

NSASO 837i Standard Template						
SEG ID	ELEMENT ID	ELEMENT VALUES	ELEMENT DESCRIPTION		REQUIRED OR SITUATIONAL	LENGTH MIN/MAX
INTERCHANGE CONTROL HEADER					R	
ISA		ISA			R	3/3
ISA	01	Author Info Qual	Value: '00' (No Auth)		R	2/2
ISA	02	Author Information	Value:10 spaces		R	10/10
ISA	03	Security Info Qual	Value: '00' (None)		R	2/2
ISA	04	Security Information	Value:10 spaces		R	10/10
ISA	05	Interchange ID Qual	Value: 'ZZ'		R	2/2
ISA	06	Interchange Sender ID	SenderID	Sender ID	R	15/15
ISA	07	Interchange ID Qual	Value: 'ZZ'		R	2/2
ISA	08	Interchange Receiver ID	Value: '105020903'	NSASO ID	R	15/15
ISA	09	Interchange Date	Format: YYMMDD		R	6/6
ISA	10	Interchange Time	Format: HHMM		R	4/4
ISA	11	Interchange Control Stds ID	Value: '^'		R	1/1
ISA	12	Interchange Version Number	Value: '00501'		R	5/5
ISA	13	Interchange Control Number	Value: nine-digit control number	Same value as IEA02	R	9/9
ISA	14	Ack Requested	Value: '1'		R	1/1
ISA	15	Usage Indicator	Value: 'P' (Production) or 'T' (Test)		R	1/1
ISA	16	Component Element Separator	Value: ':'		R	1/1
FUNCTIONAL GROUP HEADER					R	
GS		GS			R	2/2
GS	01	Functional Identifier Code	Value: 'HC'		R	2/2
GS	02	Application Sender's Code	SenderID	Sender ID	R	2/15
GS	03	Application Receiver's Code	Value: '105020903'	NSASO ID	R	2/15
GS	04	Date	Format: YYYYMMDD		R	8/8
GS	05	Time	Format: HHMM		R	4/8
GS	06	Group Control Number	GrpCtlNbr	Same value as GE02	R	1/9
GS	07	Resp. Agency Code	Value: 'X'		R	1/2
GS	08	Version Code	Value: '005010X223A2'		R	1/12
TRANSACTION SET HEADER					R	
ST		ST			R	2/2
ST	01	Transaction Set Identifier Code	Value: '837'		R	3/3
ST	02	Transaction Set Control Number	STCtlNbr	Same value as SE02	R	4/9
ST	03	Implementation Convention Refe	Value: '005010X223A2'	Same value as GS08	R	1/12
BEGINNING OF HIERARCHICAL TRANSACTION					R	

BHT			BHT			R	3/3
BHT	01	Hierarchical Structure Code	Value: '0019'			R	4/4
BHT	02	Transaction Set Purpose Code	Value: '00'			R	2/2
BHT	03	Originator Application Trans ID	BHTLoopCnt	Batch Control Number		R	1/50
BHT	04	Transaction Set Creation Date	Format: YYYYMMDD			R	8/8
BHT	05	Transaction Set Creation Time	Format: HHMMSS			R	4/8
BHT	06	Claim or Encounter ID	Value: 'RP'			R	2/2
LOOP 1000A SUBMITTER NAME						R	
Submitter Name						R	
NM1			NM1			R	3/3
NM1	01	Entity ID Code	Value: '41'			R	2/3
NM1	02	Entity Type Qualifier	Value: '2'			R	1/1
NM1	03	Submitter Last or Org Name	OrgName	Org Name		R	1/60
NM1	04	Name First		<i>Not Sent / Not Used</i>		S	1/35
NM1	05	Name Middle		<i>Not Sent / Not Used</i>		S	1/25
NM1	06	Name Prefix		<i>Not Sent / Not Used</i>		S	1/10
NM1	07	Name Suffix		<i>Not Sent / Not Used</i>		S	1/10
NM1	08	Identifier Code Qualifer	Value: '46'	ETIN		R	1/2
NM1	09	Submitter Identifier	SenderID	Sender ID		R	2/80
Submitter EDI Contact Information						R	
PER			PER			R	3/3
PER	01	Contact Function Code	Value: 'IC'	Information Contact		R	2/2
PER	02	Submitter Contact Name	SubmitterContact	Submitter Contact		S	1/60
PER	03	Comm Number Qualifer	Value: 'TE'	Telephone		R	2/2
PER	04	Communication Number	SubmitterPhone	Submitter Phone		R	1/256
LOOP 1000B RECEIVER NAME						R	
NM1			NM1			R	3/3
NM1	01	Entity Identifier Code	Value: '40'			R	2/3
NM1	02	Entity Type Qualifier	Value: '2'			R	1/1
NM1	03	Name Last or Org Name	Value: 'NSASO'	NSASO Name		R	1/60
NM1	04	Name First		<i>Not Sent / Not Used</i>		S	1/35
NM1	05	Name Middle		<i>Not Sent / Not Used</i>		S	1/25
NM1	06	Name Prefix		<i>Not Sent / Not Used</i>		S	1/10
NM1	07	Name Suffix		<i>Not Sent / Not Used</i>		S	1/10
NM1	08	Identifier Code Qualifer	Value: '46'	ETIN		R	1/2
NM1	09	Identifier Code	Value: '105020903'	NSASO ID		R	2/80
LOOP 2000A BILLING PROVIDER HIERARCHICAL LEVEL						R	
Billing Provider Heirarchical Level						R	
HL			HL			R	2/2
HL	01	Hierarch ID Number	Value: '1'	Begin '1', Increment By '1'		R	1/12
HL	02	Hierarch Parent ID		<i>Not Sent / Not Used</i>		S	1/12
HL	03	Hierarch Level Code	Value: '20'	Information Source		R	1/2

HL	04	Hierarch Child Code	Value: '1'	Additional HL Data Seg		R	1/1
Billing Provider Specialty Information						R	
PRV			PRV			R	3/3
PRV	01	Provider Code	Value: 'BI'	Billing		R	1/3
PRV	02	Reference ID Qualifier	Value: 'PXC'	Taxonomy Code		R	2/3
PRV	03	Reference ID	OrgTaxonomyCode	Org Taxonomy Code		R	1/50
LOOP 2010AA BILLING PROVIDER NAME						R	
Billing Provider Name						R	
NM1			NM1			R	3/3
NM1	01	Entity ID Code	Value: '85'	Billing Provider		R	2/3
NM1	02	Entity Type Qualifier	Value: '2'	Non-Person Entity		R	1/1
NM1	03	Name Last or Org Name	OrgName	Org Name		R	1/60
NM1	04	Name First		Not Sent / Not Used		S	1/35
NM1	05	Name Middle		Not Sent / Not Used		S	1/25
NM1	06	Name Prefix		Not Sent / Not Used		S	1/10
NM1	07	Name Suffix		Not Sent / Not Used		S	1/10
NM1	08	ID Code Qualifier	Value: 'XX'	National Provider ID		R	1/2
NM1	09	ID Code	OrgNPI	Org NPI		R	2/80
Billing Provider Address						R	
N3			N3			R	2/2
N3	01	Address Information	OrgAddr1	Org Addr1		R	1/55
N3	02	Address Information	OrgAddr2	Org Addr2		S	1/55
Billing Provider City, State, Zip Code						R	
N4			N4			R	2/2
N4	01	City Name	OrgCity	Org City		R	2/30
N4	02	State Code	OrgState	Org State		R	2/2
N4	03	Postal Code	OrgZIP	Org ZIP		R	3/15
Billing Provider Tax Identification						R	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'EI'	Employer's ID		R	2/3
REF	02	Reference ID	OrgEIN	Org EIN		R	1/50
LOOP 2000B SUBSCRIBER HIERARCHICAL LEVEL						R	
Subscriber Heirarchical Level						R	
HL			HL			R	2/2
HL	01	Hierarch ID Number	Value: '2'			R	1/12
HL	02	Hierarch Parent ID	Value: '1'			R	1/12
HL	03	Hierarch Level Code	Value: '22'	Subscriber		R	1/2
HL	04	Hierarch Child Code	Value: '0'	No Subordinate HL Seg		R	1/1
Subscriber Information						R	
SBR			SBR			R	3/3
SBR	01	Payer Resp Seq No Code	Value: 'P'	Primary		R	1/1
SBR	02	Individual Relationship Code	Value: '18'	Self		R	2/2
SBR	03	Reference ID	ClientPN	Client PN		R	1/50

SBR	04	Insurance Group Name		<i>Not Sent / Not Used</i>		S	1/60
SBR	05	Insurance Type Code		<i>Not Sent / Not Used</i>		S	1/3
SBR	06	Benefits Coordination Code		<i>Not Sent / Not Used</i>		S	1/1
SBR	07	Yes/No Cond Resp Code		<i>Not Sent / Not Used</i>		S	1/1
SBR	08	Employment Status Code		<i>Not Sent / Not Used</i>		S	2/2
SBR	09	Claim Filing Indicator Code	Value: 'MC'	Medicaid		R	1/2
LOOP 2010BA SUBSCRIBER NAME						R	
Subscriber Name						R	
NM1			NM1			R	3/3
NM1	01	Entity ID Code	Value: 'IL'	Insured or Subscriber		R	2/3
NM1	02	Entity Type Qualifier	Value: '1'	Person		R	1/1
NM1	03	Name Last or Org Name	NameLast	Subscriber Last Name		R	1/60
NM1	04	Name First	NameFirst	Subscriber First Name		S	1/35
NM1	05	Name Middle	NameMiddle	Subscriber Middle or Init		S	1/25
NM1	06	Name Prefix		<i>Not Sent / Not Used</i>		S	1/10
NM1	07	Name Suffix	NameSuffix	Subscriber Suffix If Present		S	1/10
NM1	08	ID Code Qualifier	Value: 'M'	Member ID Number		R	1/2
NM1	09	ID Code	P1ID	P1ID or Client PN		R	2/80
Subscriber Address						R	
N3			N3			R	2/2
N3	01	Address Information	SubscriberAddr1	Subscriber Addr1		R	1/55
N3	02	Address Information	SubscriberAddr2	Subscriber Addr2		S	1/55
Subscriber City, State, Zip Code						R	
N4			N4			R	2/2
N4	01	City Name	SubscriberCity	Subscriber City		R	2/30
N4	02	State Code	SubscriberState	Subscriber State		R	2/2
N4	03	Postal Code	SubscriberZIP	Subscriber ZIP		R	3/15
Subscriber Demographic Information						R	
DMG			DMG			R	3/3
DMG	01	Date Time Format Qualifier	Value: 'D8'	YYYYMMDD Format		R	2/3
DMG	02	Date Time Period	DOB	Date Of Birth		R	1/35
DMG	03	Gender Code	Gender: (M F U)	Gender		R	1/1
LOOP 2010BB PAYER NAME						R	
Payer Name						R	
NM1			NM1			R	3/3
NM1	01	Entity ID Code	Value: 'PR'	Payer		R	2/3
NM1	02	Entity Type Qualifier	Value: '2'	Non-Person Entity		R	1/1
NM1	03	Name Last or Org Name	Value: 'NSASO'	NSASO Name		R	1/60
NM1	04	Name First		<i>Not Sent / Not Used</i>		S	1/35
NM1	05	Name Middle		<i>Not Sent / Not Used</i>		S	1/25
NM1	06	Name Prefix		<i>Not Sent / Not Used</i>		S	1/10
NM1	07	Name Suffix		<i>Not Sent / Not Used</i>		S	1/10
NM1	08	ID Code Qualifier	Value: 'PI'	Payer Identification		R	1/2

NM1	09	ID Code	Value: '105020903'	NSASO ID		R	2/80
LOOP 2300 CLAIM INFORMATION						R	
Claim Information						R	
CLM			CLM			R	3/3
CLM	01	Claim Submitter's ID	ClaimNbr	Claim Number		R	1/20
CLM	02	Monetary Amount	Value: '0'			R	1/18
CLM	03	Claim Filing Indicator Code		Not Sent / Not Used		S	1/2
CLM	04	Non-Inst. Claim Type Code		Not Sent / Not Used		S	1/2
CLM	05	Health Care Service Location				R	
CLM	05-1	Facility Code Value	SvcLocation	Service Location		R	1/2
CLM	05-2	Facility Code Qualifier	Value: 'A'	Uniform Billing Claim		R	1/2
CLM	05-3	Claim Frequency Type Code	ClaimActionCode (1 7 8)	Claim Action Code		R	1/1
CLM	06	Yes/No Cond Or Resp Code		Not Sent / Not Used		S	1/1
CLM	07	Provider Accept Assign. Code	Value: 'A'	Assigned		R	1/1
CLM	08	Yes/No Cond Or Resp Code	Value: 'Y'	Yes		R	1/1
CLM	09	Release of Information Code	ReleaseOfInfoCode (I Y)	Release Of Information		R	1/1
Discharge Hour						R	
DTP			DTP			R	3/3
DTP	01	Date/Time Qualifier	Value: '096'	Discharge		R	3/3
DTP	02	Format Qualifier	Value: 'TM'	HHMM Format		R	2/3
DTP	03	Date Time Period	DischargeHour	Discharge Time		R	1/35
Statement Dates						R	
DTP			DTP			R	3/3
DTP	01	Date/Time Qualifier	Value: '434'	Statement		R	3/3
DTP	02	Format Qualifier	Value: 'RD8'	YYYYMMDD Format		R	2/3
DTP	03	Date Time Period	AdmitDate-DischargeDate	Statement From - To Date		R	1/35
Admission Date/Hour						R	
DTP			DTP			R	3/3
DTP	01	Date/Time Qualifier	Value: '435'	Admission		R	3/3
DTP	02	Format Qualifier	Value: 'DT'	YYYYMMDDHHMM Format		R	2/3
DTP	03	Date Time Period	AdmitDateHour	Admission Date and Hour		R	1/35
Institutional Claim Code						R	
CL1			CL1			R	3/3
CL1	01	Admission Type Code	AdmitType	Admission Type		R	1/1
CL1	02	Admission Source Code	AdmitSrc	Admission Source		R	1/1
CL1	03	Patient Status Code	PatStatus	Patient Status		R	1/2
Payer Claim Control Number						S	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'F8'	Original Reference Nbr		R	2/3
REF	02	Reference Identification	TCN	Adjusted Claim Ctrl Nbr		R	1/18
Medical Record Number						R	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'EA'	Medical Record ID Nbr		R	2/3

REF	02	Reference Identification	ClientPN	Client PN		R	1/50
Principal Diagnosis						R	
HI			HI			R	2/2
HI	01	Health Care Code Information				R	
HI	01-1	Code List Qualifier Code	Value: 'ABK'	ICD-10-CM		R	1/3
HI	01-2	Industry Code	DiagCode	Principal Diagnosis Code		R	1/30
Admitting Diagnosis						R	
HI			HI			R	2/2
HI	01	Health Care Code Information				R	
HI	01-1	Code List Qualifier Code	Value: 'ABJ'	ICD-10-CM		R	1/3
HI	01-2	Industry Code	AdmitDiagCode	Admission Diagnosis Code		R	1/30
LOOP 2310C SERVICE LOCATION NAME						R	
Service Facility Location Secondary Identification						R	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'G2'	Provider Identifier		R	2/3
REF	02	Reference Identification	AgencyLicNbr	Agency License Nbr		R	1/50
LOOP 2320 OTHER SUBSCRIBER INFORMATION						S	
Claim Level Adjustments						S	
CAS			CAS			R	3/3
CAS	01	Claim Adjustment Group Code	Value: 'CO CR OA PI PR'	Adj Group		R	1/2
CAS	02	Claim Adjustment Reason Code	AdjReasonCode	Claim Adj Reason Code		S	1/5
CAS	03	Monetary Amount	Value: '999999.99'	Adj Amount		R	1/18
Cordination Of Benefits						S	
AMT			AMT			R	3/3
AMT	01	Amount Qualifier Code	Value: 'D'	Payor Amount Paid		S	1/3
AMT	02	Monetary Amount	Value: '999999.99'	Paid Amount		R	1/18
LOOP 2400 SERVICE LINE NUMBER						R	
Service Line Number						R	
LX			LX			R	3/3
LX	01	Assigned Number	Value: '1'	Begin '1', Increment By '1'		R	1/6
Institutional Service						R	
SV2			SV2			R	3/3
SV2	01	Service ID	Value: '0124'	Revenue Code: Psychiatric		R	1/48
SV2	02	Comp. Medical Procedure ID		Not Sent / Not Used		S	1/2
SV2	03	Monetary Amount	Value: '0'	Charge Amount		R	1/18
SV2	04	Unit For Measurement	Value: 'DA'	Days		R	2/2
SV2	05	Quantity	DurOfStay	Duration		R	1/15
Line Item Control Number						R	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: '6R'	Provider Control Number		R	2/3
REF	02	Line Item Control Number	GUID	GUID		R	1/50
Certification Number						R	

REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'G1'			R	2/3
REF	02	Certification Number	Cert	Cert Number		R	6/15
TRANSACTION SET TRAILER						R	
SE			SE			R	2/2
SE	01	Transaction Segment Count	STSegCnt			R	1/10
SE	02	Transaction Set Control Nbr	STCtINbr	Same value as ST02		R	4/9
FUNCTIONAL GROUP TRAILER						R	
GE			GE			R	2/2
GE	01	Nbr of Included Trans sets	GSLoopCnt			R	1/6
GE	02	Group Control Nbr	GSCTINbr	Same value as GS06		R	1/9
INTERCHANGE CONTROL TRAILER						R	
IEA			IEA			R	2/2
IEA	01	Nbr of Included Funct grps	ISALoopCnt			R	1/5
IEA	02	Interchange Control Nbr	ISACTINbr	Same value as ISA13		R	9/9