

TEST #	837I Test Situations
INSTITUTIONAL (Outpatient)	
I001	Accident
I002	Alcohol / Drug
I003	Ambulance
I004	Ambulatory Surgery
I005	Cardiac Rehab
I006	Cast Room
I007	Chemotherapy
I008	Clinic
I009	COB
I009	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
I020	Hospice
I021	Infusion Therapy
I022	Inhalation Therapy
I023	ITS
I024	ITS Claims with more than 23 lines
I025	Local Codes
I026	Medical
I027	Medicare DED/Coins/LTR/Medicare Exhaust Days/Full Days
I028	Medicare Secondary
I029	Observation Room
I030	Professional Fees
I031	Radiation Therapy
I032	Recovery Room
I033	Rehab Therapies / OT, PT, ST
I034	Revenue codes without procedure codes
I035	Timely Filing
I036	Transfusion
I037	Urgent Care
TEST #	Proposed Claim Types for Beta Testers

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