IMPLEMENTATION

837 Health Care Claim: Professional

1. The 837 transaction is designed to transmit one or more claims for each billing provider. The hierarchy of the looping structure is billing provider, subscriber, patient, claim level, and claim service line level. Billing providers who sort claims using this hierarchy will use the 837 more efficiently because information that applies to all lower levels in the hierarchy will not have to be repeated within the transaction.

2. This standard is also recommended for the submission of similar data within a pre-paid managed care context. Referred to as capitated encounters, this data usually does not result in a payment, though it is possible to submit a "mixed" claim that includes both pre-paid and request for payment services. This standard will allow for the submission of data from providers of health care products and services to a Managed Care Organization or other payer. This standard may also be used by payers to share data with plan sponsors, employers, regulatory entities and Community Health Information Networks.

3. This standard can, also, be used as a transaction set in support of the coordination of benefits claims process. Additional looped segments can be used within both the claim and service line levels to transfer each payer's adjudication information to subsequent payers.

Table 1 - Header

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
62	**005**	**ST**	Transaction Set Header	**R**	1	
63	**010**	**BHT**	Beginning of Hierarchical Transaction	**R**	1	
66	**015**	**REF**	Transmission Type Identification	**R**	1	
			LOOP ID - 1000A SUBMITTER NAME			1
67	**020**	**NM1**	Submitter Name	**R**	1	
70	**025**	**N2**	Additional Submitter Name Information	**S**	1	
71	**045**	**PER**	Submitter EDI Contact Information	**R**	2	
			LOOP ID - 1000B RECEIVER NAME			1
74	**020**	**NM1**	Receiver Name	**R**	1	
76	**025**	**N2**	Receiver Additional Name Information	**S**	1	

Table 2 - Detail, Billing/Pay-to Provider Hierarchical Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000A BILLING/PAY-TO PROVIDER HIERARCHICAL LEVEL			>1
77	**001**	**HL**	Billing/Pay-to Provider Hierarchical Level	**R**	1	
79	**003**	**PRV**	Billing/Pay-to Provider Specialty Information	**S**	1	
81	**010**	**CUR**	Foreign Currency Information	**S**	1	
			LOOP ID - 2010AA BILLING PROVIDER NAME			1
84	**015**	**NM1**	Billing Provider Name	**R**	1	
87	**020**	**N2**	Additional Billing Provider Name Information	**S**	1	
88	**025**	**N3**	Billing Provider Address	**R**	1	
89	**030**	**N4**	Billing Provider City/State/ZIP Code	**R**	1	
91	**035**	**REF**	Billing Provider Secondary Identification	**S**	8	
94	**035**	**REF**	Credit/Debit Card Billing Information	**S**	8	
96	**040**	**PER**	Billing Provider Contact Information	**S**	2	
			LOOP ID - 2010AB PAY-TO PROVIDER NAME			1
99	**015**	**NM1**	Pay-to Provider Name	**S**	1	
102	**020**	**N2**	Additional Pay-to Provider Name Information	**S**	1	

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
103	025	N3	Pay-to Provider Address	R	1	
104	030	N4	Pay-to Provider City/State/ZIP Code	R	1	
106	035	REF	Pay-to-Provider Secondary Identification	S	5	

Table 2 - Detail, Subscriber Hierarchical Level

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL			**>1**
108	001	HL	Subscriber Hierarchical Level	R	1	
110	005	SBR	Subscriber Information	R	1	
114	007	PAT	Patient Information	S	1	
			LOOP ID - 2010BA SUBSCRIBER NAME			**1**
117	015	NM1	Subscriber Name	R	1	
120	020	N2	Additional Subscriber Name Information	S	1	
121	025	N3	Subscriber Address	S	1	
122	030	N4	Subscriber City/State/ZIP Code	S	1	
124	032	DMG	Subscriber Demographic Information	S	1	
126	035	REF	Subscriber Secondary Identification	S	4	
128	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2010BB PAYER NAME			**1**
130	015	NM1	Payer Name	R	1	
133	020	N2	Additional Payer Name Information	S	1	
134	025	N3	Payer Address	S	1	
135	030	N4	Payer City/State/ZIP Code	S	1	
137	035	REF	Payer Secondary Identification	S	3	
			LOOP ID - 2010BC RESPONSIBLE PARTY NAME			**1**
139	015	NM1	Responsible Party Name	S	1	
142	020	N2	Additional Responsible Party Name Information	S	1	
143	025	N3	Responsible Party Address	R	1	
144	030	N4	Responsible Party City/State/ZIP Code	R	1	
			LOOP ID - 2010BD CREDIT/DEBIT CARD HOLDER NAME			**1**
146	015	NM1	Credit/Debit Card Holder Name	S	1	
149	020	N2	Additional Credit/Debit Card Holder Name Information	S	1	
150	035	REF	Credit/Debit Card Information	S	2	

Table 2 - Detail, Patient Hierarchical Level

For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to "float." Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BD in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
			LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL			**>1**
152	001	HL	Patient Hierarchical Level	S	1	
154	007	PAT	Patient Information	R	1	

			LOOP ID - 2010CA PATIENT NAME		**1**	
157	015	NM1	Patient Name	R	1	
160	020	N2	Additional Patient Name Information	S	1	
161	025	N3	Patient Address	R	1	
162	030	N4	Patient City/State/ZIP Code	R	1	
164	032	DMG	Patient Demographic Information	R	1	
166	035	REF	Patient Secondary Identification	S	5	
168	035	REF	Property and Casualty Claim Number	S	1	
			LOOP ID - 2300 CLAIM INFORMATION		**100**	
170	130	CLM	Claim Information	R	1	
180	135	DTP	Date - Order Date	S	1	
182	135	DTP	Date - Initial Treatment	S	1	
184	135	DTP	Date - Referral Date	S	1	
186	135	DTP	Date - Date Last Seen	S	1	
188	135	DTP	Date - Onset of Current Illness/Symptom	S	1	
190	135	DTP	Date - Acute Manifestation	S	5	
192	135	DTP	Date - Similar Illness/Symptom Onset	S	10	
194	135	DTP	Date - Accident	S	10	
196	135	DTP	Date - Last Menstrual Period	S	1	
197	135	DTP	Date - Last X-ray	S	1	
199	135	DTP	Date - Estimated Date of Birth	S	1	
200	135	DTP	Date - Hearing and Vision Prescription Date	S	1	
201	135	DTP	Date - Disability Begin	S	5	
203	135	DTP	Date - Disability End	S	5	
205	135	DTP	Date - Last Worked	S	1	
206	135	DTP	Date - Authorized Return to Work	S	1	
208	135	DTP	Date - Admission	S	1	
210	135	DTP	Date - Discharge	S	1	
212	135	DTP	Date - Assumed and Relinquished Care Dates	S	2	
214	155	PWK	Claim Supplemental Information	S	10	
217	160	CN1	Contract Information	S	1	
219	175	AMT	Credit/Debit Card Maximum Amount	S	1	
220	175	AMT	Patient Amount Paid	S	1	
221	175	AMT	Total Purchased Service Amount	S	1	
222	180	REF	Service Authorization Exception Code	S	1	
224	180	REF	Mandatory Medicare (Section 4081) Crossover Indicator	S	1	
226	180	REF	Mammography Certification Number	S	1	
227	180	REF	Prior Authorization or Referral Number	S	2	
229	180	REF	Original Reference Number (ICN/DCN)	S	1	
231	180	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	S	3	
233	180	REF	Repriced Claim Number	S	1	
235	180	REF	Adjusted Repriced Claim Number	S	1	
236	180	REF	Investigational Device Exemption Number	S	1	
238	180	REF	Claim Identification Number for Clearing Houses and Other Transmission Intermediaries	S	1	
240	180	REF	Ambulatory Patient Group (APG)	S	4	
241	180	REF	Medical Record Number	S	1	
242	180	REF	Demonstration Project Identifier	S	1	
244	185	K3	File Information	S	10	
246	190	NTE	Claim Note	S	1	
248	195	CR1	Ambulance Transport Information	S	1	
251	200	CR2	Spinal Manipulation Service Information	S	1	
257	220	CRC	Ambulance Certification	S	3	
260	220	CRC	Patient Condition Information: Vision	S	3	
263	220	CRC	Homebound Indicator	S	1	

265	231	HI	Health Care Diagnosis Code	S	1	
271	241	HCP	Claim Pricing/Repricing Information	S	1	
			LOOP ID - 2305 HOME HEALTH CARE PLAN INFORMATION			**6**
276	242	CR7	Home Health Care Plan Information	S	1	
278	243	HSD	Health Care Services Delivery	S	3	
			LOOP ID - 2310A REFERRING PROVIDER NAME			**2**
282	250	NM1	Referring Provider Name	S	1	
285	255	PRV	Referring Provider Specialty Information	S	1	
287	260	N2	Additional Referring Provider Name Information	S	1	
288	271	REF	Referring Provider Secondary Identification	S	5	
			LOOP ID - 2310B RENDERING PROVIDER NAME			**1**
290	250	NM1	Rendering Provider Name	S	1	
293	255	PRV	Rendering Provider Specialty Information	R	1	
295	260	N2	Additional Rendering Provider Name Information	S	1	
296	271	REF	Rendering Provider Secondary Identification	S	5	
			LOOP ID - 2310C PURCHASED SERVICE PROVIDER NAME			**1**
298	250	NM1	Purchased Service Provider Name	S	1	
301	271	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2310D SERVICE FACILITY LOCATION			**1**
303	250	NM1	Service Facility Location	S	1	
306	260	N2	Additional Service Facility Location Name Information	S	1	
307	265	N3	Service Facility Location Address	R	1	
308	270	N4	Service Facility Location City/State/ZIP	R	1	
310	271	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2310E SUPERVISING PROVIDER NAME			**1**
312	250	NM1	Supervising Provider Name	S	1	
315	260	N2	Additional Supervising Provider Name Information	S	1	
316	271	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION			**10**
318	290	SBR	Other Subscriber Information	S	1	
323	295	CAS	Claim Level Adjustments	S	5	
332	300	AMT	Coordination of Benefits (COB) Payer Paid Amount	S	1	
333	300	AMT	Coordination of Benefits (COB) Approved Amount	S	1	
334	300	AMT	Coordination of Benefits (COB) Allowed Amount	S	1	
335	300	AMT	Coordination of Benefits (COB) Patient Responsibility Amount	S	1	
336	300	AMT	Coordination of Benefits (COB) Covered Amount	S	1	
337	300	AMT	Coordination of Benefits (COB) Discount Amount	S	1	
338	300	AMT	Coordination of Benefits (COB) Per Day Limit Amount	S	1	
339	300	AMT	Coordination of Benefits (COB) Patient Paid Amount	S	1	
340	300	AMT	Coordination of Benefits (COB) Tax Amount	S	1	
341	300	AMT	Coordination of Benefits (COB) Total Claim Before Taxes Amount	S	1	
342	305	DMG	Subscriber Demographic Information	S	1	
344	310	OI	Other Insurance Coverage Information	R	1	
347	320	MOA	Medicare Outpatient Adjudication Information	S	1	
			LOOP ID - 2330A OTHER SUBSCRIBER NAME			**1**
350	325	NM1	Other Subscriber Name	R	1	
353	330	N2	Additional Other Subscriber Name Information	S	1	
354	332	N3	Other Subscriber Address	S	1	
355	340	N4	Other Subscriber City/State/ZIP Code	S	1	

357	355	REF	Other Subscriber Secondary Identification	S	3	
			LOOP ID - 2330B OTHER PAYER NAME			**1**
359	325	NM1	Other Payer Name	R	1	
362	330	N2	Additional Other Payer Name Information	S	1	
363	345	PER	Other Payer Contact Information	S	2	
366	345	DTP	Claim Adjudication Date	S	1	
368	355	REF	Other Payer Secondary Identifier	S	2	
370	355	REF	Other Payer Prior Authorization or Referral Number	S	2	
372	355	REF	Other Payer Claim Adjustment Indicator	S	2	
			LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION			**1**
374	325	NM1	Other Payer Patient Information	S	1	
376	355	REF	Other Payer Patient Identification	S	3	
			LOOP ID - 2330D OTHER PAYER REFERRING PROVIDER			**2**
378	325	NM1	Other Payer Referring Provider	S	1	
380	355	REF	Other Payer Referring Provider Identification	R	3	
			LOOP ID - 2330E OTHER PAYER RENDERING PROVIDER			**1**
382	325	NM1	Other Payer Rendering Provider	S	1	
384	355	REF	Other Payer Rendering Provider Secondary Identification	R	3	
			LOOP ID - 2330F OTHER PAYER PURCHASED SERVICE PROVIDER			**1**
386	325	NM1	Other Payer Purchased Service Provider	S	1	
388	355	REF	Other Payer Purchased Service Provider Identification	R	3	
			LOOP ID - 2330G OTHER PAYER SERVICE FACILITY LOCATION			**1**
390	325	NM1	Other Payer Service Facility Location	S	1	
392	355	REF	Other Payer Service Facility Location Identification	R	3	
			LOOP ID - 2330H OTHER PAYER SUPERVISING PROVIDER			**1**
394	325	NM1	Other Payer Supervising Provider	S	1	
396	355	REF	Other Payer Supervising Provider Identification	R	3	
			LOOP ID - 2400 SERVICE LINE			**50**
398	365	LX	Service Line	R	1	
400	370	SV1	Professional Service	R	1	
408	385	SV4	Prescription Number	S	1	
410	420	PWK	DMERC CMN Indicator	S	1	
412	425	CR1	Ambulance Transport Information	S	1	
415	430	CR2	Spinal Manipulation Service Information	S	5	
421	435	CR3	Durable Medical Equipment Certification	S	1	
423	445	CR5	Home Oxygen Therapy Information	S	1	
427	450	CRC	Ambulance Certification	S	3	
430	450	CRC	Hospice Employee Indicator	S	1	
432	450	CRC	DMERC Condition Indicator	S	2	
435	455	DTP	Date - Service Date	R	1	
437	455	DTP	Date - Certification Revision Date	S	1	
439	455	DTP	Date - Referral Date	S	1	
440	455	DTP	Date - Begin Therapy Date	S	1	
442	455	DTP	Date - Last Certification Date	S	1	
444	455	DTP	Date - Order Date	S	1	
445	455	DTP	Date - Date Last Seen	S	1	
447	455	DTP	Date - Test	S	2	
449	455	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	S	3	
451	455	DTP	Date - Shipped	S	1	

452	455	DTP	Date - Onset of Current Symptom/Illness	S	1	
454	455	DTP	Date - Last X-ray	S	1	
456	455	DTP	Date - Acute Manifestation	S	1	
458	455	DTP	Date - Initial Treatment	S	1	
460	455	DTP	Date - Similar Illness/Symptom Onset	S	1	
462	460	QTY	Anesthesia Modifying Units	S	5	
464	462	MEA	Test Result	S	20	
466	465	CN1	Contract Information	S	1	
468	470	REF	Repriced Line Item Reference Number	S	1	
469	470	REF	Adjusted Repriced Line Item Reference Number	S	1	
470	470	REF	Prior Authorization or Referral Number	S	2	
472	470	REF	Line Item Control Number	S	1	
474	470	REF	Mammography Certification Number	S	1	
475	470	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	S	1	
477	470	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	S	1	
478	470	REF	Immunization Batch Number	S	1	
479	470	REF	Ambulatory Patient Group (APG)	S	4	
480	470	REF	Oxygen Flow Rate	S	1	
482	470	REF	Universal Product Number (UPN)	S	1	
484	475	AMT	Sales Tax Amount	S	1	
485	475	AMT	Approved Amount	S	1	
486	475	AMT	Postage Claimed Amount	S	1	
487	480	K3	File Information	S	10	
488	485	NTE	Line Note	S	1	
489	488	PS1	Purchased Service Information	S	1	
491	491	HSD	Health Care Services Delivery	S	1	
495	492	HCP	Line Pricing/Repricing Information	S	1	
			LOOP ID - 2420A RENDERING PROVIDER NAME			1
501	500	NM1	Rendering Provider Name	S	1	
504	505	PRV	Rendering Provider Specialty Information	R	1	
506	510	N2	Additional Rendering Provider Name Information	S	1	
507	525	REF	Rendering Provider Secondary Identification	S	5	
			LOOP ID - 2420B PURCHASED SERVICE PROVIDER NAME			1
509	500	NM1	Purchased Service Provider Name	S	1	
512	525	REF	Purchased Service Provider Secondary Identification	S	5	
			LOOP ID - 2420C SERVICE FACILITY LOCATION			1
514	500	NM1	Service Facility Location	S	1	
517	510	N2	Additional Service Facility Location Name Information	S	1	
518	514	N3	Service Facility Location Address	R	1	
519	520	N4	Service Facility Location City/State/ZIP	R	1	
521	525	REF	Service Facility Location Secondary Identification	S	5	
			LOOP ID - 2420D SUPERVISING PROVIDER NAME			1
523	500	NM1	Supervising Provider Name	S	1	
526	510	N2	Additional Supervising Provider Name Information	S	1	
527	525	REF	Supervising Provider Secondary Identification	S	5	
			LOOP ID - 2420E ORDERING PROVIDER NAME			1
529	500	NM1	Ordering Provider Name	S	1	
532	510	N2	Additional Ordering Provider Name Information	S	1	
533	514	N3	Ordering Provider Address	S	1	
534	520	N4	Ordering Provider City/State/ZIP Code	S	1	

536	525	REF	Ordering Provider Secondary Identification	S	5
538	530	PER	Ordering Provider Contact Information	S	1
			LOOP ID - 2420F REFERRING PROVIDER NAME		2
541	500	NM1	Referring Provider Name	S	1
544	505	PRV	Referring Provider Specialty Information	S	1
546	510	N2	Additional Referring Provider Name Information	S	1
547	525	REF	Referring Provider Secondary Identification	S	5
			LOOP ID - 2420G OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER		4
549	500	NM1	Other Payer Prior Authorization or Referral Number	S	1
552	525	REF	Other Payer Prior Authorization or Referral Number	R	2
			LOOP ID - 2430 LINE ADJUDICATION INFORMATION		25
554	540	SVD	Line Adjudication Information	S	1
558	545	CAS	Line Adjustment	S	99
566	550	DTP	Line Adjudication Date	R	1
			LOOP ID - 2440 FORM IDENTIFICATION CODE		5
567	551	LQ	Form Identification Code	S	1
569	552	FRM	Supporting Documentation	R	99
572	555	SE	Transaction Set Trailer	R	1