

File Format Specifications:

These file specifications are taken from the 837 X12 Implementation Guide to provide guidance on specific loops and segments important to processing property and casualty bills. This is not a full guide; a full guide is available for purchase from Washington Publishing Company.

LOOP ID 2000B – SBR – Subscriber Information					
The purpose of this segment is to supply information for the insured.					
SEG. ID	Num.	Description	Type	Min/Max	Comments
SBR02	1069	Individual Relationship Code	ID	2/2	"18" for Auto (if applicable) BLANK for Work Comp
SBR09	1032	Claim Filing Indicator Code	ID	1/2	"AM" for Auto and "WC" for Work Comp

LOOP ID 2010BA - NM1 – Subscriber Name					
The purpose of this segment is to supply the name the subscriber. <i>This is the employer for workers' compensation bills.</i>					
SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"IL"
NM102	1065	Entity Type Qualifier	ID	1/1	"2" for WC and "1" for AM
NM103	1035	Organization Name	AN	1/35	Use the employer name for WC or subscriber/patient for AM
NM108	66	Identification Code Qualifier	ID	1/2	N/A for WC or "MI" for AM
NM109	67	Identification Code	AN	2/80	N/A for WC or use subscriber/patient identification number.

LOOP ID 2010BA - REF*Y4 – Property and Casualty Claim Number (USED FOR AUTO MEDICAL ONLY)

The purpose of this segment is to supply the payer claim number. This segment in this loop is not typically used for Workers' Comp. *The Workers' Comp property and casualty claim number should be sent in the 2010CA loop with the patient's information.*

SEG. ID	Num.	Description	Type	Min/Max	Comments
REF01	128	Qualifier	ID	2/3	"Y4"
REF02	127	Agency Claim Number	ID	1/50	e.g. "REF*Y4*1234567890002155~"

LOOP ID 2010BB - NM1 – Payer Name

The purpose of this segment is to supply the full name the payer and the payer ID for routing.

Please see Office Ally's Worker's Comp payer list for a payer listing to ensure you are using the correct ID.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"PR"
NM102	1065	Entity Type Qualifier	ID	1/1	"2"
NM103	1035	Organization Name	AN	1/35	"Texas Mutual Insurance Co"
NM108	66	Identification Code Qualifier	ID	1/2	"PI"
NM109	67	Identification Code	AN	2/80	"22945" See payer ID listing provided by OA

LOOP ID 2000C - PAT – Patient Relationship

The purpose of this segment is to supply the patient's relationship to the subscriber when the subscriber is not the patient. This segment would not always be used in Auto Medical bills because sometimes the patient is the subscriber so the Patient loops are not sent. *This typically only applies to WC bills.*

SEG. ID	Num.	Description	Type	Min/Max	Comments
PAT01	1069	Relationship Code	ID	2/2	"20" for Employee

LOOP ID 2010CA - NM1 – Patient Name

The purpose of this segment is to supply the name the patient. This segment may not apply for auto medical bills if the patient is the same as the subscriber.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"QC"
NM102	1065	Entity Type Qualifier	ID	1/1	"1"
NM103	1035	Last Name	AN	1/35	Patient's last name
NM104	1036	First Name	AN	1/35	Patient's first name

LOOP ID 2010CA - REF*Y4 – Property and Casualty Claim Number

The purpose of this segment is to supply the payer claim number.

SEG. ID	Num.	Description	Type	Min/Max	Comments
REF01	128	Qualifier	ID	2/3	"Y4"
REF02	127	Agency Claim Number	ID	1/50	If unavailable use UNKNOWN e.g. "REF*Y4*1234567890002155~" or "REF*Y4*UNKNOWN~"

**LOOP ID 2010CA - REF*SY – Property and Casualty Patient Identifier
(REQUIRED FOR WORKERS COMPENSATION ONLY)**

The purpose of this segment is to supply the social security number of the patient.

SEG. ID	Num.	Description	Type	Min/Max	Comments
REF01	128	Qualifier	ID	9	"SY"
REF02	127	Social Security Number	ID	9	If unavailable use all 9s (REF*SY*999999999~)

LOOP ID 2300 – CLM – Claim Information
(PROFESSIONAL BILLS ONLY)

The purpose of this segment is to supply additional claim information.

SEG. ID	Num.	Description	Type	Min/Max	Comments
CLM11-1	1362	Related-Causes Code	ID	2/3	“AA” for Auto OR “EM” for Work Comp
CLM11-4	156	State or Province Code	ID	2/2	Only used for Auto bills, use state abr.

LOOP ID 2300 – DTP*431 – Onset of Current Illness or Symptom
(REQUIRED FOR WORK COMP ONLY) – PROFESSIONAL BILLS

The purpose of this segment is to supply the date of injury/illness.

SEG. ID	Num.	Description	Type	Min/Max	Comments
DTP01	374	Date Qualifier	ID	3/3	“431”
DTP02	1250	Date Format Qualifier	ID	2/3	“D8”
DTP03	1251	Onset of Current Illness Date	AN	1/35	Use CCYYMMDD format

LOOP ID 2300 – DTP*439 – Accident Date
(REQUIRED FOR AUTO MEDICAL ONLY) - PROFESSIONAL BILLS

The purpose of this segment is to supply the date of accident.

SEG. ID	Num.	Description	Type	Min/Max	Comments
DTP01	374	Date Qualifier	ID	3/3	“439”
DTP02	1250	Date Format Qualifier	ID	2/3	“D8”
DTP03	1251	Accident Date	AN	1/35	Use CCYYMMDD format

PAYER SPECIFIC EDITS

New York State Insurance Fund (NYSIF) – OA Payer ID: 45052

The information provided below is in addition to the requirements listed in the first part of this guide.

LOOP ID: 2010CA – DMG – Patient Demographic Information

The purpose of this segment is to supply the date of birth and gender of the patient.

SEG. ID	Num.	Description	Type	Min/Max	Comments
DMG01	1250	Date Qualifier	ID	3/3	“D8”
DMG02	1251	Date of Birth	AN	1/35	Use YYYYMMDD format
DMG03	1068	Gender Code	ID	1/1	NYSIF requires F or M, cannot use U.

LOOP ID: Multiple (see below) – REF*0B – State License Number – **PROFESSIONAL BILLS**

The purpose of this segment is to supply the state license number for a provider being reported in the 837. Below are the loops for both the bill level / line level. *The state license number for this payer can only be a 6-digit numeric value.*

Rendering Provider: 2310B/2420A

Referring Provider: 2310A/2420F

Ordering Provider: 2420E (only available at the line level)

SEG. ID	Num.	Description	Type	Min/Max	Comments
REF01	128	License Number Qualifier	ID	2/3	“0B”
REF02	127	State License Number	AN	1/50	“123456”

LOOP ID 2010BA - NM1 – Subscriber Name

The purpose of this segment is to supply the name of the employer. Employer name is required for this payer.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"IL"
NM102	1065	Entity Type Qualifier	ID	1/1	"2" for Non Person Entity
NM103	1035	Organization Name	AN	1/35	Enter Employer Name for WC

LOOP ID: 2010BA – NM1 – Subscriber/Employer Address

The purpose of this segment is to supply the address of the employer which is required for this payer.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Qualifier	ID	2/3	"IL"
NM102	1065	Entity Type	ID	1/1	"2"
NM103	1035	Employer Name	AN	1/60	Employer's Name

LOOP ID 2010CA - NM1 – Patient Name

The purpose of this segment is to supply the name the patient. This loop/segment is required for this payer.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"QC"
NM102	1065	Entity Type Qualifier	ID	1/1	"1" for Person Entity
NM103	1035	Last Name	AN	1/35	Patient's last name
NM104	1036	First Name	AN	1/35	Patient's first name

LOOP ID 2310B - NM1 – Rendering Provider Name

The purpose of this segment is to supply the name of the rendering provider which is required for this payer.

SEG. ID	Num.	Description	Type	Min/Max	Comments
NM101	98	Entity Identifier Code	ID	2/3	"82"
NM102	1065	Entity Type Qualifier	ID	1/1	"1" for Person Entity "2" for Non-Person Entity
NM103	1035	Organization Name	AN	1/60	Enter Rendering Provider Name

State Comp Insurance Fund of CA (SCIF) – OA Payer ID: 35076

The information provided below is in addition to the requirements listed in the first part of this guide.

LOOP ID: 2000A – PRV – Billing Provider Specialty Information

The purpose of this segment is to supply the billing provider taxonomy code which is required for this payer.

SEG. ID	Num.	Description	Type	Min/Max	Comments
PRV01	1221	Provider Code	ID	1/3	"BI"
PRV02	128	Reference Identification Qualifier	ID	2/3	"PXC"
PRV03	127	Provider Taxonomy Code (Ref ID)	AN	1/50	Enter Billing Provider Taxonomy Code

Department of Labor and Industries – OA Payer ID: J1438

The information provided below is in addition to the requirements listed in the first part of this guide.

LOOP ID: 2010BB – REF – Billing Provider Secondary Identification					
The purpose of this segment is to supply the DOL provider ID which is required for this payer.					
SEG. ID	Num.	Description	Type	Min/Max	Comments
REF01	128	Reference Identification Qualifier	ID	2/3	"G2"
REF02	127	Billing Provider Secondary Identifier	AN	1/50	Enter DOL Provider ID

COMMON REJECTION ASSISTANCE

Missing Taxonomy Code	California (CA) submitters should send the Rendering/Referring Provider Taxonomy Code(s) if the claim includes a Rendering/Referring Provider.
Missing State License Number	New York (NY), Texas (TX), and Florida (FL) payers require the State License Number.
CLM11/SBR09 Conflict	The CLM11 and SBR09 do not correspond. If the CLM11 is "EM", then the SBR09 should be "WC". If the CLM11 is "AA" then the SBR09 should be "AM".
Invalid DOL Provider ID	Dept of Labor requires the DOL Provider ID to be sent in the 2010BB REF*G2. DOL cross references the provider ID with the billing TIN. If you are receiving rejections for a Provider ID under DOL, you should call DOL and verify what provider ID should be sent on the claim.
Invalid Payer ID - Jurisdiction	The payer does not accept bills for this state/jurisdiction
Invalid Payer ID - Claim Type	You're sending a claim type that is not accepted for this payer. For example, if you send an Auto claim to a payer that only accepts Workers Comp claims, you will see this rejection sent back. The payer list will indicate accepted claims type(s).