

**\*\* 837R Sample file with WHAIC-defined fields notated – Reporting 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\*005010X225A2~

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\*SJ\*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\*.:RET:R3^:RET:E1\*\*\*\*\*ZZ\*ENG~

Subscriber Race. Ethnicity

Subscriber Language

LOOP 2010BB: PAYER NAME

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

REF\*NF\*621111~

Primary Payer Code

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\*:RET:R3^:RET:E1^:RET:R5\*\*\*\*ZZ\*ENG~

Patient Race,  
Ethnicity, Race2

Patient  
UCID and ECID

Patient Language

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~

NTE\*UPI\*2~

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~

Provider Based Location ID

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 2310F: REFERRING PROVIDER NAME

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

LOOP 2320: OTHER SUBSCRIBER INFORMATION

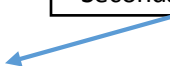
SBR\*S\*18~

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~