

Claim Management Professional ANSI 837 Requirements

Segment/element	Name / Description	Use	Type	CMSi/TCS Req	Valid Values, Format, or notes	1500-Map
<b>ISA</b>	<b>Interchange Control Header</b>				<b>Min 1, Max 1. All fields in the ISA must be fixed length</b>	
1	Authorization Information Qualifier	M	ID	Y	"00"	
2	Authorization Information	M	AN	Y	If ISA01="00", Then space fill 10 spaces	
3	Security Information Qualifier	M	ID	Y	00, 01	
4	Security Information	M	AN	Y	Normally 10 spaces	
5	Interchange ID Qualifier	M	ID	Y	ZZ	
6	Interchange Sender ID	M	AN	Y	Sender ID (Your ID), space fill as needed. <b>The value in this data element must = GS02 and NM109 (submitter loop1000A).</b>	
7	Interchange ID Qualifier	M	ID	Y	ZZ	
8	Interchange Receiver ID	M	AN	Y	Receiver ID (Our ID), space fill as needed	
9	Interchange Date	M	DT	Y	YYMMDD Date Header was created	
10	Interchange Time	M	TM	Y	HHMM Time header was created.	
11	Interchange Control Standards ID	M	ID	Y	U	
12	Interchange Control Version Number	M	ID	Y	"00401"	
13	Interchange Control Number	M	N	Y	Unique number assigned to each Interchange data set sent.	
14	Acknowledgement Requested	M	ID	Y	0, 1 We recommend using "1"	
15	Usage Indicator	M	ID	Y	"P" = production. May use "T" during test phase.	
16	Component Element Separator	M		Y	Can NOT be Char(252) or Char(253)	
<b>GS</b>	<b>Functional Group Header</b>				<b>Min 1, Max 1.</b>	
1	Functional Identifier Code	M	ID	Y	"HC" = Health Care Claim. Other values include "HI, HS".	
2	Application Sender Code	M	AN	Y	Same as ISA06 but no space filler	
3	Application Receiver Code	M	AN	Y	Same as ISA08 but no space filler	
4	Date	M	DT	Y	CCYYMMDD Date the Functional group was created	
5	Time	M	TM	Y	HHMM Time the Functional Group was created.	
6	Group Control Number	M	N	Y	We recommend a counter incremented by one for each Functional Group sent to the Receiver (GS03) but this method is not required.	
7	Responsible Agency Code	M	ID	Y	"X"	
8	Version Identifier Code	M	AN	Y	"004010X098"	

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<b>ST</b>		<b>Transaction Set Header</b>			<b>Min 1, Max 1.</b>
1	Transaction Set Identifier Code	M	ID	Y	837
2	Transaction Set Control Number	M	AN	Y	We recommend using (GS06 & counter) The first 5 digits are the same as GS06, the last 4 digits will be a count of ST in this GS.
<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>			<b>Min 1, Max 1.</b>
1	Hierarchical Structure Code	M	N	Y	"1900"=Information Source, Subscriber, Dependent
2	Transaction Set Purpose Code	M	N	Y	"00"=Original
3	Originator Application Transaction ID	M	N	Y	We recommend using the same number as ISA13 or ST02.
4	Transaction Set Creation Date	M	DT	Y	CCYYMMDD
5	Transaction Set Creation Time	M	TM	Y	HHMM
6	Claim or Encounter ID	M	ID	Y	"CH"=Chargeable. CH should be used. We do not process RP
<b>REF</b>		<b>Reference Identification</b>			<b>Min 1, Max 1.</b>
1	Reference Identification Qualifier	M	ID	Y	"87"=Functional Category
2	Transmission Type Code	M	AN	Y	"004010X098" Or "004010X098A1" =Professional.
<b>1000A - Submitter Name</b>					
<b>NM1</b>		<b>Individual or Organizational Name</b>			<b>Min 1, Max 1.</b>
1	Entity Identifier Code	M	ID	Y	"41"=Submitter
2	Entity Type Qualifier	M	ID	Y	"2"=Organization
3	Name Last or Organization Name	M	AN	Y	"Submitter Organization Name"
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#
9	Identification Code	M	AN	Y	Must be equal to value in ISA06 and GS02.
<b>PER</b>		<b>Administrative Communications Contact</b>			<b>Min 1, Max 1.</b>
1	Contact Function Code	M	ID	Y	IC=Information Contact
2	Contact Name	M	AN	Y	Submitter Contact Name
3	Communication Number Qualifier	M	ID	Y	TE=Telephone Number or other
4	Communication Number	M	AN	Y	Telephone Number or other. Do not include dashes or punctuation.
5	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax
6	Communication Number	S	AN	N	Communication Number as qualified in PER05
7	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax
8	Communication Number	S	AN	N	Communication Number as qualified in PER07

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1000A - Receiver Name						
NM1	Individual or Organizational Name				Min 1, Max 1.	
1	Entity Identifier Code	M	ID	Y	"40"=Receiver	
2	Entity Type Qualifier	M	ID	Y	"2"=Organization	
3	Name Last or Organization Name	M	AN	Y	"Receiver Organization Name"	
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#	
9	Identification Code	M	AN	Y		
2000A - Billing/Pay-To Provider Hierarchical Level						
HL	Hierarchical Level				Min 1, Max 999.	
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL	
3	Hierarchical Level Code	M	ID	Y	"20"=Information Source	
4	Hierarchical Child Code	M	ID	Y	"1"=Additional subordinate HL data segments	
2010AA - Billing Provider Information						
NM1	Individual or Organizational Name				Min 1, Max 1.	
1	Entity Identifier Code	M	ID	Y	"85"=Billing Provider	
2	Entity Type Qualifier	M	ID	Y	"1"=Person, "2"=Organization	
3	Name Last or Organization Name	M	AN	Y	<b>CMSi/TCS prefers that the Rendering Provider's last name be reported in this loop. If you are able to report the Rendering provider at this loop level, you do not need to include it in loop 2310B. This is a preference, not a requirement.</b>	31 or 24K
4	Name First	S	AN	Y	<b>CMSi/TCS prefers that the Rendering Provider's First name be reported in this loop. If you are able to report the Rendering provider at this loop level, you do not need to include it in loop 2310B. This is a preference, not a requirement.</b>	31 or 24K
5	Name Middle	S	AN	Y	Provider MI	
8	Identification Code Qualifier	M	ID	Y	24=EIN, 34=SSN (Prefer us of EIN)	
9	Identification Code	M	AN	Y	Do not include dashes or punctuation. If this is an SSN or TIN send 9 numeric digits.	25
N3	Address Information				Min 1, Max 1.	
1	Address Information	M	AN	Y		33
2	Address Information	S	AN	N	Required if reported.	33
N4	Geographic Location				Min 1, Max 1.	
1	City Name	M	AN	Y		33
2	State or Province Code	M	ID	Y		33
3	Postal Code	M	ID	Y		33
REF	Billing Provider Secondary Identification Number				Max 5	

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					We will allow any valid qualifier for this segment/loop, however if the qualifier is "G2", it is very important that the value in REF02 is <b>NOT</b> equal to the provider's tax id number.	
1	Reference Identification Qualifier	M	ID	N		
2	Reference Identification	X	AN	N	Additional Identifier	
<b>2000B - Subscriber Hierarchical Level</b>						
<b>HL</b>	<b>Hierarchical Level</b>					
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	Y	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	Y	"22"=Subscriber	
4	Hierarchical Child Code	M	ID	Y	"0"=No, "1"=Yes(subordinate HL seg in this structure).	

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<b>SBR</b>						
<b>Subscriber Information</b>						
1	Payer Responsibility Sequence Number Code	M	ID	Y	P = Primary	
2	Individual Relationship code	S	ID	Y	18=Self. Required when Subscriber=Patient.	6
3	Reference Identification	S	AN	N	Policy or Group Number.	11
4	Name	S	AN	N	Group or Plan Name	
<b>PAT</b>	<b>Patient Information</b>				<b>Required if subscriber is same as the patient and info in this PAT segment (DOD, weight) is necessary.</b>	
5	Date/Time Period Format Qualifier	X	ID	N	D8	
6	Date Time Period	X	AN	N	Date of Death (DOD)	
7	Unit or basis for measurement	X	ID	N	01=acutal pounds. Required if PAT08 is used.	
8	Weight	X	R	N	Patient Weight	
9	Yes/No or Response code	O	ID	N	Pregnancy indicator	
<b>2010BA - Subscriber's Name</b>						
<b>NM1</b>						
<b>Individual or Organizational Name</b>						
1	Entity Identifier Code	M	ID	Y	IL=Subscriber	
2	Entity Type Qualifier	M	ID	Y	1=Person	
3	Name Last or Organization Name	M	AN	Y	Last Name of Subscriber	4
4	Name First	M	AN	Y	First name of Subscriber	4
5	Name Middle	S	AN	N	MI of Subscriber	4
8	Identification Code Qualifier	S	ID	Y	Use MI for Subscribers and patients.	
9	Identification Code	S	AN	Y	CMSI/TCS expects the Insured ID (IID), however will accept the SSN. (**Internal Note, FACTS will locate the correct member if the SSN is submitted and the SSN exits on the eligibility record. However, if the SSN does not exist, or if the SSN exists on more than one eligibility record, FACTS will create a new eligibility record under the SSN that is submitted**).	1a
<b>N3</b>						
<b>Address Information</b>						
1	Address Information	M	AN	N	Address Line 1.	7 or 5
2	Address Information	S	AN	N	Address Line 2	7 or 5
<b>N4</b>						
<b>Geographic Location</b>						
1	City Name	M	AN	N	City	5
2	State or Province Code	M	ID	N	State	5
3	Postal Code	M	ID	N	Zip	5
<b>DMG</b>						
<b>Demographic Information</b>						
1	Date Time Period Format Qualifier	M	ID	N	D8	
2	Date Time Period	M	AN	N	Subscriber DOB. CCYYMMDD	3 or 11a

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3	Gender Code	M	ID	N	M, F, U	3
<b>2000C - Patient Hierarchical Level.</b>						
<b>HL</b>	<b>Hierarchical Level</b>				<b>Min 1, Max 1. Required when the patient is different from subscriber</b>	
1	Hierarchical ID Number	M	AN	N	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	N	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	N	23=Dependent	
4	Hierarchical Child Code	M	ID	N	0=No	
<b>PAT</b>	<b>Patient Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	Individual Relationship code	M	ID	N	Relationship to the Insured. 01=Spouse, 19=Child. See page 155 of the IG for additional values.	

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2010CA - Patient Name.						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1. If loop 2000C is reported, then this segment is required.</b>	
1	Entity Identifier Code	M	ID	N	QC=Patient	
2	Entity Type Qualifier	M	ID	N	1=Person	
3	Name Last or Organization Name	M	AN	N	Last name of Patient	2
4	Name First	M	AN	N	First name of Patient	2
5	Name Middle	S	AN	N	Middle name of Patient	2
8	Identification Code Qualifier	S	ID	N	MI=Member ID#. (Required if Patient ID is different from subscriber ID).	
9	Identification code	S		N	Patient Primary ID. (Required if Patient ID is different from subscriber ID).	1a
<b>N3</b>	<b>Address Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	Address Information	M	AN	Y	Address Line 1	5
2	Address Information	S	AN	N	Address Line 2	5
<b>N4</b>	<b>Geographic Location</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	City Name	M	AN	Y	City	5
2	State or Province Code	M	ID	N	State	5
3	Postal Code	M	ID	N	Zip	5
<b>DMG</b>	<b>Demographic Information</b>					
1	Date Time Period Format Qualifier	M	ID	Y	D8	
2	Date Time Period	M	AN	N	Patient DOB. CCYYMMDD	3
3	Gender Code	M	ID	N	M, F, U	3
2300 - Claim Information						
<b>CLM</b>	<b>Health Claim</b>				<b>Min 1, Max 1.</b>	
1	Claim Submitters Identifier	M	AN	N	Claim patient account number	26
2	Facility Code Value	M	R	Y	Total Charge Amount	28
5	Health Care Service Location	M			Composite Data Structure	
5-1	Facility Type Code	M	AN	Y	Facility Type Code. See page 173 for values and descriptions)	
5-3	Claim Frequency Type Code	M	ID	Y	"1"=original. Other values include: 6=adjustment, 8=credit.	1
6	Yes/no Condition Response Code	M	ID	N	Provider Signature on File	
7	Provider Accept Assignment Code	M	ID	N	Medicare Assignment Code	27
8	Yes/no Condition Response Code	M	ID	Y	Assignment of Benefits. <b>Default to "Y" if unknown.</b>	13
9	Release of Information Code	M	ID	N	Release of Information Code (see pg 175)	12
11	Related Causes Information	S			Composite Data Structure	

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11-1	Related Causes Code	M	ID	N	"AA" = Auto "OA" = Other "AB" = Abuse "AP" = Another party and "EM" = employment. (Internal note: FACTS maps the codes as follows: AA=A, OA=O, AB=B, AP=P, EM=E).	10
<b>DTP</b>	<b>Date Information</b>			<b>N</b>	<b>Use as necessary. Not required by CMSi/TCS.</b>	
1	Date/Time Qualifier	M	ID	Y	Acceptable values include: 090, 091, 296, 297, 304, 330, 360, 361, 431, 438, 439, 452, 453, 454, 455, 471, 484, 938, ABC 096, 434, 435, 472	
2	Date/Time Period Format Qualifier	M	ID	Y	D8	
3	Date/Time Period	M	AN	Y	Date	
<b>AMT</b>	<b>Amount Information</b>			<b>N</b>	<b>Use as necessary. Not required by CMSi/TCS.</b>	
1	Amount Qualifier Code	M	ID	Y	Acceptable values include: F5, C5, F3, MA, NE	
2	Monetary Amount	M	R	Y	Amount	
<b>REF</b>	<b>Reference Identification</b>				<b>Use as necessary. They only REF segment for this loop that may be required by CMSi/TCS is the Claim Identification Number.</b>	
1	Reference Identification Qualifier	M	ID	Y	"D9"=Claim Identification Number or F8=Original Reference Number (ICN/DCN).	
2	Reference Identification	M	AN	Y	Required if submitter is sending repriced claims.	
<b>HI</b>	<b>Health Care Information Codes</b>				<b>Composite Data Structure. Additional Diagnosis Codes are always qualified with a "BF". The Principal Diagnosis Code and all Other Diagnosis Codes should be reported within one HI segment.</b>	
HI01-1	Code List Qualifier Code	M	ID	Y	BK=Principal Diagnosis	
HI01-2	Industry Code	M	AN	Y	Principal Diagnosis	21
HI02-1	Code List Qualifier Code	S	ID	N	BF=Diagnosis Code	
HI02-2	Industry Code	S	AN	N	Diagnosis Code	21
<b>2310A - Referring Provider</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>	<b>M</b>			<b>Required if known</b>	
1	Entity Identifier Code	M	ID	N	DN=Referring Provider	
2	Entity Type Qualifier	M	ID	N	1=Person, 2=Organization	
3	Name Last or Organization Name	M	AN	N	Referring Provider Last name	17
4	Name First	S	AN	N	Referring Provider First name (required if NM102=1)	17
5	Name Middle	S	AN	N	Referring Provider Middle name or MI	17
8	Identification Code Qualifier	S	ID	N	24=EIN, 34=SSN. Expect 24.	
9	Identification Code	S	AN	N		17a
<b>PRV</b>	<b>Provider Information</b>				<b>Required if known</b>	

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1	Provider Code	M	ID	N	RF=Referring	
2	Reference Identification Qualifier	M	ID	N	ZZ	
3	Reference Identification	M	AN	N	Provider Taxonomy Code	
<b>2310D - Service Facility Location</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Required if known</b>	
					FA=Facility, LI=Independent Lab, TL=Testing Lab, 77=Service Location (only use if other qualifiers do not apply).	
1	Entity Identifier Code	M	ID	N		
2	Entity Type Qualifier	M	ID	N	2=Organization	
3	Name Last or Organization Name	S	AN	N	Laboratory, Facility Name. Required by CMSi/TCS if known.	32
8	Identification Code Qualifier	S	ID	N	Prefer 24 if EIN or TIN is known.	
9	Identification Code	S	AN	N	Required if known	32
<b>N3</b>	<b>Address Information</b>				<b>If loop 2310D is used, this segment is required.</b>	
1	Address Information	M	AN	N	Address Line 1	32
2	Address Information	S	AN	N	Address Line 2	
<b>N4</b>	<b>Geographic Location</b>				<b>If loop 2310D is used, this segment is required.</b>	
1	City Name	M	AN	N	City	32
2	State or Province Code	M	ID	N	State	32
3	Postal Code	M	ID	N	Zip	32
<b>2320 - Other Subscriber Information. This segment is currently not loaded by CMSi/TCS, however if used, all required segments and data elements must be populated. If the loop cannot be completed, do not submit.</b>						
<b>2330 - Other Subscriber Information. This segment is currently not loaded by CMSi/TCS, however if used, all required segments and data elements must be populated. If the loop cannot be completed, do not submit.</b>						
<b>2400-Professional Service line</b>						
<b>LX</b>	<b>Assigned Number</b>				<b>The service line number incremented by 1 for each service line.</b>	
					Must be a sequential number starting at 1 for each claim	
1	Assigned Number	M	N	Y		
<b>SV1</b>	<b>Professional Service</b>				<b>Composite Medical Procedure ID</b>	
1-1	Product/Service ID Qualifier	M	ID	Y	<b>Composite Medical Procedure ID</b>	
1-2	Product/Service ID	M	AN	Y	cpt/hcps code	24d
1-3	Procedure Modifier	S	AN	N	Procedure Modifier	24d
1-4	Procedure Modifier	S	AN	N	Procedure Modifier 2	24d
1-5	Procedure Modifier	S	AN	N	Procedure Modifier 3	24d
1-6	Procedure Modifier	S	AN	N	Procedure Modifier 4	24d
2	Monetary Amount	M	R	Y	Line Item Charge Amount	24f
					"MJ"=Minutes, "UN"=Units. MJ is required for all Anesthesia claims.	
3	Unit or Basis for Measurement Code	M	ID	Y		
4	Quantity	M	R	Y	Minutes or Units	24g

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5	Facility Code Value	S	AN	Y	Place of Service Code	24b
6	Service Type Code			N	Type of Service. <b>not used</b>	24c
7	Composite Diagnosis Code Pointer	M			Composite Data Element	
7-1	Diagnosis Code Pointer	M	N	Y	Diagnosis Code Pointer	24e
7-2	Diagnosis Code Pointer	S	N	N	Diagnosis Code Pointer	24e
7-3	Diagnosis Code Pointer	S	N	N	Diagnosis Code Pointer	24e
7-4	Diagnosis Code Pointer	S	N	N	Diagnosis Code Pointer	24e
9	Yes/No Condition Response Code	M	ID	N	<a href="#">Per Addenda, this field is no longer required.</a>	
<b>SV5</b>	<b>Durable Medical Equipment Service</b>				<b>This segment is currently not supported by CMSi/TCS. Please use SV1 segment to report DME.</b>	
<b>DTP</b>	<b>Date or Time or Period</b>				<b>Min 1, Max 15.</b>	
1	Date/Time Qualifier	M	ID	Y	<b>472=Service (Required).</b> Other DTP segments may be used to include other claim specific dates.	
2	Date Time Period Format Qualifier	M	ID	Y	D8 or RD8	
3	Date Time Period	M	AN	Y	Date of Service	24a
<b>HCP</b>	<b>Claim Pricing /Repricing Information</b>				<b>Required is claim contains priced/repriced information. For example, pricing coversheet is attached to claim.</b>	
1	Pricing Methodology	X	ID	Y	Use any value other than "00"	
2	Monetary Amount	O	R	Y	Allowed Amount/Repriced Amount. Enter the reprice amount. This value may be on the claim or on a coversheet. If the claim or cover sheet indicates "non-ppo" or out of net network, please enter the claim amount as the repriced amount. In addition, a claim comment must be entered to indicate non-ppo or out of network in the NTE segment.	24K or Coversheet
3	Monetary Amount	O	R	N	Repriced Savings Amount	
4	Reference ID	O	AN	Y	To be determined. We will advise on the value to enter into this field during testing.	
<b>NTE</b>	<b>Billing Note</b>				<b>Required if the claim contains repricing information and the claim is considered non-ppo or out of network.</b>	
1	Note Reference Code	O	ID	Y	"ADD"	
2	Description	M	AN	Y	Enter comment indicating the claim is out of network. We will provide more detail on this field at a later date.	19
<b>Loop 2410 - Drug Identification</b>						

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					Required when NDC usage is necessary to further define the service provided in SV101-2. Use 2410 to specify billing/reporting for drugs provided that may be part of the service(s) described in SV1. <b>This segment is not currently loaded by FACTS.</b>	
<b>LIN</b>	<b>Drug Identification</b>					
2	Product/Service ID Qualifier	M	ID	Y	N4	
3	Product/Service ID	M	AN	Y	National Drug code	
					Required when necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV102. <b>This segment is not currently loaded by FACTS.</b>	
<b>CTP</b>	<b>Drug Pricing</b>					
3	Unit Price	X	R	Y	Drug Unit Price	
4	Quantity	X	R	Y	National Drug unit count	
5-1	Unit or Basis for Measurement Code	M	ID	Y	Valid values include: GR, ME, ML, UN	
					Required if dispensing of the drug has been done with an assigned Rx number. <b>This segment is not currently loaded by FACTS.</b>	
<b>REF</b>	<b>Prescription Number</b>					
1	Reference Identification Qualifier	M	ID	Y	XZ=Pharmacy prescription number.	
2	Reference Identification	X	AN	Y	Prescription Number	

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Transaction Set Trailer						
<b>SE</b>	<b>Transaction Set Trailer</b>					
1	Number of Included Segments	M	N	Y		
2	Transaction Set Control Number	M	AN	Y	Must equal value reported in ST02	
<b>GE</b>	<b>Functional Group Trailer</b>					
1	Number of Transaction sets included	M	N	Y		
2	Group Control Number	M	N	Y	Must equal value reported in GS06	
<b>IEA</b>	<b>Interchange Control Number</b>					
1	Number of included functional groups	M	N	Y		
2	Interchange Control Number	M	N	Y	Must equal value reported in ISA13	

Claim Management Institutional ANSI 837 Requirements

Segment/element	Name / Description	Use	Type	CMSI/TCS Req	Valid Values, Format, or notes	1500-Map
<b>ISA</b>	<b>Interchange Control Header</b>				<b>Min 1, Max 1. All fields in the ISA must be fixed length</b>	
1	Authorization Information Qualifier	M	ID	Y	"00"	
2	Authorization Information	M	AN	Y	If ISA01="00", Then space fill 10 spaces	
3	Security Information Qualifier	M	ID	Y	00, 01	
4	Security Information	M	AN	Y	Normally 10 spaces	
5	Interchange ID Qualifier	M	ID	Y	ZZ	
6	Interchange Sender ID	M	AN	Y	Sender ID (Your ID), space fill as needed. <b>The value in this data element must = GS02 and NM109 (submitter loop1000A).</b>	
7	Interchange ID Qualifier	M	ID	Y	ZZ	
8	Interchange Receiver ID	M	AN	Y	Receiver ID (Our ID), space fill as needed	
9	Interchange Date	M	DT	Y	YYMMDD Date Header was created	
10	Interchange Time	M	TM	Y	HHMM Time header was created.	
11	Interchange Control Standards ID	M	ID	Y	U	
12	Interchange Control Version Number	M	ID	Y	"00401"	
13	Interchange Control Number	M	N	Y	Unique number assigned to each Interchange data set sent.	
14	Acknowledgement Requested	M	ID	Y	0, 1 We recommend using "1"	
15	Usage Indicator	M	ID	Y	"P" = production. May use "T" during test phase.	
16	Component Element Separator	M		Y	Can NOT be Char(252) or Char(253)	
<b>GS</b>	<b>Functional Group Header</b>				<b>Min 1, Max 1.</b>	
1	Functional Identifier Code	M	ID	Y	"HC" = Health Care Claim. Other values include "HI, HS".	
2	Application Sender Code	M	AN	Y	Same as ISA06 but no space filler	
3	Application Receiver Code	M	AN	Y	Same as ISA08 but no space filler	
4	Date	M	DT	Y	CCYYMMDD Date the Functional group was created	
5	Time	M	TM	Y	HHMM Time the Functional Group was created.	
6	Group Control Number	M	N	Y	We recommend a counter incremented by one for each Functional Group sent to the Receiver (GS03) but this method is not required.	
7	Responsible Agency Code	M	ID	Y	"X"	
8	Version Identifier Code	M	AN	Y	"004010X096"	

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<b>ST</b>		<b>Transaction Set Header</b>			<b>Min 1, Max 1.</b>	
1	Transaction Set Identifier Code	M	ID	Y		837
2	Transaction Set Control Number	M	AN	Y	We recommend using (GS06 & counter) The first 5 digits are the same as GS06, the last 4 digits will be a count of ST in this GS.	
<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>			<b>Min 1, Max 1.</b>	
1	Hierarchical Structure Code	M	N	Y	"1900"=Information Source, Subscriber, Dependent	
2	Transaction Set Purpose Code	M	N	Y	"00"=Original	
3	Originator Application Transaction ID	M	N	Y	We recommend using the same number as ISA13 or ST02.	
4	Transaction Set Creation Date	M	DT	Y	CCYYMMDD	
5	Transaction Set Creation Time	M	TM	Y	HHMM	
6	Claim or Encounter ID	M	ID	Y	"CH"=Chargeable. CH should be used. We do not process RP	
<b>REF</b>		<b>Reference Identification</b>			<b>Min 1, Max 1.</b>	
1	Reference Identification Qualifier	M	ID	Y	"87"=Functional Category	
2	Transmission Type Code	M	AN	Y	"004010X096" Or "004010X096A1" = Professional.	
<b>1000A - Submitter Name</b>						
<b>NM1</b>		<b>Individual or Organizational Name</b>			<b>Min 1, Max 1.</b>	
1	Entity Identifier Code	M	ID	Y	"41"=Submitter	
2	Entity Type Qualifier	M	ID	Y	"2"=Organization	
3	Name Last or Organization Name	M	AN	Y	"Submitter Organization Name"	
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#	
9	Identification Code	M	AN	Y	Must be equal to value in ISA06 and GS02.	
<b>PER</b>		<b>Administrative Communications Contact</b>			<b>Min 1, Max 1.</b>	
1	Contact Function Code	M	ID	Y	IC=Information Contact	
2	Contact Name	M	AN	Y	Submitter Contact Name	
3	Communication Number Qualifier	M	ID	Y	TE=Telephone Number or other	
4	Communication Number	M	AN	Y	Telephone Number or other. Do not include dashes or punctuation.	
5	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax	
6	Communication Number	S	AN	N	Communication Number as qualified in PER05	
7	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax	
8	Communication Number	S	AN	N	Communication Number as qualified in PER07	

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1000A - Receiver Name						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1.</b>	
1	Entity Identifier Code	M	ID	Y	"40"=Receiver	
2	Entity Type Qualifier	M	ID	Y	"2"=Organization	
3	Name Last or Organization Name	M	AN	Y	"Receiver Organization Name"	
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#	
9	Identification Code	M	AN	Y		
2000A - Billing/Pay-To Provider Hierarchical Level						
<b>HL</b>	<b>Hierarchical Level</b>				<b>Min 1, Max 999.</b>	
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL	
3	Hierarchical Level Code	M	ID	Y	"20"=Information Source	
4	Hierarchical Child Code	M	ID	Y	"1"=Additional subordinate HL data segments	
2010AA - Billing Provider Information						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1.</b>	
1	Entity Identifier Code	M	ID	Y	"85"=Billing Provider	
2	Entity Type Qualifier	M	ID	Y	"2"=Organization	
3	Name Last or Organization Name	M	AN	Y	Organization Name	1
8	Identification Code Qualifier	M	ID	Y	24=EIN, 34=SSN (Prefer us of EIN)	
9	Identification Code	M	AN	Y	Do not include dashes or punctuation. If this is an SSN or TIN send 9 numeric digits.	5
<b>N3</b>	<b>Address Information</b>				<b>Min 1, Max 1.</b>	
1	Address Information	M	AN	Y		1
2	Address Information	S	AN	N	Required if reported.	1
<b>N4</b>	<b>Geographic Location</b>				<b>Min 1, Max 1.</b>	
1	City Name	M	AN	Y		1
2	State or Province Code	M	ID	Y		1
3	Postal Code	M	ID	Y		1
2000B - Subscriber Hierarchical Level						
<b>HL</b>	<b>Hierarchical Level</b>					
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	Y	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	Y	"22"=Subscriber	
4	Hierarchical Child Code	M	ID	Y	"0"=No, "1"=Yes(subordinate HL seg in this structure).	

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<b>SBR</b>	<b>Subscriber Information</b>					
1	Payer Responsibility Sequence Number Code	M	ID	Y	P = Primary	
2	Individual Relationship code	S	ID	Y	18=Self. Required when Subscriber=Patient.	
3	Reference Identification	S	AN	Y	Policy or Group Number.	62
4	Name	S	AN	N	Group or Plan Name	
<b>2010BA - Subscriber's Name</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1.</b>	
1	Entity Identifier Code	M	ID	Y	IL=Subscriber	
2	Entity Type Qualifier	M	ID	Y	1=Person	
3	Name Last or Organization Name	M	AN	Y	Last Name of Subscriber	58
4	Name First	M	AN	Y	First name of Subscriber	58
5	Name Middle	S	AN	N	MI of Subscriber	58
8	Identification Code Qualifier	S	ID	Y	Use MI for Subscribers and patients.	
9	Identification Code	S	AN	Y	CMSi/TCS expects the member's ID or SSN.	60
<b>N3</b>	<b>Address Information</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	Address Information	M	AN	N	Address Line 1.	13
2	Address Information	S	AN	N	Address Line 2	13
<b>N4</b>	<b>Geographic Location</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	City Name	M	AN	N	City	13
2	State or Province Code	M	ID	N	State	13
3	Postal Code	M	ID	N	Zip	13
<b>DMG</b>	<b>Demographic Information</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	Date Time Period Format Qualifier	M	ID	N	D8	
2	Date Time Period	M	AN	N	Subscriber DOB. CCYYMMDD	14
3	Gender Code	M	ID	N	M, F, U	15
<b>2000C - Patient Hierarchical Level.</b>						
<b>HL</b>	<b>Hierarchical Level</b>				<b>Min 1, Max 1. Required when the patient is different from subscriber</b>	
1	Hierarchical ID Number	M	AN	N	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	N	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	N	23=Dependent	
4	Hierarchical Child Code	M	ID	N	0=No	
<b>PAT</b>	<b>Patient Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	Individual Relationship code	M	ID	N	Relationship to the Insured. 01=Spouse, 19=Child. See IG for additional values.	59

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2010CA - Patient Name.						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1. If loop 2000C is reported, then this segment is required.</b>	
1	Entity Identifier Code	M	ID	N	QC=Patient	
2	Entity Type Qualifier	M	ID	N	1=Person	
3	Name Last or Organization Name	M	AN	N	Last name of Patient	12
4	Name First	M	AN	N	First name of Patient	12
5	Name Middle	S	AN	N	Middle name of Patient	12
8	Identification Code Qualifier	S	ID	N	MI=Member ID#. (Required if Patient ID is different from subscriber ID).	
9	Identification code	S		N	Patient Primary ID. (Required if Patient ID is different from subscriber ID).	60
<b>N3</b>	<b>Address Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	Address Information	M	AN	N	Address Line 1	13
2	Address Information	S	AN	N	Address Line 2	13
<b>N4</b>	<b>Geographic Location</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	City Name	M	AN	N	City	13
2	State or Province Code	M	ID	N	State	13
3	Postal Code	M	ID	N	Zip	13
<b>DMG</b>	<b>Demographic Information</b>					
1	Date Time Period Format Qualifier	M	ID	N	D8	
2	Date Time Period	M	AN	N	Patient DOB. CCYYMMDD	14
3	Gender Code	M	ID	N	M, F, U	15
2300 - Claim Information						
<b>CLM</b>	<b>Health Claim</b>				<b>Min 1, Max 1.</b>	
1	Claim Submitters Identifier	M	AN	N	Claim patient account number	3
2	Facility Code Value	M	R	Y	Total Charge Amount	56
5	Health Care Service Location	M			Composite Data Structure	
5-1	Facility Type Code	M	AN	Y	Facility Type Code. Position 1-2 of UB92	4
5-2	Facility Code Qualifier	M	ID	Y	A=Uniform Billing Claim Form Bill Type	
5-3	Claim Frequency Type Code	M	ID	Y	Claim Frequency Code, Position 3 of UB92	4
6	Yes/no Condition Response Code	M	ID	N	Provider Signature on File	
7	Provider Accept Assignment Code	M	ID	N	Medicare Assignment Code	
8	Yes/no Condition Response Code	M	ID	Y	Assignment of Benefits. <b>Default to "Y" if unknown.</b>	53
9	Release of Information Code	M	ID	N	Release of Information Code	
18	Yes/no Condition Response Code	M	ID	N	EOB Indicator	
<b>DTP</b>	<b>Discharge Hour</b>				<b>Min 1, Max 1. Required on Inpatient Claims</b>	
1	Date/Time Qualifier	M	ID	Y	"096"	
2	Date/Time Period Format Qualifier	M	ID	Y	"TM" = HHMM format	

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	3	Date/Time Period	M	AN	Y	Discharge Hour. Default to "9900" if unknown.	21
<b>DTP</b>		<b>Statement Date</b>				<b>Min 1, Max 1. Required on all Claims</b>	
	1	Date/Time Qualifier	M	ID	Y	"434"	
	2	Date/Time Period Format Qualifier	M	ID	Y	"RD8"	
	3	Date/Time Period	M	AN	Y	Statement Date	6
<b>DTP</b>		<b>Admission Date</b>				<b>Min 1, Max 1. Required on Inpatient Claims</b>	
	1	Date/Time Qualifier	M	ID	Y	"435"	
	2	Date/Time Period Format Qualifier	M	ID	Y	"DT" - Date and Time CCYYMMDDHHMM	
	3	Date/Time Period	M	AN	Y	Admission Date and Hour	17 and 18
<b>REF</b>		<b>Claim Number</b>					
	1	Reference Identification Qualifier	M	ID	Y	"D9"	
	2	Reference Identification	M	AN	Y	Internal Control Number. This will be the number used to identify the image.	
<b>REF</b>		<b>Medical/Health Record Number</b>				<b>Required if known</b>	
	1	Reference Identification Qualifier	M	ID	Y	"EA"	
	2	Reference Identification	M	AN	Y	Medical Record Number	23
<b>CL1</b>		<b>Institutional Claim Code</b>					
	1	Admission Type Code	S	ID	Y	Type of Admission	19
	2	Admission Source Code	S	ID	Y	Source of Admission	20
	3	Patient Status Code	S	ID	Y	Patient Status	22
<b>Health Care Information Codes</b>						<b>Principal, Admitting and E-Code should be submitted in same HI segment.</b>	
<b>HI</b>		<b>Principal Diagnosis</b>				<b>Required on all claims</b>	
HI01-1		Code List Qualifier Code	M	ID	Y	BK=Principal Diagnosis	
HI01-2		Industry Code	M	AN	Y	Principal Diagnosis	67
		<b>Admitting Diagnosis</b>				<b>Required on all inpatient claims</b>	
HI02-1		Code List Qualifier Code	S	ID	Y	"BJ"	
HI02-2		Industry Code	S	AN	Y	Admitting Diagnosis	76
		<b>E-Code</b>				<b>Required if known</b>	
HI03-1		Code List Qualifier Code	S	ID	Y	"BN"	
HI03-2		Industry Code	S	AN	Y	E-Code	77
<b>HI</b>		<b>DRG - Diagnosis Related Group</b>				<b>Required if known</b>	
HI01-1		Code List Qualifier Code	S	ID	Y	"DR"	
HI01-2		Industry Code	S	AN	Y	Diagnosis Related Group	11, 78, 31, 56
<b>HI</b>		<b>Other Diagnosis Codes</b>				<b>Required if known</b>	
HI01-1		Code List Qualifier Code	S	ID	Y	"BF"	
HI01-2		Industry Code	S	AN	Y	Diagnosis Code	68-75
<b>HI</b>		<b>Principal Procedure Information</b>				<b>Required if known</b>	
HI01-1		Code List Qualifier Code	S	ID	Y	"BR"	
HI01-2		Industry Code	S	AN	Y	Principal Procedure Code	80
HI01-3		Date/Time Period Qualifier			Y	"D8"	

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HI01-4	Date/Time Period			Y	Procedure Date	80
	<b>Other Procedure Information</b>				<b>Required if known</b>	
HI02-1	Code List Qualifier Code	S	ID	Y	"BQ"	
HI02-2	Industry Code	S	AN	Y	Other Procedure Code	81-85
HI02-3	Date/Time Period Qualifier			Y	"D8"	
HI02-4	Date/Time Period			Y	Procedure Date	81-85
<b>HI</b>	<b>Occurrence Span Information</b>				<b>Required if known</b>	
HI01-1	Code List Qualifier Code	S	ID	Y	"BI"	
HI01-2	Industry Code	S	AN	Y	Occurrence Span Code	36
HI01-3	Date/Time Period Qualifier			Y	"RD8"	
HI01-4	Date/Time Period			Y	Occurrence Date	36
<b>HI</b>	<b>Occurrence Information</b>				<b>Required if known</b>	
HI01-1	Code List Qualifier Code	S	ID	Y	"BH"	
HI01-2	Industry Code	S	AN	Y	Occurrence Code	32-35
HI01-3	Date/Time Period Qualifier			Y	"D8"	
HI01-4	Date/Time Period			Y	Occurrence Date	32-35
<b>HI</b>	<b>Value Information</b>				<b>Required if known</b>	
HI01-1	Code List Qualifier Code	S	ID	Y	"BE"	
HI01-2	Industry Code	S	AN	Y	Value Code	39-41
HI01-5	Monetary Amount	O	R	Y	Value Code Associated Amount	39-41
<b>HI</b>	<b>Condition Information</b>				<b>Required if known</b>	
HI01-1	Code List Qualifier Code	S	ID	Y	"BG"	
HI01-2	Industry Code	S	AN	Y	Condition Code	24-30
<b>HCP</b>	<b>Claim Pricing /Repricing Information</b>				<b>Required is claim contains priced/repriced information. For example, pricing coversheet is attached to claim.</b>	
1	Pricing Methodology	X	ID	Y	Use any value other than "00"	
2	Monetary Amount	O	R	Y	Allowed Amount/Repriced Amount. Enter the reprice amount. This value may be on the claim or on a coversheet. If the claim or cover sheet indicates "non-ppo" or out of net network, please enter the claim amount as the repriced amount. In addition, a claim comment must be entered to indicate non-ppo or out of network in the NTE segment.	
3	Monetary Amount	O	R	N	Repriced Savings Amount	
4	Reference ID	O	AN	Y	To be determined. We will advise on the value to enter into this field during testing.	
<b>NTE</b>	<b>Billing Note</b>				<b>Required if the claim contains repricing information and the claim is considered non-ppo or out of network.</b>	
1	Note Reference Code	O	ID	Y	"ADD"	

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2	Description	M	AN	Y	Enter comment indicating the claim is out of network. We will provide more detail on this field at a later date.	84
<b>2310A - Attending Physician Name</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>	<b>M</b>			<b>Required if known</b>	
1	Entity Identifier Code	M	ID	N	"71"	
2	Entity Type Qualifier	M	ID	N	1=Person	
3	Name Last or Organization Name	M	AN	N	Attending Physician Last Name	82
4	Name First	S	AN	N	Attending Physician First Name	82
5	Name Middle	S	AN	N	Attending Physician Middle	82
8	Identification Code Qualifier	S	ID	N	24=EIN, 34=SSN. Prefer EIN	
9	Identification Code	S	AN	N	Required if known	82
<b>PRV</b>	<b>Provider Information</b>				<b>Per Addenda, required when adjudication is known to be impacted by the provider taxonomy code.</b>	
1	Provider Code	M	ID	N	AT	
2	Reference Identification Qualifier	M	ID	N	ZZ	
3	Reference Identification	M	AN	N	Provider Taxonomy Code	
<b>2310B - Operating Physician Name</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Required if known</b>	
1	Entity Identifier Code	M	ID	N	"72"	
2	Entity Type Qualifier	M	ID	N	1=Person	
3	Name Last or Organization Name	S	AN	N	Operating Physician Last Name	83
	Name First	S	AN	N	Operating Physician First Name	83
	Name Middle	S	AN	N	Operating Physician Middle	83
8	Identification Code Qualifier	S	ID	N	24=EIN, 34=SSN. Prefer EIN	
9	Identification Code	S	AN	N	Required if known	83
<b>PRV</b>	<b>Provider Information</b>				<b>Per Addenda, required when adjudication is known to be impacted by the provider taxonomy code.</b>	
1	Provider Code	M	ID	N	OP	
2	Reference Identification Qualifier	M	ID	N	ZZ	
3	Reference Identification	M	AN	N	Provider Taxonomy Code	
<b>2310C - Other Physician Name</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Required if known</b>	
1	Entity Identifier Code	M	ID	N	"73"	
2	Entity Type Qualifier	M	ID	N	1=Person, 2=Organization	
3	Name Last or Organization Name	S	AN	N	Other Physician Last Name or Organization Name	83
	Name First	S	AN	N	Other Physician First Name	83
	Name Middle	S	AN	N	Other Physician Middle	83
8	Identification Code Qualifier	S	ID	N	24=EIN, 34=SSN. Prefer EIN	
9	Identification Code	S	AN	N	Required if known	83

Claim Management Institutional ANSI 837 Requirements

PRV	Provider Information				Per Addenda, required when adjudication is known to be impacted by the provider taxonomy code.	
1	Provider Code	M	ID	N	OT=Other, PE=Performing	
2	Reference Identification Qualifier	M	ID	N	ZZ	
3	Reference Identification	M	AN	N	Provider Taxonomy Code	
<b>2400-Service</b>						
LX	Assigned Number				The service line number incremented by 1 for each service line.	
1	Assigned Number	M	N	Y	Must be a sequential number starting at 1 for each claim	
SV2	Institutional Service					
1	Product/Service ID	X	AN	Y	Revenue Code. <b>Please note that revenue code "0001" (total billed amount), is not accepted by CMSi/TCS. These service lines will need to be suppressed.</b>	42
2-1	Product/Service ID Qualifier	X		Y	"HC".	
2-2	Product/Service ID	M	AN	Y	HCPCS Procedure Code. Required if known	44
2-3	Procedure Modifier	O	AN	N	Procedure Modifier 1	44
2-4	Procedure Modifier	O	AN	N	Procedure Modifier 2	44
2-5	Procedure Modifier	O	AN	N	Procedure Modifier 3	44
2-6	Procedure Modifier	O	AN	N	Procedure Modifier 4	44
3	Monetary Amount	M	R	Y	Line Item Charge Amount	47
4	Unit or Basis for Measurement Code	X	ID	Y	DA=Days, UN=Units	
5	Quantity	X	R	Y	Days or Units	46
6	Unit Rate	O	R	N	Service Line Rate	44
7	Monetary Amount	O	R	N	Non-Covered Charges	48
DTP	Date or Time or Period				Min 1, Max 15.	
1	Date/Time Qualifier	M	ID	Y	<b>472=Service (Required).</b> Other DTP segments may be used to include other claim specific dates.	
2	Date Time Period Format Qualifier	M	ID	Y	D8 or RD8	
3	Date Time Period	M	AN	Y	Date of Service	45
<b>Addenda added this segment to this loop. We can accept repricing at this level, however we prefer repricing at the claim level, (loop 2300).</b>						
HCP	Line Pricing/Repricing Information					
1	Pricing Methodology	X	ID	Y	Use any value other than "00"	

Claim Management Institutional ANSI 837 Requirements

					Allowed Amount/Repriced Amount. Enter the reprice amount. This value may be on the claim or on a coversheet. If the claim or cover sheet indicates "non-ppo" or out of net network, please enter the claim amount as the repriced amount. In addition, a claim comment must be entered to indicate non-ppo or out of network in the NTE segment.
2	Monetary Amount	O	R	Y	
3	Monetary Amount	O	R	N	Repriced Savings Amount. This field is not loaded into our system.
4	Reference Identification	O	AN	Y	To be determined. We will advise on the value to enter into this field during testing.
<b>Loop 2410</b>					
<b>LIN</b>	<b>Drug Identification</b>				<b>This segment is not currently loaded by FACTS.</b>
2	Product/Service ID Qualifier	M	ID	Y	"N4" National Drug code, 5-4-2 format.
3	Product/Service ID	M	AN	Y	National Drug code
<b>CTP</b>	<b>Drug Pricing</b>				<b>Per Addenda, required when it is necessary to provide a price specific to the NDC provided in LIN03 that is different than the price reported in SV203. FACTS does not load.</b>
3	Unit Price	X	R	Y	Drug unit price
4	Quantity	X	R	Y	National Drug unit count
5-1	Unit or Basis for Measurement Code	M	ID	Y	Valid values include: GR, ME, ML, UN
<b>REF</b>	<b>Prescription Number</b>				<b>This segment is not currently loaded by FACTS.</b>
1	Reference Identification Qualifier	M	ID	Y	"XZ" - Pharmacy Prescription Number
2	Reference Identification Qualifier	X	AN	Y	Prescription Number

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Transaction Set Trailer						
<b>SE</b>	<b>Transaction Set Trailer</b>					
1	Number of Included Segments	M	N	Y	Number of Included Segments	
2	Transaction Set Control Number	M	AN	Y	Must equal value reported in ST02	
<b>GE</b>	<b>Functional Group Trailer</b>					
1	Number of Transaction sets included	M	N	Y		
2	Group Control Number	M	N	Y	Must equal value reported in GS06	
<b>IEA</b>	<b>Interchange Control Number</b>					
1	Number of included functional groups	M	N	Y		
2	Interchange Control Number	M	N	Y	Must equal value reported in ISA13	

Claim Management Dental ANSI 837 Requirements

Segment/element	Name / Description	Use	Type	CMS Req	Valid Values, Format, or notes
<b>ISA</b>	<b>Interchange Control Header</b>				<b>Min 1, Max 1. All fields in the ISA must be fixed length</b>
1	Authorization Information Qualifier	M	ID	Y	"00"
2	Authorization Information	M	AN	Y	If ISA01="00", Then space fill 10 spaces
3	Security Information Qualifier	M	ID	Y	00, 01
4	Security Information	M	AN	Y	Normally 10 spaces
5	Interchange ID Qualifier	M	ID	Y	ZZ
6	Interchange Sender ID	M	AN	Y	Sender ID (Your ID), space fill as needed. <b>The value in this data element must = GS02 and NM109 (submitter loop1000A).</b>
7	Interchange ID Qualifier	M	ID	Y	ZZ
8	Interchange Receiver ID	M	AN	Y	Receiver ID (Our ID), space fill as needed
9	Interchange Date	M	DT	Y	YYMMDD Date Header was created
10	Interchange Time	M	TM	Y	HHMM Time header was created.
11	Interchange Control Standards ID	M	ID	Y	U
12	Interchange Control Version Number	M	ID	Y	"00401"
13	Interchange Control Number	M	N	Y	Unique number assigned to each Interchange data set sent.
14	Acknowledgement Requested	M	ID	Y	0, 1 We recommend using "1"
15	Usage Indicator	M	ID	Y	"P" = production. May use "T" during test phase.
16	Component Element Separator	M		Y	Can NOT be Char(252) or Char(253)
<b>GS</b>	<b>Functional Group Header</b>				<b>Min 1, Max 1.</b>
1	Functional Identifier Code	M	ID	Y	"HC" = Health Care Claim. Other values include "HI, HS".
2	Application Sender Code	M	AN	Y	Same as ISA06 but no space filler
3	Application Receiver Code	M	AN	Y	Same as ISA08 but no space filler
4	Date	M	DT	Y	CCYYMMDD Date the Functional group was created
5	Time	M	TM	Y	HHMM Time the Functional Group was created.
6	Group Control Number	M	N	Y	We recommend a counter incremented by one for each Functional Group sent to the Receiver (GS03) but this method is not required.
7	Responsible Agency Code	M	ID	Y	"X"
8	Version Identifier Code	M	AN	Y	"004010X098"

Claim Management Dental ANSI 837 Requirements

<b>ST</b>		<b>Transaction Set Header</b>			<b>Min 1, Max 1.</b>
1	Transaction Set Identifier Code	M	ID	Y	837
2	Transaction Set Control Number	M	AN	Y	We recommend using (GS06 & counter) The first 5 digits are the same as GS06, the last 4 digits will be a count of ST in this GS.
<b>BHT</b>		<b>Beginning of Hierarchical Transaction</b>			<b>Min 1, Max 1.</b>
1	Hierarchical Structure Code	M	N	Y	"1900"=Information Source, Subscriber, Dependent
2	Transaction Set Purpose Code	M	N	Y	"00"=Original
3	Originator Application Transaction ID	M	N	Y	We recommend using the same number as ISA13 or ST02.
4	Transaction Set Creation Date	M	DT	Y	CCYYMMDD
5	Transaction Set Creation Time	M	TM	Y	HHMM
6	Claim or Encounter ID	M	ID	Y	"CH"=Chargeable. CH should be used. We do not process RP
<b>REF</b>		<b>Reference Identification</b>			<b>Min 1, Max 1.</b>
1	Reference Identification Qualifier	M	ID	Y	"87"=Functional Category
2	Transmission Type Code	M	AN	Y	"004010X097"=Dental
<b>1000A</b>					
<b>NM1</b>		<b>Individual or Organizational Name</b>			<b>Min 1, Max 1.</b>
1	Entity Identifier Code	M	ID	Y	"41"=Submitter
2	Entity Type Qualifier	M	ID	Y	"1"=Person, "2"=Organization
3	Name Last or Organization Name	M	AN	Y	"Submitter Last Name or Organization Name"
	First Name	O	AN	N	Submitter First Name. Required if NM102=1.
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#
9	Identification Code	M	AN	Y	Must be equal to value in ISA06 and GS02.
<b>PER</b>		<b>Administrative Communications Contact</b>			<b>Min 1, Max 1.</b>
1	Contact Function Code	M	ID	Y	IC=Information Contact
2	Contact Name	M	AN	Y	Submitter Contact Name
3	Communication Number Qualifier	M	ID	Y	TE=Telephone Number or other
4	Communication Number	M	AN	Y	Telephone Number or other. Do not include dashes or punctuation.
5	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax
6	Communication Number	S	AN	N	Communication Number as qualified in PER05
7	Communication Number Qualifier	S	ID	N	ED=EDI Access#, EM=e-mail, FX=Fax
8	Communication Number	S	AN	N	Communication Number as qualified in PER07

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1000B					
NM1	Individual or Organizational Name				Min 1, Max 1.
1	Entity Identifier Code	M	ID	Y	"40"=Receiver
2	Entity Type Qualifier	M	ID	Y	"2"=Organization
3	Name Last or Organization Name	M	AN	Y	"Receiver Organization Name"
8	Identification Code Qualifier	M	ID	Y	"46"=Electronic Transmitter ID#
9	Identification Code	M	AN	Y	
2000A					
HL	Hierarchical Level				Min 1, Max 999.
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL
3	Hierarchical Level Code	M	ID	Y	"20"=Information Source
4	Hierarchical Child Code	M	ID	Y	"1"=Additional subordinate HL data segments
2010AA					
NM1	Individual or Organizational Name				Min 1, Max 1.
1	Entity Identifier Code	M	ID	Y	"85"=Billing Provider
2	Entity Type Qualifier	M	ID	Y	"1"=Person, "2"=Organization
3	Name Last or Organization Name	M	AN	Y	<b>CMSi/TCS prefers that the Rendering Provider's last name be reported in this loop. If you are able to report the Rendering provider at this loop level, you do not need to include it in loop 2310B. This is a preference, not a requirement.</b>
4	Name First	S	AN	Y	<b>CMSi/TCS prefers that the Rendering Provider's first name be reported in this loop. If you are able to report the Rendering provider at this loop level, you do not need to include it in loop 2310B. This is a preference, not a requirement.</b>
5	Name Middle	S	AN	Y	Provider MI
8	Identification Code Qualifier	M	ID	Y	24=EIN, 34=SSN (Prefer us of EIN)
9	Identification Code	M	AN	Y	Do not include dashes or punctuation. If this is an SSN or TIN send 9 numeric digits.
N3	Address Information				Min 1, Max 1.
1	Address Information	M	AN	Y	
2	Address Information	S	AN	N	Required if reported.
N4	Geographic Location				Min 1, Max 1.
1	City Name	M	AN	Y	
2	State or Province Code	M	ID	Y	
3	Postal Code	M	ID	Y	
REF	Billing Provider Secondary Identification Number				Max 5

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					<b>We will allow any valid qualifier for this segment/loop. If qualifier "G2" is used, then it is very important that the value in REF02 is not the provider's tax id number.</b>	
1	Reference Identification Qualifier	M	ID	N		
2	Reference Identification	X	AN	N	Additional Identifier	
<b>2000B</b>						
<b>HL</b>	<b>Hierarchical Level</b>					
1	Hierarchical ID Number	M	AN	Y	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	Y	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	Y	"22"=Subscriber	
4	Hierarchical Child Code	M	ID	Y	"0"=No, "1"=Yes(subordinate HL seg in this structure).	

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<b>SBR</b>	<b>Subscriber Information</b>					
1	Payer Responsibility Sequence Number Code	M	ID	Y	P = Primary	
2	Individual Relationship code	S	ID	Y	18=Self. Required when Subscriber=Patient.	
3	Reference Identification	S	AN	N	Policy or Group Number.	
4	Name	S	AN	N	Group or Plan Name	
<b>2010BA</b>						
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1.</b>	
1	Entity Identifier Code	M	ID	Y	IL=Subscriber	
2	Entity Type Qualifier	M	ID	Y	1=Person	
3	Name Last or Organization Name	M	AN	Y	Last Name of Subscriber	
4	Name First	M	AN	Y	First name of Subscriber	
5	Name Middle	S	AN	N	MI of Subscriber	
8	Identification Code Qualifier	S	ID	Y	Use MI for Subscribers and patients.	
9	Identification Code	S	AN	Y	CMSi/TCS expects the member's ID or SSN.	
<b>N3</b>	<b>Address Information</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	Address Information	M	AN	N	Address Line 1.	
2	Address Information	S	AN	N	Address Line 2	
<b>N4</b>	<b>Geographic Location</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	City Name	M	AN	N	City	
2	State or Province Code	M	ID	N	State	
3	Postal Code	M	ID	N	Zip	
<b>DMG</b>	<b>Demographic Information</b>				<b>Required if the patient is the same person as the subscriber.</b>	
1	Date Time Period Format Qualifier	M	ID	N	D8	
2	Date Time Period	M	AN	N	Subscriber DOB. CCYYMMDD	
3	Gender Code	M	ID	N	M, F, U	
<b>2000C</b>						
<b>HL</b>	<b>Hierarchical Level</b>				<b>Min 1, Max 1. Required when the patient is different from subscriber</b>	
1	Hierarchical ID Number	M	AN	N	A counter starting at 1 & incremented for each HL	
2	Hierarchical Parent ID Number	M	AN	N	ID Number of Parent HL	
3	Hierarchical Level Code	M	ID	N	23=Dependent	
4	Hierarchical Child Code	M	ID	N	0=No	
<b>PAT</b>	<b>Patient Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>	
1	Individual Relationship code	M	ID	N	Relationship to the Insured. 01=Spouse, 19=Child. See page 134 of the IG for additional values.	

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2010CA					
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Min 1, Max 1. If loop 2000C is reported, then this segment is required.</b>
1	Entity Identifier Code	M	ID	N	QC=Patient
2	Entity Type Qualifier	M	ID	N	1=Person
3	Name Last or Organization Name	M	AN	N	Last name of Patient
4	Name First	M	AN	N	First name of Patient
5	Name Middle	S	AN	N	Middle name of Patient
8	Identification Code Qualifier	S	ID	N	MI=Member ID#. (Required if Patient ID is different from subscriber ID).
9	Identification code	S		N	Patient Primary ID. (Required if Patient ID is different from subscriber ID).
<b>N3</b>	<b>Address Information</b>				<b>If loop 2000C is reported, then this segment is required.</b>
1	Address Information	M	AN	Y	Address Line 1
2	Address Information	S	AN	N	Address Line 2
<b>N4</b>	<b>Geographic Location</b>				<b>If loop 2000C is reported, then this segment is required.</b>
1	City Name	M	AN	Y	City
2	State or Province Code	M	ID	N	State
3	Postal Code	M	ID	N	Zip
<b>DMG</b>	<b>Demographic Information</b>				
1	Date Time Period Format Qualifier	M	ID	Y	D8
2	Date Time Period	M	AN	N	Patient DOB. CCYYMMDD
3	Gender Code	M	ID	N	M, F, U
2300					
<b>CLM</b>	<b>Health Claim</b>				<b>Min 1, Max 1.</b>
1	Claim Submitters Identifier	M	AN	N	Claim patient account number
2	Facility Code Value	M	R	Y	Total Charge Amount
5	Health Care Service Location	M			Composite Data Structure
5-1	Facility Type Code	M	AN	Y	Facility Type Code. See page 151 for values and descriptions)
5-3	Claim Frequency Type Code	M	ID	Y	1=original, 6=adjustment, 8=credit
6	Yes/no Condition Response Code	M	ID	N	Provider Signature on File
7	Provider Accept Assignment Code	M	ID	N	Medicare Assignment Code
8	Yes/no Condition Response Code	M	ID	Y	Assignment of Benefits. <b>Default to "Y" if unknown</b>
9	Release of Information Code	M	ID	N	Release of Information Code (see pg 175)
11	Related Causes Information	S			Composite Data Structure

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11-1	Related Causes Code	M	ID	N	"AA" = Auto "OA" = Other "AB" = Abuse "AP" = Another party and "EM" = employment. (Internal note: FACTS maps the codes as follows: AA=A, OA=O, AB=B, AP=P, EM=E).
19	Claim Submission Reson Code	O	ID	N	"PB"=Predetermination of Benefits.
<b>DTP</b>	<b>Date Information</b>				
1	Date/Time Qualifier	M	ID	Y	We accept and load all Dates. Possible qualifiers include: 435, 096, 330, 439, 452, 472.
2	Date Time Period Format Qualifier	M	ID	Y	D8 or RD8
3	Date Time Period	M	AN	Y	Date as specified by the qualifier in DTP01.
<b>DN1</b>	<b>Orthodontic Total Months of Treatment</b>				
1	Quantity	O	R	N	Orthodontic Total Months of Treatment
2	Quantity	O	R	N	Orthodontic Treatment Months Remaining
3	Yes/no Condition Response Code	O	ID	N	"Y", Required to indicate that services reported on the claim are for orthodontic purposes when the DN101 and DN102 are not used.
<b>DN2</b>	<b>Tooth Status</b>				<b>CMSi/TCS does not process this segment.</b>
<b>REF</b>	<b>Reference Identification</b>				
1	Reference Identification Qualifier	M	ID	Y	"G3"
2	Reference Identification	M	AN	Y	Predetermination of Benefits Identification Number
<b>REF</b>	<b>Reference Identification</b>				
1	Reference Identification Qualifier	M	ID	Y	"D9"
2	Reference Identification	M	AN	Y	Internal Control Number. This will be the number used to identify the image.
<b>2310A</b>					
<b>NM1</b>	<b>Individual or Organizational Name</b>	<b>M</b>			<b>Required if known</b>
1	Entity Identifier Code	M	ID	N	DN=Referring Provider
2	Entity Type Qualifier	M	ID	N	1=Person, 2=Organization
3	Name Last or Organization Name	M	AN	N	Referring Provider Last name
4	Name First	S	AN	N	Referring Provider First name (required if NM102=1)
5	Name Middle	S	AN	N	Referring Provider Middle name or MI
8	Identification Code Qualifier	S	ID	N	24=EIN, 34=SSN. Expect 24.
9	Identification Code	S	AN	N	
<b>PRV</b>	<b>Provider Information</b>				<b>Required if known</b>
1	Provider Code	M	ID	N	RF=Referring
2	Reference Identification Qualifier	M	ID	N	ZZ
3	Reference Identification	M	AN	N	Provider Taxonomy Code
<b>2310B</b>					
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Required if known</b>

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					82=Rendering. <b>CMSi/TCS requests that this provider be reported in loop 2010AA. It may also be repeated in this loop, but is not necessary.</b>
1	Entity Identifier Code	M	ID	N	
2	Entity Type Qualifier	M	ID	N	1=Person, 2=Organization
3	Name Last or Organization Name	S	AN	N	Last Name or Organization name.
4	Name First	S	AN	N	Rendering Provider First name (required if NM102=1)
5	Name Middle	S	AN	N	Rendering Provider Middle name or MI
8	Identification Code Qualifier	S	ID	N	Prefer 24 if EIN or TIN is known.
9	Identification Code	S	AN	N	Required if known
<b>2310C</b>					
<b>NM1</b>	<b>Individual or Organizational Name</b>				<b>Required if known</b>
1	Entity Identifier Code	M	ID	N	FA=Facility
2	Entity Type Qualifier	M	ID	N	2=Organization
3	Name Last or Organization Name	S	AN	N	Facility Name. Required by CMSi/TCS if known.
8	Identification Code Qualifier	S	ID	N	Prefer 24 if EIN or TIN is known.
9	Identification Code	S	AN	N	Required if known
<b>N3</b>	<b>Address Information</b>				<b>If loop 2310D is used, this segment is required.</b>
1	Address Information	M	AN	N	Address Line 1
2	Address Information	S	AN	N	Address Line 2
<b>N4</b>	<b>Geographic Location</b>				<b>If loop 2310D is used, this segment is required.</b>
1	City Name	M	AN	N	City
2	State or Province Code	M	ID	N	State
3	Postal Code	M	ID	N	Zip
<b>2320 - Other Subscriber Information. This segment is currently not loaded by CMSi/TCS, however if used, all required segments and data elements must be populated. If the loop cannot be completed, do not submit.</b>					
<b>2330 - Other Subscriber Information. This segment is currently not loaded by CMSi/TCS, however if used, all required segments and data elements must be populated. If the loop cannot be completed, do not submit.</b>					
<b>2400</b>					
<b>LX</b>	<b>Assigned Number</b>				<b>The service line number incremented by 1 for each service line.</b>
1	Assigned Number	M	N	Y	Must be a sequential number starting at 1 for each claim
<b>SV3</b>	<b>Dental Service</b>				
1-1	Product/Service ID Qualifier	M	ID	Y	AD=American Dental Association Codes
1-2	Product/Service ID	M	AN	Y	Procedure Code
1-3	Procedure Modifier	S	AN	N	Procedure Modifier
1-4	Procedure Modifier	S	AN	N	Procedure Modifier 2
1-5	Procedure Modifier	S	AN	N	Procedure Modifier 3

### Claim Management Dental ANSI 837 Requirements

1-6	Procedure Modifier	S	AN	N	Procedure Modifier 4
2	Monetary Amount	M	R	Y	Line Item Charge Amount
3	Facility Code Value	S	AN	N	See IG page 268 for values.
4-1	Oral Cavity Designation Code	M	ID	Y	"00"=entire oral cavity, "01"=maxillary, "02"=Mandibular, "09"=Other, "10"=upper right, "20"=upper left, "30"=lower left, "40"=lower right, ect.
4-2	Oral Cavity Designation Code	O	ID	N	same values as above
4-3	Oral Cavity Designation Code	O	ID	N	same values as above
4-4	Oral Cavity Designation Code	O	ID	N	same values as above
4-5	Oral Cavity Designation Code	O	ID	N	same values as above
5	Prosthesis, Crown or Inlay Code	O	ID	N	Prosthesis, Crown or Inlay Code
6	Quantity	O	R	Y	Procedure Count
<b>TOO</b>	<b>Tooth Information</b>				
1	Code List Qualifier Code	X	ID	Y	"JP"
2	Industry Code	X	AN	N	Tooth Number
3-1	Tooth Surface Code	M	ID	Y	"B"=Buccal, "D"=Distal, "F"=Facial, "I"=Incisal, "L"=Lingual, "M"=Mesial, "O"=Occlusal.
3-2	Tooth Surface Code	M	ID	N	same values as above
3-3	Tooth Surface Code	M	ID	N	same values as above
3-4	Tooth Surface Code	M	ID	N	same values as above
3-5	Tooth Surface Code	M	ID	N	same values as above
<b>DTP</b>	<b>Date or Time or Period</b>				<b>Min 1, Max 15.</b>
1	Date/Time Qualifier	M	ID	Y	<b>472=Service (Required).</b> Other DTP segments may be used to include other claim specific dates.
2	Date Time Period Format Qualifier	M	ID	Y	D8 or RD8
3	Date Time Period	M	AN	Y	Date of Service
<b>HCP</b>	<b>Claim Pricing /Repricing Information</b>				<b>Required is claim contains priced/repriced information. For example, pricing coversheet is attached to claim.</b>
1	Pricing Methodology	X	ID	Y	Use any value other than "00"
2	Monetary Amount	O	R	Y	Allowed Amount/Repriced Amount. Enter the reprice amount. This value may be on the claim or on a coversheet. If the claim or cover sheet indicates "non-ppo" or out of net network, please enter the claim amount as the repriced amount. In addition, a claim comment must be entered to indicate non-ppo or out of network in the NTE segment.
3	Monetary Amount	O	R	N	Repriced Savings Amount
4	Reference ID	O	AN	Y	To be determined. We will advise on the value to enter into this field during testing.

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NTE	Billing Note				Required if the claim contains repricing information and the claim is considered non-ppo or out of network.	
1	Note Reference Code	O	ID	Y	"ADD"	
2	Description	M	AN	Y	Enter comment indicating the claim is out of network. We will provide more detail on this field at a later date.	

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Trailer segments						
<b>SE</b>	<b>Transaction Set Trailer</b>					
1	Number of Included Segments	M	N	Y		
2	Transaction Set Control Number	M	AN	Y	Must equal value reported in ST02	
<b>GE</b>	<b>Functional Group Trailer</b>					
1	Number of Transaction sets included	M	N	Y		
2	Group Control Number	M	N	Y	Must equal value reported in GS06	
<b>IEA</b>	<b>Interchange Control Number</b>					
1	Number of included functional groups	M	N	Y		
2	Interchange Control Number	M	N	Y	Must equal value reported in ISA13	