

## 837 Institutional Loop ID and Segment Name Guide

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
005	ST	Transaction Set Header		M	1		Required
010	BHT	Beginning of Hierarchical Transaction		M	1		Required
015	REF	Transmission Type Identification		O	1		Required
<b><u>LOOP ID - 1000A</u></b>					<b><u>1</u></b>	<b><u>N1/020L</u></b>	
020	NM1	Submitter Name	O		1	N1/020	Required
045	PER	Submitter EDI Contact Information		O	2		Required
<b><u>LOOP ID - 1000B</u></b>					<b><u>1</u></b>	<b><u>N1/020L</u></b>	
020	NM1	Receiver Name	O		1	N1/020	Required

### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b><u>LOOP ID - 2000A</u></b>							<b><u>&gt;1</u></b>
001	HL	Billing/Pay-To Provider Hierarchical Level		M	1		Required
<b><u>LOOP ID - 2010AA</u></b>						<b><u>1</u></b>	<b><u>N2/015L</u></b>
015	NM1	Billing Provider Name		O	1	N2/015	Required
025	N3	Billing Provider Address		O	1		Required
030	N4	Billing Provider City/State/ZIP Code		O	1		Required
035	REF	Billing Provider Secondary Identification		O	3		Situational
<b><u>LOOP ID - 2000B</u></b>							<b><u>&gt;1</u></b>
001	HL	Subscriber Hierarchical Level		M	1	N2/001	Required
005	SBR	Subscriber Information		O	1		Required
<b><u>LOOP ID - 2010BA</u></b>						<b><u>1</u></b>	<b><u>N2/015L</u></b>
015	NM1	Subscriber Name		O	1	N2/015	Required
025	N3	Subscriber Address		O	1		Situational
030	N4	Subscriber City/State/ZIP Code		O	1		Situational
032	DMG	Subscriber Demographic Information		O	1		Situational
<b><u>LOOP ID - 2010BC</u></b>						<b><u>1</u></b>	<b><u>N2/015L</u></b>
015	NM1	Payer Name		O	1	N2/015	Required
<b><u>LOOP ID - 2300</u></b>							<b><u>100</u></b>
130	CLM	Claim information		O	1		Required
135	DTP	Discharge Hour		O	1		Situational
135	DTP	Statement Dates		O	1		Required
135	DTP	Admission Date/Hour		O	1		Situational
140	CL1	Institutional Claim Code		O	1		Situational
155	PWK	Claim Supplemental Information		O	10		Situational
175	AMT	Patient Paid Amount		O	1		Situational
180	REF	Original Reference Number (ICN/DCN)		O	1		Situational
180	REF	Service Authorization Exception Code		O	1		Situational
180	REF	Prior Authorization or Referral Number		O	2		Situational
180	REF	Medical Record Number		O	1		Situational

231	HI	Principal, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	O	1	Situational
231	HI	Other Diagnosis Information	O	2	Situational
231	HI	Principal Procedure Information	O	1	Situational
231	HI	Other Procedure Information	O	2	Situational
231	HI	Occurrence Span Information	O	2	Situational
231	HI	Occurrence Information	O	2	Situational
231	HI	Value Information	O	2	Situational
231	HI	Condition Information	O	2	Situational
240	QTY	Claim Quantity	O	4	Situational
<b>LOOP ID - 2305</b>				<b>6</b>	
<b>LOOP ID - 2310A</b>				<b>1</b>	<b>N2/250L</b>
250	NM1	Attending Physician Name	O	1	N2/250 Situational
271	REF	Attending Physician Secondary Identification	O	3	Situational
<b>LOOP ID - 2310B</b>				<b>1</b>	<b>N2/250L</b>
250	NM1	Operating Physician Name	O	1	N2/250 Situational
271	REF	Operating Physician Secondary Identification	O	2	Situational
<b>LOOP ID - 2310C</b>				<b>1</b>	<b>N2/250L</b>
250	NM1	Other Provider Name	O	1	N2/250 Situational
271	REF	Other Provider Secondary Identification	O	5	N2/271 Situational
<b>LOOP ID - 2310E</b>				<b>1</b>	<b>N2/250L</b>
250	NM1	Service Facility Name	O	1	N2/250 Situational
265	N3	Service Facility Address	O	1	Situational
270	N4	Service Facility City/State/Zip Code	O	1	Situational
271	REF	Service Facility Secondary Identification	O	5	Situational
<b>LOOP ID - 2320</b>				<b>10</b>	<b>N2/290L</b>
290	SBR	Other Subscriber Information	O	1	N2/290 Situational
295	CAS	Claim Level Adjustment	O	5	Situational
300	AMT	Payer Prior Payment	O	1	Situational
305	DMG	Other Subscriber Demographic Information	O	1	Situational
310	OI	Other Insurance Coverage Information	O	1	Situational
315	MIA	Medicare Inpatient Adjudication Information	O	1	Situational
<b>LOOP ID - 2330A</b>				<b>1</b>	<b>N2/325L</b>
325	NM1	Other Subscriber Name	O	1	N2/325 Situational
<b>LOOP ID - 2330B</b>				<b>1</b>	<b>N2/325L</b>
325	NM1	Other Payer Name	O	1	N2/325 Required
350	DTP	Claim Adjudication Date	O	1	Situational
<b>LOOP ID - 2400</b>				<b>999</b>	<b>N2/365L</b>
365	LX	Service Line Number	O	1	N2/365 Required
375	SV2	Institutional Service Line	O	1	Required
455	DTP	Service Line Date	O	1	Situational
<b>LOOP ID - 2410</b>				<b>25</b>	<b>N2/493L</b>
<b>LOOP ID - 2420A</b>				<b>1</b>	<b>N2/500L</b>
500	NM1	Attending Physician Name	O	1	N2/500 Situational

525 REF Attending Physician Secondary Identification O 1 N2/525 Situational

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**LOOP ID - 2420B**

500 NM1 Operating Physician Name O 1 1 N2/500L Situational  
525 REF Operating Physician Secondary Identification O 1 Situational

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**LOOP ID - 2420C**

500 NM1 Other Provider Name O 1 1 N2/500L Situational  
525 REF Other Provider Secondary Identification O 1 Situational

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**LOOP ID - 2430**

540 SVD Service Line Adjudication Information O 1 25 N2/540L Situational  
545 CAS Service Line Adjustment O 99 Situational  
550 DTP Service Adjudication Date O 1 Situational

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**LOOP ID - 2000C**

001 HL Patient Hierarchical Level O 1 >1 Situational  
555 SE Transaction Set Trailer