

ASAIS SAMPLE 837 FILE
11/7/2011
5010 Format

1	ISA*00* *00* *ZZ*HIS199 *ZZ*300002373 *060920*2314*^*00501*000000089*0*P*~	000000089 = unique transaction # for file (ISA13)
2	GS*HC*HIS199*300002373*20060920*2314*43*X*005010X222A1~	HIS199 = Provider's sender code assigned by ASAIS; 300002373 = ASAIS receiver code
3	ST*837*000000001*005010X222A1~	
4	BHT*0019*00*90*20060920*2314*CH~	
5	NM1*41*2*PROVIDER NAME*****46*HIS199~	
6	PER*IC*PROVIDER CONTACT NAME*TE*3345555555~	
7	NM1*40*2*DMHMR*****46*300002373~	
8	HL*1**20*1~	
9	NM1*85*2*DEPARTMENT OF MENTAL HEALTH*****XX*1699828970~	Division NPI is entered here – also verify name SA=1699828970
10	N3*100 NORTH UNION STREET~	
11	N4*MONTGOMERY*AL*361301410~	Need 9 digit zip code w/out dash
12	REF*EI*630506021~	Department Tax id here - this is static
13	HL*2*1*22*0~	
14	SBR*P*18*****MC~	
15	NM1*IL*1*ADDISON*THOMAS****MI*0001235624151~	Client Medicaid ID (If applicable)
16	N3*--~	
17	N4*--*AL~	
18	DMG*D8*19600101*M~	
19	REF*SY*123562415~	SSN is required
20	NM1*PR*2*MEDICAID*****PI*MCD~	
21	N3*501 Dexter Avenue~ No P.O. BOX address	
22	N4*Montgomery*AL*36103~	
23	REF*G2*330034000~	Submitting ID is required – this is static
24	CLM*57-3778*1000***53:B:1*Y*A*Y*Y~	
25	REF*EA*XXXXXX~	ASAIS ID number
26	HI*ABK:F1220:ABF:F1420~	ICD-10 diagnosis
27	NM1*82*2*PROVIDER NAME*****XX*1134187777~	Rendering Provider NPI is submitted here
28	PRV*PE*PXC*251S00000X~	Provider taxonomy code is submitted here – this is static
29	REF*G2*00841919191~	Provider Medicaid id is submitted here – Performing ID number
30	LX*1~	
31	SV1*HC:T2020:UC:TF*1000*UN*20***1~	
32	DTP*472*RD8*20080101-20080131~	RD8 - Service Date Range or D8 - Service Start Date
33	REF*6R*0CFE25DC36467299726747EDD9F471~	Provider unique identifier for claim service
34	SE*33*000000001~	
35	GE*1*44~	
36	IEA*1*000000089~	000000089 = same value as in ISA (line 1 in this sample)