

Electronic Data Interchange (EDI) is the electronic interchange of business information using a standardized format; a process which allows one company to send information to another company electronically rather than with paper. Business entities conducting business electronically are called trading partners.

# EDI (Electronic Data Interchang e)-837

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# EDI (Electronic Data Interchange)-837I

## Loops in denial code

- 2000A = Billing Provider
- 2000B = Subscriber
- 2000C = Client (Only present if different from Subscriber)
- 2300 = Claim Information
- 2400 = Service Line Information

## Segments

PRV= Provider

SBR= Subscriber

HL= Hierarchy

NM1= Name (Identification-name)

N3= Street Address

N4= City, State, Zip Code

DTP=Date

DMG= Demography

REF= Reference

CLM= Claim

LX= Line

SV1= Service (Service line focus on Type of patient, disease group, diagnosis, ICD procedures codes and other financial coding terminologies)

## Elements

41= Claim Creator

40= Claim receiver

85= Billing Provider

82= Rendering Provider

DN= Referring Provider

IC= Information Contact

77= Service Location

472= Date Of Service

SY= Social Security Number

EI= EIN (Employee Identification Number)/Tax ID

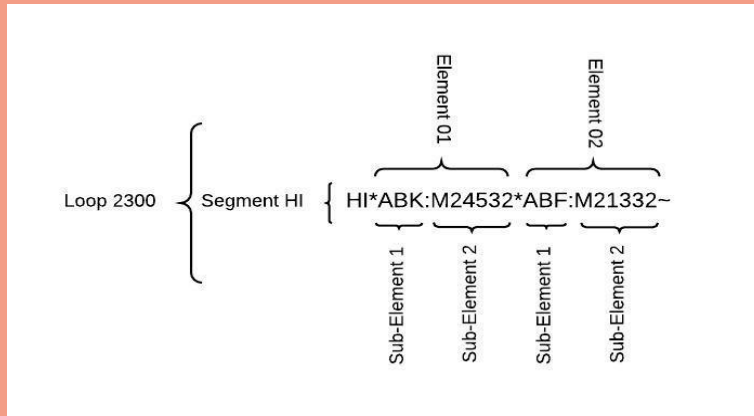
XX= NPI (National Provider Identification)

Y4= Claim Casualty Number

HC= Standard CPT codes

ABK= Principal Diagnoses (Main disease diagnosis)

ABF= Diagnosis (Diseases that are diagnosed other than Principle Diagnose)



Sub-Elements are attached to the segment identifier Code when being referenced.

Example:

Loop 2300, HI02-1

HI= Segment Identifier Code

02= Element

1= Sub-Element

## Loop 2000AA- Billing Provider Name

### **Segment NM1-Name**

Example:

NM1\*85\*2\*WEBPTTHERABILL\*\*\*\*\*XX\*1952465171~

Element1= 85 refers to the billing provider.

Element2= Refers to the Entity Type

\*1 Refers to the Individual Billing provider

\*2 Refers to the organization/institutional Billing provider

Element3= Last name or organization/institutional name

Element4= First Name

Element5= Middle Name

Element6= Suffix

Element7= Identification Code Qualifier (XX) where XX refers to NPI

Element8= Identification Code (1952465171) 10 digits

### **Segment NM3- Street Address**

Example:

N3\*123\* Street~

Element1= Street address 1 (123)

Element2= Street address 2 (Street Name)

### **Segment NM4- City, State and ZIP**

Example: N4\*Phoenix\*AZ\*850044461~

Element1= City (Phoenix)

Element2= State( Arizona)

Element3= Zip Code (850044461) Usually zip code is represented in 5 digits code.

### **Segment REF- Reference**

Example: REF\*EI\*365421684~

This example is referring to the Tax ID of the billing provider

Element1= Instead of EI, there can be,

SY= Social Security Number

G2= Commercial Number

Element2= Identification Code (365421684)

### **Segment PER- Contact**

Example: PER\*IC\*DAN JENKINS\*TE\*3149628020~

Element1= Contact Code Qualifier (IC)

\*IC= Information Contact

Element2= Contact Name (Dan Jenkins)

Element3= Information Code Qualifier

\*TE= Telephone Number

\*EX= Extension

Element4= Information Code (3149628020) This is basically the information about the telephone number.

## **Loop 2010AB – Pay – To Provider (PTP) Name**

### **Segment NM1-Name**

Example: NM1\*87\*2~

Element1= Hardcoded to Pay to Provider \*87

Element2= Entity type (2)

\*1= Individual

\*2= Organization

### **Segment N3- Street Address**

Example: N3\*999 E Happy Lane~

Element1= Street Address (999 E Happy Lane)

### **Segment N4- City, State, and ZIP**

Example: N4\*Gilbert\*AZ\*85234~

Element1= City (Gilbert)

Element2= State (Arizona)

Element3= ZIP code (850044461)

## **Loop 2000B- Subscriber**

### **Segment HL-Hierarchy**

Example: HL\*2\*22\*0~

Element1= Level (2)

Element2= Parent ID (1)

Element3= Hardcoded to 22

Element4= Patient Relationship

\*0=Self

\*1= Other

### **Segment SBR-Subscriber**

Example: SBR\*P\*18\*A84695\*\*\*\*\*12~

Element01= Payer Responsibility (P)

\*P= Primary

\*S= Secondary

\*T= Tertiary

Element02= Client Relationship to insured

\*01= Spouse

\*18= Self

\*19= Child

\*G8= Other (Parents/relatives)

Element03= Policy/Group Number (A84695)

Element04= Plan/Program

Element05= Medicare Secondary payer (MSP)

\*12= Working Age

\*13= End-Stage Renal

\*14= No-Fault Including Auto

\*15= Workers Compensation

\*16= Public Health or Federal

\*41= Secondary Black Lung

\*42= Veterans Administration

\*43= Disabled Under 65

\*47= Other Liability is primary

Element09= Plan Type (12)

\*11= Other Non-Federal Program

\*12= Preferred Provider Organization (PPO)

\*13= Point of service (POS)

\*14= Exclusive Provider Organization (EPO)

\*16= Health Maintenance Organization (HMO) Medicare Risk

\*AM= Automobile Medical

\*BL= Blue Cross/ Blue Shield

\*CH= ChampUS

\*CI= Commercial Insurance Co

\*DS= Disability

\*FI= Federal Employee Program

\*HM= Health Maintenance Organization (HMO)

\*MB= Medicare Part B

\*MC= Medicaid

\*OF= Other Federal Program

\*WC= Workers' Compensation Health Claim

## Loop 2010BA- Subscriber (SBR) Name

### **Segment NM1-Name**

Example: NM1\*IL\*1\*SPEARS\*BRITNEY\*J\*\*\*MI\*75893251~

Element01= Hardcoded to IL for insured

Element02= Insured Party (1)

\*1= Individual

\*2= Entity (Workers Comp)

Element03= Last Name/Employer Name (Spears)

Element04= First Name (Britney)

Element05= Middle Name/Initial (J)

Element07= Suffix

Element08= Identification Code Qualifier

\*MI= Member ID

Element09= Identification Code (75893251)

### **Segment N3-Street Address**

Example: N3\*398 W Stafford Rd.

Element01= Street Address (398 W Stafford Rd.)

Element02= Street Address 2

### **Segment N4-City, State and ZIP**

Example: N4\*THOUSAND OAKS\*CA\*91361

Element01= City (Thousand Oaks)

Element02= State (California)

Element03=ZIP (91361)

### **Segment DMG-Demographic**

Example: DMG\*D8\*19811202\*F~

Element01= Hardcoded to D8

Element02= Birthdate-YYYYMMDD (1981/12/02)

Element03= Gender (F)

\*F= Female

\*M=Male

### **Segment REF - Reference (Workers Comp and Auto)**

Example: REF\*Y4\*WC1234567~

Element01= Identification Code Qualifier (Y4)

\*Y4- Claim Casualty Number

\*SY= SSN (Social Security Number)

Element02= Identification Code (WC1234567)

## **Loop 2010BB-Payer Name**

### **Segment NM1-Name**

Example: NM1\*PR\*2\*AETNA INSURANCE COMPANY\*\*\*\*\*PI\*60054

Element01= Hardcoded to PR for payer

Element02= Hardcoded to 2 for organization

Element03= Payer Name (Aetna Insurance Company)

Element08= Hardcoded to PI for Payer ID

Element09= Identification Code/Payer ID (60054)

### **Segment N3- Street Address**

Example: N3\*123 Fake St~

Element01= Street Address (123 Fake St)

Element02= Street Address 2

### **Segment N4- City, State, and ZIP**

Example: N4\*Phoenix\*AZ\*85050~

Element01= City (Phoenix)

Element02= State (Arizona)

Element03= Zip (85050)

### **Loop 2300-Claim Information**

#### **Segment CLM- Claim**

Example: CLM\*18434718T0\*150.00\*\*\*11: B: 1\*YY\*A\*Y\*Y~

Element01= Claim Identifier (18434718T0)

\*Unique number used for ERA matching

Element02= Claim Amount (\$150)

Element05-1= Place of service (11)

\*02= Telehealth

\*03= School

\*04=Homeless shelter

\*09= Prison/ Correctional Facility

\*11= Office

\*12= Home

\*13= Assisted Living Facility

\*14= Group Home

\*15= Mobile Unit

\*16= Temporary Lodging

\*21= Hospital

\*22= Outpatient Hospital

\*26= Military Treatment Facility



\*31= Skilled Nursing Facility

\*32= Nursing Facility

\*34= Hospice

\*49= Independent Clinic

\*53= Community Health Center

\*62=Outpatient Rehab

\*99=Other Setting

Element 05-2= Hardcoded to B for Professional Claim

Element 05-3= Claim Frequency Type Code (1)

Element06= Provider Signature Indicator (Y)

Element07= Provider Accept Assignment (A)

\*A= Assigned

\*C= Not Assigned

Element08= Provider Benefits Assignment Certification (Y)

\*Y= Valid Signature on file

\*N= No Valid Signature on File

Element09= Release of information Code (Y)

\*Y= Valid Signature on File

\*I= Signature Not Required

Element10= Client Signature Source Code

Element11-(1-3)= Related Cause Code

\*EM= Employment

\*AA= Auto Accident

\*OA= Other Accident

Element11-4= Auto Accident State Code

Element12= Special Program Code

Element20= Delay Reason Code

### **Segment DTP-Date**

Example: DTP\*431\*D8\*20170720~

Element01= Date Qualifier (431)

\*096= Discharge/Hospitalized to

\*296= Disability/Unable to work to

\*297=Disability/Unable to work from

\*304= Last Seen

\*431= Onset of current Illness/First Symptoms

\*435= Admission/Hospitalized From

\*439= Accident

\*454=Initial Treatment

Element02=Format-Hardcoded to D8

Element03= Date YYYYMMDD (2017/07/20)

### **Segment PWK (Workers Com and Auto)**

Example: PWK\*07\*EL\*\*\*AC\*TBCLAIMID68~

Element01= Supplemental Information Code (07)

\*04= Drugs Administered

\*05= Treatment Diagnoses

\*06= Initial Assessment

\*07= Functional Goals

\*08= Plan of treatment

\*09= Plan of treatment

\*10= Continued Treatment

\*11= Chemical Analysis

\*13= Certified Test Report

\*15= Justification for admission

Element02= Transmission Code (EL)

\*AA= Available on request

\*BM= By Mail

\*EL= Electronic

\*EM= Email

\*FX= By Fax

\*FT= File Transfer

Element05= Hardcoded to AC ( if 02 is BM, EL, EM, FX or FT)

\*AC= Attachment Control Number Identifier

Element06= Attachment Control Number (TBCLAIMID68)

\* this populates the submission ID from the CMS-1500 Filing.

### **Segment REF- Identifier**

Example: REF\*G1\*12345~

Element01= Identifier Code Qualifier (G1)

\*G1= Authorization Number

\*F8= Control Number

\*9F= Referral Number/Medicaid Montana Passport

Element02= Identifier Code (12345)

### **Segment AMT- Amount**

Example: AMT\*F5\*15.00~

Element01= Qualifier Code-Hardcoded to F5 for Patient Amount Paid

Element02= Monetary Amount (\$15)

### **Segment NTE-Note**

Example: NTE\*ADD\*N5455845

Element01= Reference Code (Add)

Element02= Note Text (N5455845)

### **Segment HI-Diagnoses Codes**

Example: HI\*ABK: M24532\*ABF: M21332~

Element (01-12) = Diagnosis Code

Sub-Element 1= Diagnosis Code Qualifier (ABK or ABF)

\*ABK= Principle Diagnoses Code

\* ABF= Other Diagnosis

Sub-Element 2= Diagnosis Code (M24532 and M21332)

### **Loop 2310A-Referring Provider**

#### **Segment NM1-Name**

Example: NM1\*DN\*1\*HENSON\*JIM\*\*\*\*XX\*9999999995~

Element01= Hardcoded to DN for Referring Provider

Element02= Hardcoded to 1 for individual"

Element03= Last Name (Henson)

Element04= First Name (Jim)

Element05= Middle Name/Initial

Element07= Suffix

Element08= Identifier Code Qualifier – Hardcoded to XX for NPI

Element09= Identifier Code (9999999995)

#### **Segment REF-Reference (Not always present)**

Example: REF\*OB\*A485422

Element01= Identifier Code Qualifier

\*0B= State License Number

\*G2= Commercial Number

Element02= Identifier Code (A485422)

## Loop 2310B- Rendering Provider

### **Segment NM1- Name**

Example: NM1\*82\*1\*SMITH\*TERESA\*\*\*\*XX\*5595436374~

Element01= Hardcoded to 82 for rendering provider

Element02= Hardcoded to 1 for Individual

Element03= Last Name (Smith)

Element04= First Name (Teresa)

Element05= Middle Name/Initial

Element07= Suffix

Element08= Identifier Code Qualifier – Hardcoded to XX for NPI

Element09= Identifier Code (5595436374)

### **Segment PRV – Provider**

Example: PRV\*PE\*PXC\*225100000X~

Element01= Hardcoded to PE for Performing

Element02= Hardcoded to PXC for Provider Taxonomy Code

Element03= Identifier Code/ Taxonomy (225100000X)

### **Segment REF- Reference**

Example: REF\*G2\*998855~

Element01= Secondary Identification Reference ID Qualifier (G2)

\*G2= Commercial Number

\*0B= State License Number

\*1G= Provider UPIN Number

Element02= Secondary Identification Reference ID (998855)

Loops 2310C- Service Facility Location

### **Segment NM1-Name**

Example: NM1\*77\*2\*MY HOME CLINIC\*\*\*\*\*XX9999999995~

Element01= Hardcoded to 77 for service location  
Element02= Hardcoded to 2 for Non-Person Entity  
Element03= Service facility Name (My Home Clinic)  
Element08= Identifier Code Qualifier- Hardcoded to XX for NPI  
Element09= Identifier Code (9999999995)

### **Segment N3-Street Address**

Example: N3\*Box 123~  
Element01= Street Address

### **Segment N4-City, State and ZIP**

Example: N\*PHOENIX\*AZ\*850030000~  
Element01= City (Phoenix)  
Element02= State (Arizona)  
Element03= ZIP Code (850030000)

Loop 2400 – Service Line Information

### **Segment LX-Line**

Example: LX\*1~  
Element01= Line Number (1)

### **Segment SV1 (SV5 for DME) – Service**

Example: SV1\*HC: 97010: GP:::: Line note\*150.00\*un\*\*\*1:2~  
Element01-1= Hardcoded to HC for Standard CPT Code  
Element01-2 CPT Code (97010)  
Element01 – (3-6)= Modifier (GP)  
Element 01-7= Description/Line Note (Line Note)  
Element02= Charge Amount (\$150)  
Element03= Basis for measurement (UN)  
Element04= Quality (1)  
Element05= Facility Code  
Element07 –(1-4)= Diagnosis Code Pointer (1,2)

### **Segment DTP-Date**

Example: DTP\*472\*D8\*20180629~

Element01= Reference ID Qualifier-Hardcoded to 6R

Element02= Reference ID (1120087)

\*Unique number used for ERA matching

**Segment NTE-Note**

Example: NTE\*ADD\*CORRECTED CLAIM~

Element01= Reference Code (Add)

Element02= Note Text (Corrected Claim)

**Segment SE-Transaction Set Trailer**

Example: SE\*38\*18434718~

Element01= Segment Count (38)

Element02= Set Control Number

CureMD