

837P Sample file with WHAIC-defined fields notated (Professional – FASC Only)

Q3 2019 changes in red

ISA*00* *00* *ZZ*222 *ZZ*WHAIC *040117*1253*^*00501*000000905*0*P*:~

FUNCTION GROUP

GS*HC*222*WHAIC*20170401*0802*1*X*005010X222A1~

Facility 3 digit Code

TRANSACTION

ST*837*0021*005010X222A1~

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

LOOP 1000A: SUBMITTER NAME

NM1*41*2*SAMPLE HOSPITAL*****46*222~

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*11****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*123 OAK ST~

N4*MADISON*WI*53719~

Subscriber Race. Ethnicity

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

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
UCID and ECID

Patient Language

LOOP 2300: CLAIM INFORMATION

CLM*PCTRL535*2740.00***11:B:1*Y*A*Y*Y~

REF*EA*MRN123~

HI*ABK:Z85030*ABF:Z86010~

LOOP 2310A: REFERRING PROVIDER NAME

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

LOOP 2310B: RENDERING PROVIDER NAME

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

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*SECONDARY PAYER*****PI*A22-09~

LOOP 2400: SERVICE LINE NUMBER

LX*1~

SV1*HC:45380*2700.00*UN*1***1~

DTP*472*D8*20170202~

LOOP 2400: SERVICE LINE NUMBER

LX*2~

SV1*HC:H0004:HE:HR*40.00*UN*2***2~

DTP*472*D8*20170203~

SE*39*0021~

GE*1*1~

IEA*1*000000905~