

<b>TEST #</b>	<b>837I Test Situations</b>
<b>INSTITUTIONAL (Outpatient)</b>	
<b>I001</b>	Accident
<b>I002</b>	Alcohol / Drug
<b>I003</b>	Ambulance
<b>I004</b>	Ambulatory Surgery
<b>I005</b>	Cardiac Rehab
<b>I006</b>	Cast Room
<b>I007</b>	Chemotherapy
<b>I008</b>	Clinic
<b>I009</b>	COB
<b>I009</b>	Diagnostic/Pre Admission
<b>I010</b>	Dialysis
<b>I011</b>	DME
<b>I012</b>	Drugs and Supplies
<b>I013</b>	Electric Shock Therapy
<b>I014</b>	Emergency Room
<b>I015</b>	False Labor
<b>I016</b>	Free Standing Abulatory Surgery Ccenter
<b>I017</b>	Hemophilia
<b>I018</b>	Home Health Care
<b>I019</b>	Home Infusion Therapy
<b>I020</b>	Hospice
<b>I021</b>	Infusion Therapy
<b>I022</b>	Inhalation Therapy
<b>I023</b>	ITS
<b>I024</b>	ITS Claims with more than 23 lines
<b>I025</b>	Local Codes
<b>I026</b>	Medical
<b>I027</b>	Medicare DED/Coins/LTR/Medicare Exhaust Days/Full Days
<b>I028</b>	Medicare Secondary
<b>I029</b>	Observation Room
<b>I030</b>	Professional Fees
<b>I031</b>	Radiation Therapy
<b>I032</b>	Recovery Room
<b>I033</b>	Rehab Therapies / OT, PT, ST
<b>I034</b>	Revenue codes without procedure codes
<b>I035</b>	Timely Filing
<b>I036</b>	Transfusion
<b>I037</b>	Urgent Care
<b>TEST #</b>	<b>Proposed Claim Types for Beta Testers</b>

<b>INSTITUTIONAL (Inpatient)</b>	
<b>I038</b>	Accident
<b>I039</b>	Acute Care
<b>I040</b>	Alcohol/Substance Detox
<b>I042</b>	COB
<b>I043</b>	Hospice
<b>I044</b>	ITS
<b>I045</b>	ITS claims with more than 23 line items
<b>I046</b>	Local Codes
<b>I047</b>	Medicare DED/Coins/LTR/Medicare Exhaust/Full Days
<b>I048</b>	Mental Health
<b>I049</b>	Private Room
<b>I050</b>	Revenue codes without procedure codes
<b>I051</b>	SNF
<b>I052</b>	Timely Filing
<b>I053</b>	Various Admission Types