Example of 837 Transaction Set (ANSI X-12)

ST*837*000000001**~**
BHT*0080***00***DATE SENT & TIME SENT*DATE SENT DN100*TIME SENT DN101*C1~
NM1*10*2******FI*SENDER ID DN98~
N4***SENDER POSTAL CODE~
NM1*40*2******RECEIVER ID DN99~
N4***RECEIVER POSTAL CODE~
HL*1*0*20*1~
DTP*582*RD8 OR D8*REPORTING PERIOD DN615~
NM1*CA OR IR *(SELF-INSURED)**2*INSURER NAME DN7*****FI*INSURER FEIN DN6~
N4***INSURER POSTAL CODE DN616~
NM1*CX*2*CLAIMS ADMINISTRATOR NAME DN188*****FI*INSURER FEIN DN187~
N4***INSURER POSTAL CODE DN14~
HL*2*1*EM*1~
NM1*36*2*EMPLOYER NAME DN18*****FI*EMPLOYER FEIN DN16~
N3*EMPLOYER ADDRESS DN19~
N4*EMPLOYER CITY DN48*EMPLOYER STATE DN49*EMPLOYER POSTAL CODE DN50~
HL*3*2*CL*0~
DTP*558*D8*DATE OF INJURY DN31~
NM1*CC*EMPLOYEE LAST NAME DN43*EMPLOYEE FIRST NAME DN44****34*SSN DN42~
N3*EMPLOYEE ADDRESS DN46~
N4*EMPLOYEE CITY DN48*EMPLOYEE STATE DN49*EMPLOYEE POSTAL CODE DN50~
REF*Y1*CLAIM ADMIN CLAIM NUMBER DN15~
REF*5L*JURISDICTION CLAIM NUMBER DN5~
CLM*BILLING PROVIDER ID NUMBER DN523***RX *(PHARMACY BILLS ONLY)**>A*(UB-92)* OR B*(HCFA 1500, OTHER)*********BILL REASON CODE DN508~
DTP*050*D8*DATE INSURER RECEIVED BILL DN511~
DTP*472*RD8 OR D8*SERVICE BILL DATE DN509~
DTP*666*D8*DATE INSURER PAID BILL DN512~
DTP*435*D8*ADMISSION DATE DN513~
DTP*096*D8*DISCHARGE DATE DN514~
AMT*TP*TOTAL AMOUNT PAID DN516~
REF*DD*UNIQUE BILL ID DN500~
REF*2I*TRANSACTION TRACKING NUMBER DN266~
REF*EJ*PATIENT ACCOUNT NUMBER DN517~
HI*BK>PRINCIPAL DIAGNOSIS CODE DN521*BJ>ADMITTING DIAGNOSIS DN535*BF>ICD9 CM DIAGNOSIS CODE DN522~
HI*BP>HCPCS PRINCIPAL PROCEDURE BILLED CODE DN626*BO>HCPCS BILL PROCEDURE CODE DN737~
HI*BR>ICD9 PRINCIPAL PROCEDURE CODE DN525*BQ>ICD9 BILL PROCEDURE CODE DN736~*(MULTIPLE NM1 THROUGH N4 SEGMENTS WILL BE PRESENT FOR BILLING PROVIDER, RENDERING PROVIDER, AND MANAGED CARE ORGANIZATION. EXAMPLE OF BILLING PROVIDER…)*
NM1*85*2*BILLING PROVIDER NAME DN528*****FI*FEIN DN629~
PRV*BI*S3*BILLING PROVIDER SPECIALTY CODE DN537~
N3*BILLING PROVIDER ADDRESS DN538~
N4*PROVIDER CITY DN540*PROVIDER STATE DN541*PROVIDER ZIP DN542~
SPR*P~
CAS*BILL ADJUSTMENT GROUP CODE DN543*BILL ADJUSTMENT CODE DN544~

(EACH SERVICE LINE GENERATES A LX LOOP)

- *SV1: HCFA 1500, OTHER*
- *SV2: UB-92*
- *SV3: DENTAL INFORMATION*
- *SV4: PHARMACY BILLS*

LX*1~
SV1*HC>HCPCS BILLED CODE DN717*TOTAL CHARGE DN552*****DIAGNOSIS POINTER DN557~
SV2*REVENUE BILLED CODE DN559*HC>HCPCS BILLED CODE DN714*TOTAL CHARGE DN552~
SV3*AD>ADA PROCEDURE BILLED CODE DN719*TOTAL CHARGE DN552~
SV4**ND>NDC BILLED CODE DN721~
AMT*PB*DRUGS/SUPPLIES BILLED AMOUNT~
DTP*471*D8*PRESCRIPTION LINE DATE DN604~
SVD*XX*TOTAL PAID DN574*HC>HCPCS PAID CODE DN726*REVENUE PAID CODE DN576**1~
CAS*SERVICE ADJUSTMENT GROUP CODE DN731*SERVICE ADJUSTMENT REASON CODE DN732~
SE*50*000000001~

KEY	
XXX	Segment Name
*	Element Separator
~	End of Segment
(xxxxxxxx)	Comments
XXXXXXXX	Data Element Name
DN###	Data Element Number