

837I Sample file with WHAIC-defined fields notated – Institutional Format
Q3 2019 changes in red

ISA*00* *00* *ZZ*333 *ZZ*WHAIC *040117*1253*^*00501*000000905*0*P*::~

FUNCTION GROUP

GS*HC*333*WHAIC*20170401*0802*1*X*005010X223A2~

Facility 3 digit
Code

TRANSACTION

ST*837*0021*005010X223A2~

BHT*0019*00*244579*20170205*1023*CH~

LOOP 1000A: SUBMITTER NAME

NM1*41*2*SAMPLE HOSPITAL*****46*333~

PER*IC*SUBMITTER NAME*TE*614222222~

LOOP 1000B: RECEIVER NAME

NM1*40*2*WHAIC*****46*WHAIC 837~

LOOP 2000A: BILLING PROVIDER HIERARCHICAL LEVEL

HL*1**20*1~

Facility NPI

LOOP 2010AA: BILLING PROVIDER NAME

NM1*85*2*SAMPLE HOSPITAL PROVID*****XX*9876543210~

N3*236 N MAIN ST~

N4*MADISON*WI*53717~

REF*EI*11-12345678~

LOOP 2000B: SUBSCRIBER HIERARCHICAL LEVEL

HL*2*1*22*1~

SBR*P**CERTNUM2222SJ*****12~

Claim Filing
Indicator Code

Subscriber
UCID and ECID

LOOP 2010BA: SUBSCRIBER NAME

NM1*IL*1*NULL*****MI*3CFD1B33ACBD5475CE36D8C439FEC42475B9ADBEC7B91A6926DACF0F45BE269F-S530J~

N3*236 N MAIN ST~

N4*MADISON*WI*53717~

DMG*D8*19830501*F*M*5:2*****ZZ*ENG~

Subscriber Race. Ethnicity

Subscriber Language

LOOP 2010BB: PAYER NAME

NM1*PR*2*PRIMARY PAYER*****PI*A21-09~

Primary Payer Code

REF*NF*621111~

Payer ID / NAIC #

Primary Payer Name

LOOP 2000C: PATIENT HIERARCHICAL LOOP

HL*3*2*23*0~

PAT*19~

LOOP 2010CA: PATIENT NAME

NM1*QC*1*NULL***MI*D56714B4386CC7EAB69C6D648ABF86FD0894199521D27CDD902C92E878B49459-S530T~**

N3*236 N MAIN ST~

N4*MADISON*WI*53717~

DMG*D8*20030501*M*I*5:2:3*****ZZ*ENG~

Patient Race,
Ethnicity, Race2

Patient Language

Patient
UCID and ECID

LOOP 2300: CLAIM INFORMATION

CLM*PCTRL535*2500.50*11:A:1**A*Y*Y~**

DTP*096*DT*201702032359~

DTP*434*RD8*20170202-20170203~

DTP*435*DT*201702022359~

CL1*2*1*20~

REF*LU*MN~

REF*EA*MRN123~

HI*ABK:G9782:.....Y~

HI*ABJ:G9389~

HI*APR:G9389*APR:N179~

HI*ABF:A4152:.....N*ABF:G918:.....Y*ABF:N179:.....Y*ABF:B370:.....N~

HI*ABN:V142XXS~

HI*BBR:00U247Z:D8:20170202~

HI*BBQ:0NU04JZ:D8:20170202*BBQ:0JB00ZZ:D8:20170203*BBQ:09SM4ZZ:D8:20170203*BBQ:00P60JZ:D8:20170203~

HI*BI:01:RD8:20170202-20170203~

HI*BH:02:D8:20170202~

HI*BE:01:::123~

HI*BE:02:::336~

HI*BG:36*BG:41*BG:42~

LOOP 2310A: ATTENDING PHYSICIAN NAME

NM1*71*1*ATTENDING***XX*9876543210~**

LOOP 2310B: OPERATING PHYSICIAN NAME

NM1*72*1*OPERATING***XX*9876543211~**

LOOP 2310C: OTHER OPERATING PHYSICIAN NAME

NM1*ZZ*1*OTHER OPERATING***XX*9876543212~**

LOOP 2310D: RENDERING PROVIDER NAME

NM1*82*1*RENDERING*****XX*9876543213~

LOOP 2310E: SERVICE FACILITY LOCATION NAME

NM1*77*2*PBL LOCATION*****PI*13~

Provider Based Location ID

N3*238 N MAIN ST~

N4*MADISON*WI*53717~

LOOP 2310F: REFERRING PROVIDER NAME

NM1*DN*1*REFERRING*****XX*9876543214~

LOOP 2320: OTHER SUBSCRIBER INFORMATION

SBR*S*18~

OI***Y***Y~

LOOP 2330A: OTHER SUBSCRIBER NAME

NM1*IL*1*NULL*****MI*IGNORED~

Secondary Payer

LOOP 2330B: OTHER PAYER NAME

NM1*PR*2*ANYTHING*****PI*A22-09~

LOOP 2400: SERVICE LINE NUMBER

LX*1~

SV2*0119**2000*DA*2~

DTP*472*D8*20170202~

LOOP 2400: SERVICE LINE NUMBER

LX*2~

SV2*0250**500.50*UN*10~

DTP*472*D8*20170203~

SE*58*0021~

GE*1*1~

IEA*1*000000905~