Note:</b> Use <b>ADD</b> to convey additional information necessary to adjudicate the claim				
209	2300	NTE	02	Description	<b>Billing Note:</b> A free form description to clarify the related data element and their content - much like Box 84 of a UB-92				
326	<b>Attending Physician</b>  2310A	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>G2</b> or <b>1G</b>	Use <b>G2</b> or <b>1A</b> for commercial claims, <b>1D</b> for Medicaid, <b>1C</b> for Medicare	Use <b>1B</b>	Use <b>1B</b>
327	2310A	REF	02	Reference Identification	Contact FCHA	If <b>G2</b> - the GHC assigned commercial provider number, If <b>1G</b> – Provider's UPIN	If <b>G2</b> or <b>1A</b> - the Premera assigned commercial provider number, If <b>1D</b> - the Providers Medicaid Number, If <b>1C</b> - the Providers Medicare Number	The Regence BlueShield assigned number	The Asuris assigned number
333	<b>Operating Physician</b>	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial	Use <b>1G</b>	Use <b>G2</b> or <b>1A</b> for commercial	Use <b>1B</b>	Use <b>1B</b>

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
	2310B				claims		claims, <b>1D</b> for Medicaid, <b>1C</b> for Medicare		
327	2310A	REF	02	Reference Identification	Contact FCHA	Provider's UPIN	If <b>G2</b> or <b>1A</b> - the Premera assigned commercial provider number, If <b>1D</b> - the Providers Medicaid Number, If <b>1C</b> - the Providers Medicare Number	The Regence BlueShield assigned number	The Asuris assigned number
340	<b>Other Provider Name</b> 2310C	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>1G</b>	Use <b>G2</b> or <b>1A</b> for commercial claims, <b>1D</b> for Medicaid, <b>1C</b> for Medicare	Use <b>1B</b>	Use <b>1B</b>
341	2310C	REF	02	Reference Identification	Contact FCHA	Provider's UPIN	If <b>G2</b> or <b>1A</b> - the Premera assigned commercial provider number, If <b>1D</b> - the Providers Medicaid	The Regence BlueShield assigned number	The Asuris assigned number

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
							Number, If <b>1C</b> - the Providers Medicare Number		
367	<b>Claim Level Adjustments</b> 2320	CAS	03	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
368	2320	CAS	06	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
371	2320	AMT	02	Monetary Amount	Other payers per day limit amounts cannot exceed 9999999.99				
446	<b>Service Line Number</b> 2400	SV2	01	Product Service ID	Revenue Codes can be 3 or 4 digits				
448	2400	SV2	03	Monetary Amount	Amounts cannot exceed 9999999.99				
449	2400	SV2	05	Quantity	Service Unit Count - single line item count cannot exceed XXX (3) Digits. If decimal is used it will be rounded to a whole number	Service Unit Count - unlimited size. If decimal is used it will be rounded to a whole number	Service Unit Count - single line item count cannot exceed XXX (3) Digits. If decimal is used it will be rounded to a whole number		
453	2400	PWK	01	Line Supplemental Information	Not Used for Adjudication				

# **Sample 837 Institutional Scenarios**

**Sample 837 — Institutional Claim: Information for Scenario #1**  
(Patient is the Subscriber)

Scope: A Hospital is submitting an institutional claim to the **primary payer** for a hospital visit and related services.

Sender of Transaction  
Claims R US  
2020 5<sup>th</sup> Ave  
Seattle, WA 98202  
EDI # CRU1234  
TIN: 91-1257070

Billing Provider  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Health Plan  
Worldwide Insurance  
2020 1<sup>st</sup> Ave  
Seattle, WA 98112  
ID # – 91-1234567  
EDI # WI911234567

Pay-To Provider  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Attending Provider  
Marcus Welby, M.D.  
SSN – 886027777  
Payer A Provider ID # MWB7777  
Payer B Provider ID # YT5555

Subscriber & Patient:  
Fred Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
Sex – M DOB 11/1/50  
SSN – 555-20-2020  
Employer – CSI, Inc.  
Payer A Member ID # – WW2020-01

Date of Admit: 12/5/01  
Tme of Admit: 10:00 AM  
Discharge Date 12/7/01  
Discharge Time: 9:00 AM  
Place of Service: Inpatient Hospital (21)  
Principal Diagnosis: 275.42  
Admit DX: 266.9  
DX: 260

Patient Account # FF555202020

Services:  
Room and Board – Revenue Code 120 –  
2 days \$2000.00  
Pharmacy – Revenue Code 250 \$250.00  
Lab – Revenue Code 300 – \$500.00  
Total Charges – \$2750.00

Bill type = 111

Coded Source — Scenario #1  
(Patient is the Subscriber)

ISA\*00\*00 \*00\*00 \*ZZ\*CRU1234 \*ZZ\*WI911234567 \*020122\*1100\*U\*00401\*000000001\*0\*T\*::~~  
 GS\*HC\*91-1257070\*91-1234567\*20020122\*1100\*1\*X\*004010X096A1~  
 ST\*837\*0001~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X096A1~  
 NM1\*41\*2\*CLAIMS R US\*\*\*\*\*46\*911257070~  
 PER\*IC\*CONTACT NAME\*TE\*555-546-1234~  
 NM1\*40\*2\* WORLDWIDE INSUR\*\*\*\*\*46\*911234567~  
 HL\*1\*20\*1~  
 NM1\*85\*2\*GENERAL HOSP\*\*\*\*\*24\*917777666~  
 N3\*404 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 REF\*G2\*XYZ~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*CSI INC\*\*\*\*\*CI~  
 NM1\*IL\*1\*FLINTSTONE\*FRED\*\*\*\*MI\*WW2020-01~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19501101\*M~  
 NM1\*PR\*2\* WORLDWIDE INSUR\*\*\*\*\*PI\*911234567~  
 N3\*2020 1ST AVE~  
 N4\*SEATTLE\*WA\*98112~  
 CLM\*FF555202020\*2750\*\*\*11:A:1\*Y\*A\*Y\*Y\*\*\*\*\*Y~  
 DTP\*096\*TM\*0900~  
 DTP\*434\*RD8\*20011205-20011207~  
 DTP\*435\*DT\*200112051000~  
 CL1\*3\*1\*01~  
 HI\*BK:27542\*BJ:2669~  
 HI\*BF:260~  
 NM1\*71\*1\*WELBY\*MARCUS\*\*\*MD\*34\*886027777~  
 PRV\*AT\*ZZ\*363LN0000X~  
 REF\*G2\*MWB7777~  
 LX\*1~  
 SV2\*120\*\*2000\*DA\*2\*1000~  
 LX\*2~  
 SV2\*250\*\*250\*UN\*1~  
 LX\*3~  
 SV2\*300\*\*500\*UN\*1~  
 SE\*37\*0001~  
 GE\*1\*1~  
 IEA\*1\*000000001~

**Sample 837 — Institutional Claim: Information for Scenario #2**  
(Patient is not the Subscriber)

Scope: A Hospital Emergency Room is submitting an institutional claim to the **primary payer** for an accident related ER visit.

Sender of Transaction  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Billing Provider:  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Health Plan – (Payer A)  
Worldwide Insurance  
2020 1<sup>st</sup> Ave  
Seattle, WA 98112  
ID # – 91-1234567  
EDI # WI911234567

Health Plan – (Payer B)  
Washington Health Services  
234 2<sup>nd</sup> Ave  
Seattle, Wa 98112  
ID # 91-5779491  
EDI # WHS915779491

Pay-To Provider  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666  
Payer A Provider ID# – 360  
Payer B Provider ID# – 1294

Attending Provider  
Marcus Welby, M.D.  
SSN – 886027777  
Payer A Provider ID # MWB7777  
Payer B Provider ID# YT5555

Subscriber for Payer A:  
Fred Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
Sex – M DOB 11/1/50  
SSN – 555-20-2020  
Employer – CSI, Inc.  
Payer A Member ID # – WW2020-01

Subscriber for Payer B:  
Wilma Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
SEX – F DOB 10/01/52  
SSN – 444-50-5050  
Employer – WIZYWIG, Inc.  
Payer B Member ID # WF55550

Patient:  
Pebbles Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
Sex F DOB 12/1/72  
SSN – 000-20-3333  
Relationship to Fred: Daughter  
Relationship to Wilma: Stepdaughter  
Payer A Member ID – WW2020-03  
Payer B Member ID – WF5555002

Date of Service – 11/01/01  
Primary and Admitting Diag: 789.07  
Place of Service: Emergency Room Hospital (23)  
Accident Remarks: Fell out of car 11/01/01  
Source Code: 07  
Admit Type: 03

Condition Code: 09  
Occurrence Code: 11  
Occurrence Date: 11/01/01  
Bill Type: 131

Patient Account # FF555672020  
Med Record #: 310628838

Services:  
Lab – Revenue Code – 301 – \$350.00  
ER Room – Rev 450 – \$500.00  
CPT Code – 99283  
Drug Detail – Rev 650 – \$ 124.00

Total Charges: \$974.00

Coded Source — Scenario #2  
(Patient is not the Subscriber)

ISA\*00\*00 \*00\*00 \*ZZ\*GENERAL HOSP \*ZZ\*WI911234567  
 \*020122\*1100\*U\*00401\*000000001\*0\*T\*~  
 GS\*HC\*91-7777666\*91-1234567\*20020122\*1100\*1\*X\*004010X096A1~  
 ST\*837\*0001~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X096A1~  
 NM1\*41\*2\*GENERAL HOSP\*\*\*\*\*46\*91-7777666~  
 PER\*IC\*SUSAN\*TE\*2064551111~  
 NM1\*40\*2\* WORLDWIDE INSUR\*\*\*\*\*46\*91-1234567~  
 HL\*1\*\*20\*1~  
 NM1\*85\*2\*GENERAL HOSP\*\*\*\*\*24\*91-7777666~  
 N3\*404 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*2\*1\*22\*1~  
 SBR\*P\*\*\*CSI INC\*\*\*\*\*CI~  
 NM1\*IL\*1\*FLINTSTONE\*FRED\*\*\*\*MI\*WW2020-01~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 NM1\*PR\*2\* WORLDWIDE INSUR\*\*\*\*\*PI\*91-1234567~  
 N3\*2020 1ST AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*3\*2\*23\*0~  
 PAT\*19~  
 NM1\*QC\*1\*FLINSTONE\*PEBBLES\*\*\*\*MI\*WW2020-03~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19721201\*F~  
 CLM\*FF555672020\*974\*\*\*13:A:1\*Y\*A\*Y\*A\*\*\*\*\*Y~  
 DTP\*434\*D8\*20011101~  
 CL1\*3\*7~  
 REF\*EA\*310628838~  
 NTE\*ADD\*ACC-FELL OUT OF CAR~  
 HI\*BK:78907\*BJ:78907~  
 HI\*BH:11:D8:20011101~  
 HI\*BG:09~  
 NM1\*71\*1\*WELBY\*MARCUS\*\*\*MD\*34\*886027777~  
 PRV\*AT\*ZZ\*363LN0000X~  
 REF\*G2\*MWB7777~  
 SBR\*S\*17\*\*WIZYWIG INC\*\*\*\*\*CI~  
 DMG\*D8\*19521001\*F~  
 OI\*\*\*Y\*\*\*A~  
 NM1\*IL\*1\*FLINTSTONE\*WILMA\*\*\*\*MI\*WF55550~  
 NM1\*PR\*2\*WASHINGTON HEALTH SERVICES\*\*\*\*\*PI\*91-5779491~  
 NM1\*QC\*1\*\*\*\*\*MI\*WF5555002~  
 LX\*1~  
 SV2\*301\*\*350\*UN\*1~  
 DTP\*472\*D8\*20011101~  
 LX\*2~  
 SV2\*450\*HC:99283\*500\*UN\*1~  
 DTP\*472\*D8\*20011101~  
 LX\*3~  
 SV2\*650\*\*124\*UN\*1~

DTP\*472\*D8\*20011101~  
SE\*51\*0001~  
GE\*1\*1~  
IEA\*1\*00000001~

**Sample 837 — Institutional Claim: Information for Scenario #3**  
(Patient is not the Subscriber)

Scope: A Hospital is submitting an institutional claim to the **secondary payer** for a hospital visit and related services.

Sender of Transaction  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Billing Provider:  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Health Plan – (Payer A)  
Worldwide Insurance  
2020 1<sup>st</sup> Ave  
Seattle, WA 98112  
ID # – 91-1234567  
EDI # WI911234567

Health Plan – (Payer B)  
Washington Health Services  
234 2<sup>nd</sup> Ave  
Seattle, Wa 98112  
ID # 91-5779491  
EDI # WHS915779491

Pay-To Provider  
General Hospital  
404 2<sup>nd</sup> Ave  
Seattle, WA 98112  
TIN: 91-7777666

Attending Provider  
Marcus Welby, M.D.  
SSN – 886027777  
Payer A Provider ID # MWB7777  
Payer B Provider ID # YT5555

Subscriber for Payer A:  
Fred Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
Sex – M DOB 11/1/50  
SSN – 555-20-2020  
Employer – CSI, Inc.  
Payer A Member ID # – WW2020-01

Subscriber for Payer B:  
Wilma Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
SEX – F DOB 10/01/52  
SSN – 444-50-5050  
Employer – WIZYWIG, Inc.  
Payer B Member ID # WF55550

Patient:  
Pebbles Flintstone  
666 Bedrock Lane  
Quarryville, WA 98666  
Sex F DOB 12/1/72  
SSN – 000-20-3333  
Relationship to Fred: Daughter  
Relationship to Wilma: Stepdaughter  
Payer A Member ID – WW2020-03  
Payer B Member ID – WF5555002

Admit Date/Time: 11/15/01 – 3pm  
Discharge Date/Time: 11/17/01 – 5pm  
Authorization #: 888990  
Room & Board – Revenue Code 120 – \$1670.00 –  
Two days  
Pharmacy – Rev Code 250 – \$667.00  
Anesthesia – \$375 – 1 unit  
Delivery Room – 720 \$1000.00  
Total Charge – \$3712.00

Baby's Birthweight: 3712

Patient Account # FF559872032  
Med Record #: 310628838

Principal Diagnosis: 654.21  
Admit Dx: 659.61  
Diag 3: 648.91  
Diag 4: V27.0

ICD9 Procedure Code: 74.1 – Principal ICD9  
Procedure Code: 72.79

Admin Type – 04  
Admit Source – 01

Patient Discharge Status – 01  
Bill Type – 131

Payer A Paid – \$2500.00  
Payer A Allowed \$2700.00  
Copay – \$200.00

Coded Source — Scenario #3  
(Patient is not the Subscriber)

ISA\*00\*00 \*00\*00 \*ZZ\*GENERAL HOSP \*ZZ\*WHS915779491  
 \*020122\*1100\*U\*00401\*000000001\*0\*T\*~  
 GS\*HC\*91-7777666\*91-5779491\*20020122\*1100\*1\*X\*004010X096A1~  
 ST\*837\*0001~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X096A1~  
 NM1\*41\*2\*GENERAL HOSP\*\*\*\*\*46\*917777666~  
 PER\*IC\*SUSAN\*TE\*2064551111~  
 NM1\*40\*2\* WASHINGTON HEALTH SERVICES\*\*\*\*\*46\*915779491~  
 HL\*1\*\*20\*1~  
 NM1\*85\*2\*GENERAL HOSP\*\*\*\*\*24\*917777666~  
 N3\*404 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*2\*1\*22\*1~  
 SBR\*S\*\*CSI INC\*\*\*\*\*CI~  
 NM1\*IL\*1\*FLINTSTONE\*WILMA\*\*\*\*MI\*WF55550~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 NM1\*PR\*2\* WASHINGTON HEALTH SERVICES\*\*\*\*\*PI\*915779491~  
 N3\*234 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*3\*2\*23\*0~  
 PAT\*17~  
 NM1\*QC\*1\*FLINSTONE\*PEBBLES\*\*\*\*MI\*WF5555002~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19721201\*F~  
 CLM\*FF559872032\*3712\*\*\*11:A:1\*Y\*A\*Y\*A\*\*\*\*\*Y~  
 DTP\*096\*TM\*1700~  
 DTP\*434\*RD8\*20011115-20011117~  
 DTP\*435\*DT\*200111151500~  
 CL1\*4\*1\*01~  
 REF\*EA\*310628838~  
 HI\*BK:65421\*BJ:65961~  
 HI\*BF:64891\*BF:V270~  
 HI\*BR:741~  
 HI\*BQ:7279~  
 NM1\*71\*1\*WELBY\*MARCUS\*\*\*MD\*34\*886027777~  
 PRV\*AT\*ZZ\*363LN0000X~  
 REF\*G2\*YT5555~  
 SBR\*P\*19\*\*CSI INC\*\*\*\*\*CI~  
 AMT\*C4\*2500~  
 DMG\*D8\*19501101\*M~  
 OI\*\*\*Y\*\*\*A~  
 NM1\*IL\*1\*FLINTSTONE\*FRED\*\*\*\*MI\*WW2020-01~  
 N3\*666 BEDROCK LANE~  
 N4\*QUARRYVILLE\*WA\*98666~  
 NM1\*PR\*2\*WORLDWIDE INSURANCE\*\*\*\*\*PI\*911234567~  
 REF\*G1\*888990~  
 NM1\*QC\*1\*\*\*\*\*MI\*WF2020-03~  
 LX\*1~  
 SV2\*120\*\*1670\*DA\*2\*835~

DTP\*472\*RD8\*20011115-20011117~  
LX\*2~  
SV2\*250\*\*667\*UN\*1~  
DTP\*472\*D8\*20011117~  
LX\*3~  
SV2\*370\*\*375\*UN\*1~  
DTP\*472\*D8\*20011115~  
LX\*4~  
SV2\*720\* \*1000\*UN\*1~  
DTP\*472\*D8\*20011115~  
SE\*61\*0001~  
GE\*1\*1~  
IEA\*1\*000000001~