



## Forum Companion Document

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

# Health Care Claim: Professional 837

ASC X12N 837 (004010X098A1)

## “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 837P transaction for a Provider. 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 837P 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 837P transaction. It provides samples of how to code different variations of the 837P 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 Professional Claim: Transaction-Specific Information

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
64	<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	
65	Header	BHT	06	Transaction Type Code	'CH' for Fee for Service claims				
69	<b>Submitter Name</b>  1000A	NM1	09	Identification Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
75	<b>Receiver Name</b>  1000B	NM1	03	Last Name or Organization Name	FCHA	GHC	Premera	Regence	Asuris NW Health
75	<b>Receiver Name</b>  1000B	NM1	09	Identification Code	Contact Plan	Contact Plan	Contact Plan	Contact Plan	Contact Plan
85	<b>Billing Provider Name</b>  2010AA	NM1	03	Name Last or Organization Name	Use this code to identify billing provider or billing submitter				
92	2010AA	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>G2</b> for all commercial , <b>1D</b> for Healthy Options claims, <b>1G</b>	Use <b>G2</b> or <b>1A</b> for commercial claims, <b>1D</b> for Medicaid, <b>1C</b> for	Use <b>1B</b>	Use <b>1B</b>

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
						for Medicare Lock In	Medicare		
92	2010AA	REF	02	Reference Identification  NOTE: Providers may send multiple numbers	Contact FCHA	If <b>G2</b> - the assigned commercial provider number, If <b>1D</b> - the Provider's Medicaid Number, , If <b>1G</b> - the 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
100	<b>Pay-To Provider Name</b>  2010AB	NM1	03	Name Last or Organization Name	Use this code to identify billing provider or billing submitter				
101	2010AB	NM1	08	Identification Code Qualifier	24,34	24	24,34		
101	2010AB	NM1	09	Identification Code	Appropriate Identification Number				
107	2010AB	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>G2</b> for all commercial , <b>1D</b> for Healthy Options claims, <b>1G</b> for Medicare Lock In	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>

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
107	2010AB	REF	02	Reference Identification	Contact FCHA	If <b>G2</b> - the assigned commercial provider number, If <b>1D</b> - the Provider's Medicaid Number, , If <b>1G</b> - the 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
118	<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.				
118	2010BA	NM1	04	First Name	Use Subscriber's First Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
118	2010BA	NM1	05	Middle Name	Use Subscriber's Middle Name exactly as indicated on their Insurance Card, including spaces, hyphens, etc.				
119	2010BA	NM1	09	Identification Code	Use the subscribers number as indicated on their Membership Card				
131	<b>Payer Name</b> 2010BB	NM1	03	Last Name or Organization Name	FCHA	GHC	Premera	Regence	Asuris NW Health
131	2010BB	NM1	08	Identification Code Qualifier	<b>PI</b>				
131	2010BB	NM1	09	Identification Code	Contact FCHA	Use <b>91051</b> For Western Washington Providers or <b>91121</b> for Eastern Washington	Contact Premera	G00932	G00932

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
						n Providers			
173	<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>				
229	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 – <a href="http://www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp">www.wahealthcareforum.org/adminsimp/Claims_Process/default.asp</a>				
246	2300	NTE	01	Note Reference Code	Will accept any	Prefers "ADD"	Will accept any		
246	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>				
288	<b>Referring Provider Name</b> 2310A	REF	01	Reference Identification Qualifier	Use <b>G2</b> for all commercial claims	Use <b>1G</b>	Use <b>G2</b>	Use <b>1B</b>	Use <b>1B</b>
289	2310A	REF	02	Reference Identification	Contact FCHA	Referring Provider's UPIN	Premera assigned number	Regence BlueShield assigned number	Asuris assigned number
296	<b>Rendering Provider Name</b> 2310B	REF	01	Reference Identification Qualifier	Use <b>G2</b>	Use <b>G2</b> for all commercial, <b>1D</b> for Healthy Options claims, <b>1G</b> for Medicare Lock In	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>

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
297	2310A	REF	02	Reference Identification  NOTE: Providers may send multiple numbers	Contact FCHA	If G2 - the GHC assigned commercial provider number, If 1D - the Provider's Medicaid Number, , If 1G - the Provider's UPIN	If G2 or 1A - the Premera assigned commercial provider number, If 1D - the Providers Medicaid Number, If 1C - the Providers Medicare Number	The Regence BlueShield assigned number	The Asuris assigned number
327	<b>Claim Level Adjustments</b> 2320	CAS	03	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
327	2320	CAS	06	Monetary Amount	Claims level adjustment amounts cannot exceed 9999999.99				
339	2320	AMT	02	Monetary Amount	Other payers per day limit amounts cannot exceed 9999999.99				
402	<b>Professional Service – Service Line</b> 2400				Check the <i>Conditions for Splitting Claims</i> grid that is posted on the Administrative Simplifications page of this web site – <a href="http://www.wahealthcareforum.org/adminsimp/Claims_Process/splitclaims.asp">www.wahealthcareforum.org/adminsimp/Claims_Process/splitclaims.asp</a>				
402	2400	SV1	02	Monetary Amount	Line Item Charge Amounts cannot exceed 9999999.99				
403	2400	SV1	04	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		

I.G. Page	LOOP	SEGMENT	DATA ELEMENT	NAME	Health Plans				
					FCHA	GHC	Premera	Regence	Asuris
488	2400	NTE	01	Note Reference Code	Will accept any	Prefers "ADD"	Will accept any		
488	2400	NTE	02	Description	While this is not a required loop, to speed adjudication of your claim, the following are suggested uses for this segment. <ul style="list-style-type: none"> <li>• Per I.G. "Required if submitter used a "not otherwise classified" (NOC) procedure code on this service line (use <b>ADD</b> in NTE01), otherwise, use at providers discretion".</li> <li>• To provide an appropriate description of a procedure reported with an unspecified CPT/HCPC Code.</li> <li>• To give a brief justification of the use of Modifier 22</li> </ul>			To note units is quantity exceeds 999 in SV104	

# **Sample 837 Professional Scenarios**

**Sample 837 — Professional Claim: Information for Scenario #1 & #2**  
(Patient is not Subscriber)

Scope: A physician or other health-care provider submits a professional claim for an office visit and lab work with coordination of benefits. Interchange Date is 01/22/02.

## Sender of Transaction:

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

Billing Provider:<sup>\*1</sup>

Billing Inc.  
45 Ocean Blvd  
Seattle, WA  
TIN 91-2020202  
Payer A ID# WI1234  
Payer B ID# WHS5678

## 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:<sup>\*1</sup>

Medical Associates  
Payer A ID# MA1234  
Payer B ID# JB5686  
TIN 91-9999957

## Rendering Provider:

Marcus Welby, M.D.  
SSN 886027777  
Payer A ID# MWB7777  
Payer B 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 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 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 ID# WW2020-03  
Payer B ID# WF5555002  
Patient Account# PF55520

## Date of Service 12/1/01

Office Visit 99213  
DX 724.3  
Charge \$85.00  
Payer A Allowed \$50  
Payer A Paid \$40  
Payer A Copay assessed \$10  
Date of Service 12/1/01  
Lab G0001  
DX 724.3  
Charge \$10.00  
Payer A allowed \$5.00  
Payer A Paid \$3.00  
Total Charges \$95.00

\*1 – For Regence Claims, the Provider to be paid for the services should always be put in the ‘Billing Provider’ Loop and the ‘Pay-To Provider’ Loop should be left blank

Coded Source — Scenario #1  
(Patient is not Subscriber)

Scope: Submit claim to the primary payer (Payer A).

ISA\*00\* 00\* \*ZZ\*TP003 \*ZZ\*911666277 \*020806\*1200\*U\*00401\*837000001\*0\*T\*~  
 GS\*HC\*TP003\*911666277\*20020707\*1200\*1\*X\*004010X098A1~  
 ST\*837\*0001~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X098A1D~  
 NM1\*41\*2\*CLAIMS R US\*\*\*\*\*46\*9199999577~  
 PER\*IC\*ANGIE\*TE\*2065551212~  
 NM1\*40\*2\* WORLDWIDE INSURANCE\*\*\*\*\*46\*911234567~  
 HL\*1\*\*20\*1~  
 NM1\*85\*2\*BILLING INC\*\*\*\*\*24\*912020202~  
 N3\*45 OCEAN BLVD~  
 N4\*SEATTLE\*WA\*98101~  
 REF\*G2\*W11234~  
 NM1\*87\*2\*MEDICAL ASSOCIATES\*\*\*\*\*24\*919999957~  
 N3\*1234 MAIN ST~  
 N4\*ANY CITY\*WA\*98101~  
 REF\*G2\*MA1234~  
 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~  
 REF\*SY\*555202020~  
 NM1\*PR\*2\*WORLDWIDE INSURANCE\*\*\*\*\*PI\*911234567~  
 N3\*2020 FIRST AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*3\*2\*23\*0~  
 PAT\*19~  
 NM1\*QC\*1\*FLINTSTONE\*PEBBLES\*\*\*\*MI\*WW2020-03~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19721201\*F~  
 CLM\*PF55520\*95\*\*\*11::1\*Y\*A\*Y\*A\*B~  
 HI\*BK:7243~  
 NM1\*82\*1\*WELBY\*MARCUS\*\*\*\*34\*886027777~  
 PRV\*PE\*ZZ\*203BX0800X~  
 SBR\*S\*17\*\*WIZYWIG\*C1\*\*\*\*CI~  
 DMG\*D8\*19521001\*F~  
 OI\*\*\*Y\*B\*\*A~  
 NM1\*IL\*1\*FLINTSTONE\*WILMA\*\*\*\*MI\*WF55550~  
 N3\*666 BEDROCK LANE~  
 N4\*QUARRYVILLE\*WA\*98666~  
 REF\*SY\*444505050~  
 NM1\*PR\*2\*WASHINGTON HEALTH SERVICES\*\*\*\*\*PI\*915779491~  
 NM1\*QC\*1\*FLINTSTONE\*\*\*\*MI\*WF5555002~  
 LX\*1~  
 SV1\*HC:99213\*85\*UN\*1\*\*\*1\*\*N~  
 DTP\*472\*D8\*20011201~  
 REF\*6R\*123~  
 LX\*2~

SV1\*HC:G0001\*10\*UN\*1\*\*\*1\*\*N~  
DTP\*472\*D8\*20011201~  
SE\*51\*0001~  
GE\*1\*1~  
IEA\*1\*837000001~

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

Scope: Submit claim to the Secondary payer (Payer B).

ISA\*00\* 00\* \*ZZ\*TP003 \*ZZ\*911666277 \*020806\*1200\*U\*00401\*837000001\*0\*T\*~  
 GS\*HC\*TP003\*911666277\*20020707\*1200\*1\*X\*004010X098A1~  
 ST\*837\*0002~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X098D~  
 NM1\*41\*2\*CLAIMS R US\*\*\*\*\*46\*911257070~  
 PER\*IC\*ANGIE\*TE\*2065551212~  
 NM1\*40\*2\* WASHINGTON HEALTH SERVICES\*\*\*\*\*46\*915779491~  
 HL\*1\*\*20\*1~  
 NM1\*85\*2\*BILLING INC\*\*\*\*\*24\*912020202~  
 N3\*45 OCEAN BLVD~  
 N4\*SEATTLE\*WA\*98101~  
 REF\*G2\*WHS5678~  
 NM1\*87\*2\*MEDICAL ASSOCIATES\*\*\*\*\*24\*919999957~  
 N3\*1234 MAIN ST~  
 N4\*ANY CITY\*WA\*98101~  
 REF\*G2\*JB5686~  
 HL\*2\*1\*22\*1~  
 SBR\*S\*\*\*WIZYWIG\*\*\*\*\*CI~  
 NM1\*IL\*1\*FLINTSTONE\*WILMA\*\*\*\*MI\*WF55550~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 REF\*SY\*444505050~  
 NM1\*PR\*2\*WASHINGTON HEAL\*\*\*\*\*PI\*915779491~  
 N3\*234 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 HL\*3\*2\*23\*0~  
 PAT\*17~  
 NM1\*QC\*1\*FLINTSTONE\*PEBBLES\*\*\*\*MI\*WF5555002~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19721201\*F~  
 CLM\*PF55520\*95\*\*\*11::1\*Y\*A\*Y\*A\*B~  
 HI\*BK:7243~  
 NM1\*82\*1\*WELBY\*MARCUS\*\*\*\*\*34\*886027777~  
 PRV\*PE\*ZZ\*203BX0800N~  
 SBR\*P\*19\*\*CSI INC\*C1\*\*\*\*\*CI~  
 AMT\*D\*43~  
 DMG\*D8\*19501101\*M~  
 OI\*\*\*Y\*B\*\*A~  
 NM1\*IL\*1\*FLINTSTONE\*FRED\*\*\*\*MI\*WW2020-01~  
 N3\*666 BEDROCK LANE~  
 N4\*QUARRYVILLE\*WA\*98666~  
 REF\*SY\*555202020~  
 NM1\*PR\*2\*WORLDWIDE INSUR\*\*\*\*\*PI\*911234567~  
 DTP\*573\*D8\*20020120~  
 NM1\*QC\*1\*FLINTSTONE\*FRED\*\*\*\*MI\*WW2020-03~  
 LX\*1~  
 SV1\*HC:99213\*85\*UN\*1\*\*\*1~  
 DTP\*472\*D8\*20011201~

REF\*6R\*1234~  
LX\*2~  
SV1\*HC:G0001\*10\*UN\*1\*\*\*1\*\*N~  
DTP\*472\*D8\*20011201~  
REF\*6R\*1234~  
SE\*54\*0002~  
GE\*1\*1~  
IEA\*1\*837000001~

**Sample 837 — Professional Claim: Information for Scenario #3**  
**(Patient is Subscriber)**

Scope: A physician or other health-care provider submits a professional claim to the primary payer for an office visit that is accident related.

Billing Provider:  
 Billing Inc.  
 45 Ocean Blvd  
 Seattle, WA  
 TIN 91-2020202  
 Payer A ID# WI1234  
 Payer B ID# WHS5678

Billing Provider:\*1  
 Billing Inc.  
 45 Ocean Blvd  
 Seattle, WA  
 TIN 91-2020202  
 Payer A ID# WI1234  
 Payer B ID# WHS5678

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

Pay-To Provider:\*1  
 Medical Associates  
 Payer A ID# MA1234  
 Payer B ID# JB5686  
 TIN 91-9999957

Rendering Provider:  
 Marcus Welby, M.D.  
 SSN 886027777  
 Payer A ID# MWB7777  
 Payer B 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 ID# WW2020-01  
 Patient Account# PF64532

Office Visit 99213  
 DOS 1/1/02  
 Units 1  
 Charge \$95.00  
 Onset of Illness 12/20/01  
 Backpain DX 724.4  
 Total Charge \$95.00  
 Accident Remarks ACC – Pt fell at  
 work on 12/20/01

\*1 – For Regence Claims, the Provider to be paid for the services should always be put in the ‘Billing Provider’ Loop and the ‘Pay-To Provider’ Loop should be left blank

Coded Source — Scenario #3  
(Patient is Subscriber)

ISA\*00\*        \*00\*        \*ZZ\*TP003        \*ZZ\*911666277        \*020806\*1200\*U\*00401\*837000001\*0\*T\*::~~  
 GS\*HC\*TP003\*911666277\*20020707\*1200\*1\*X\*004010X098A1~  
 ST\*837\*0001~  
 BHT\*0019\*00\*0001\*20020122\*1100\*CH~  
 REF\*87\*004010X098D~  
 NM1\*41\*2\*MEDICAL ASSOCIATES\*\*\*\*\*46\*91999957~  
 PER\*IC\*BILL\*TE\*4258882444~  
 NM1\*40\*2\* WORLDWIDE INSURANCE\*\*\*\*\*46\*911234567~  
 HL\*1\*\*20\*1~  
 NM1\*85\*2\*BILLING INC\*\*\*\*\*24\*912020202~  
 N3\*45 OCEAN BLVD~  
 N4\*SEATTLE\*WA\*98101~  
 REF\*G2\*WI 1234~  
 NM1\*87\*2\*MEDICAL ASSOCIATES\*\*\*\*\*24\*91999957~  
 N3\*1234 MAIN ST~  
 N4\*ANY CITY\*WA\*98101~  
 REF\*G2\*MA1234~  
 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 INSURANCE\*\*\*\*\*PI\*911234567~  
 N3\*2020 FIRST AVE ~  
 N4\*SEATTLE\*WA\*98112~  
 CLM\*PF64532\*95\*\*\*11::1\*Y\*A\*Y\*A\*B\*EM ~  
 DTP\*431\*D8\*20011220~  
 NTE\*ADD\*ACC-PT FELL AT WORK ON 12/20/01~  
 HI\*BK:7244~  
 NM1\*82\*1\*WELBY\*MARCUS\*\*\*\*34\*886027777~  
 PRV\*PE\*ZZ\*203BX0800N~  
 LX\*1~  
 SV1\*HC:99213\*05\*UN\*1\*\*\*1\*\*N~  
 DTP\*472\*D8\*20020101~  
 REF\*6R\*456~  
 SE\*35\*0001~  
 GE\*1\*1~  
 IEA\*1\*837000001~

**Sample 837 — Professional Claim: Information for Scenario #4**  
**(Patient is Subscriber)**

Scope: A physician or other health-care provider submits a professional claim to the primary payer for 3 different offices visits with different supervising and referring physicians.

Sender of Transaction:

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

Health Plan:

Washington Health Services  
 234 2<sup>nd</sup> Ave  
 Seattle, Wa 98112  
 ID# 91-5779491  
 EDI# WHS915779491

Pay-To Provider:

Dr. Joyce Brothers  
 1234 Ocean Blvd.  
 Seaway, WA 98102  
 SSN 88-9090901

Rendering Provider:

Dr. Joyce Brothers  
 1234 Ocean Blvd.  
 Seaway, WA 98102  
 SSN 88-9090901

Subscriber & Patient:

Wilma Flintstone  
 666 Bedrock Lane  
 Quarryville, WA 98666  
 SEX F DOB 10/01/52  
 SSN 444-50-5050  
 Employer WIZYWIG, Inc.  
 Payer ID# WF55550  
 Patient Account# PF55679

3 Mental Health Visits 12/1/01, 12/5/01, 12/10/01  
 CPT 90804  
 DX: 300.00  
 DOS 12/1/01  
 Charge \$50.00  
 Supervising Provider Dr. Ben Casey  
 1010 6<sup>th</sup> Ave  
 Seattle, WA 98101  
 TIN 91-8889099  
 DOS 12/5/01  
 Charge \$50.00  
 Supervising Provider Dr. Ben Kildare  
 5050 6<sup>th</sup> Ave  
 Tukwila, WA 98107  
 TIN 91-5559099  
 DOS 12/10/01  
 Charge \$80.00  
 Referring Provider Dr. Ruth Wertsheimer  
 555 8<sup>th</sup> Ave  
 Seattle, WA 98107  
 TIN 91-0788999  
 Total Charges \$180.00

Coded Source — Scenario #4  
(Patient is Subscriber)

ISA\*00\*        \*00\*        \*ZZ\*TP003        \*ZZ\*911666277        \*020806\*1200\*U\*00401\*837000001\*0\*T\*::~~  
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 PER\*IC\*SALLY\*TE\*8009991111~  
 NM1\*40\*2\*WASHINGTON HEALTH SERVICES\*\*\*\*\*46\*915779491~  
 HL\*1\*\*20\*1~  
 NM1\*85\*1\*BROTHERS\*JOYCE\*\*\*MD\*34\*889090901~  
 N3\*1234 OCEAN BLVD~  
 N4\*SEATTLE\*WA\*98102~  
 HL\*2\*1\*22\*0~  
 SBR\*P\*18\*\*WIZYWIG\*\*\*\*\*CI~  
 NM1\*IL\*1\*FLINTSTONE\*WILMA\*\*\*\*MI\*WF55550~  
 N3\*666 BEDROCK LN~  
 N4\*QUARRYVILLE\*WA\*98666~  
 DMG\*D8\*19521001\*F~  
 NM1\*PR\*2\* WASHINGTON HEALTH\*\*\*\*\*PI\*915779491~  
 N3\*234 2ND AVE~  
 N4\*SEATTLE\*WA\*98112~  
 CLM\*PF55679\*180\*\*\*11::1\*Y\*A\*Y\*A\*B~  
 HI\*BK:30000~  
 LX\*1~  
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