TEST#	837I Test Situations
	INSTITUTIONAL (Outpatient)
I001	Accident
1002	Alcohol / Drug
1003	Ambulance
1004	Ambulatory Surgery
1005	Cardiac Rehab
1006	Cast Room
1007	Chemotherapy
1008	Clinic
1009	COB
1009	Diagnostic/Pre Admission
I010	Dialysis
I011	DME
I012	Drugs and Supplies
I013	Electric Shock Therapy
I014	Emergency Room
I015	False Labor
I016	Free Standing Abulatory Surgery Ccenter
I017	Hemophilia
I018	Home Health Care
I019	Home Infusion Therapy
1020	Hospice
I021	Infusion Therapy
1022	Inhalation Therapy
1023	ITS
1024	ITS Claims with more than 23 lines
1025	Local Codes
1026	Medical
	Medicare DED/Coins/LTR/Medicare Exhaust
1027	Days/Full Days
1028	Medicare Secondary
1029	Observation Room
1030	Professional Fees
1031	Radiation Therapy
1032	Recovery Room
1033	Rehab Therapies / OT, PT, ST
1034	Revenue codes without prcoedure codes
1035	Timely Filing
1036	Transfusion
1037	Urgent Care
TEST#	Proposed Claim Types for Beta Testers

INSTITUTIONAL (Inpatient)	
1038	Accident
1039	Acute Care
1040	Alcohol/Substance Detox
1042	COB
1043	Hospice
1044	ITS
1045	ITS claims with more than 23 line items
1046	Local Codes
	Medicare DED/Coins/LTR/Medicare
1047	Exhaust/Full Days
1048	Mental Health
1049	Private Room
1050	Revenue codes without procedure codes
1051	SNF
1052	Timely Filing
1053	Various Admission Types