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.

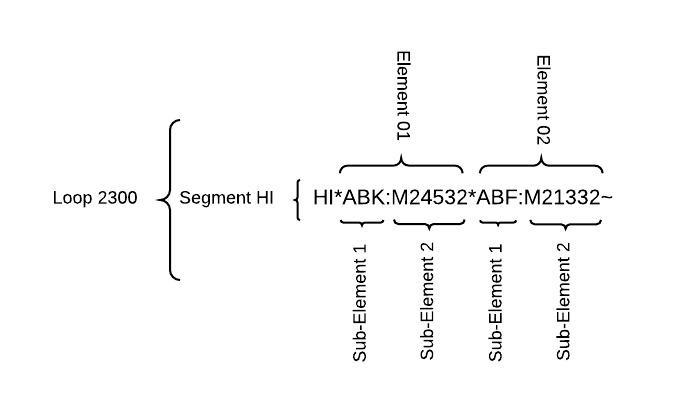
Owais Ali

EDI (Electronic Data Interchange)-837

[Document subtitle]

**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\*0B\*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 (22510000X)

**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