



837 Professional Companion Document

This companion document is not intended to replace the HIPAA guidelines. It is intended to clarify which segments, elements, and codes are meaningful to our internal claims processing system. All fields “required” by the HIPAA guide should be sent even if this companion document does not reference them specifically. Situational segments and elements not identified in the companion document may be sent but Unity will not use this information to adjudicate a claim.

National Provider Identifier has been mandated. A NM1 segment identifying the NPI and a REF segment identifying the provider tax id must appear in the 2010AA, 2310B, or 2420A loop. The 2010AA provider NPI in the NM109 and tax id in the REF02 applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.

The provider taxonomy code must be sent in a PRV segment with a PRV02 of “ZZ”. A PRV segment identifying the provider taxonomy must appear in the 2000A, 2310B, or 2420A loop. The 2000A provider taxonomy applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop. If you have any questions please call Joseph Boerboom (608-643-1531) or Nathan Keeney (608-643-1459) for assistance.

Required File Layout - 837

Element separator must equal “*”

Sub-Element separator must equal “:”

Segment terminator must equal “~”

Loop	Segment	Element	Comments	Mandatory/Optional
	ISA	ISA01	“00”	Mandatory
		ISA02	Must contain 10 spaces	Mandatory
		ISA03	“00”	Mandatory
		ISA04	Must contain 10 spaces	Mandatory
		ISA05	“ZZ”	Mandatory
		ISA06	Sender ID. This is the ID agreed upon in the trade partner agreement.	Mandatory
		ISA07	“ZZ”	Mandatory
		ISA08	Receiver ID. Unity's ID = “391450766”	Mandatory
		ISA09	Date of the interchange (YYMMDD)	Mandatory
		ISA10	Time of the interchange (HHMM)	Mandatory
		ISA11	“U”	Mandatory
		ISA12	“00401”	Mandatory
		ISA13	Interchange Control Number. The ISA13 must be identical to the associated Interchange Trailer IEA02.	Mandatory
		ISA14	“0” = No Acknowledgement Requested. “1” = Interchange Acknowledgment Requested.	Mandatory
		ISA15	“P” = Production Data “T” = Test Data	Mandatory
		ISA16	“.”	Mandatory
	GS	GS01	“HC”	Mandatory
		GS02	Application Sender's Code. Use code agreed upon in the trade partner agreement.	Mandatory
		GS03	Application Receiver's Code. Send “UNI” for the Unity network.	Mandatory
		GS04	Functional Group Creation Date. (CCYYMMDD)	Mandatory
		GS05	Creation Time (HHMM)	Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
		GS06	Group Control Number. The control number in the GS06 must be identical to the control number in the group trailer GE02.	Mandatory
		GS07	"X"	Mandatory
		GS08	"004010X098A1"	Mandatory
Header	ST	ST01	"837"	Mandatory
		ST02	Transaction Set Control Number. The ST02 and SE02 must be identical.	Mandatory
	BHT	BHT01	"0019"	Mandatory
		BHT02	"00"	Mandatory
		BHT03	Number assigned by the originator to trace the transaction.	Mandatory
		BHT04	Date transaction set was generated. (CCYYMMDD)	Mandatory
		BHT05	Time transaction set was generated. (HHMM)	Mandatory
		BHT06	"CH"	Mandatory
	REF	REF01	"87"	Mandatory
		REF02	When in test mode use "004010X098DA1". When in production mode use "004010X098A1"	Mandatory
1000A	NM1	NM101	"41"	Mandatory
		NM102	"2"	Mandatory
		NM103	Submitter Organization Name	Mandatory
		NM108	"46"	Mandatory
		NM109	Submitter ID Number	Mandatory
	PER	PER01	"IC"	Mandatory
		PER02	Submitter Contact Name	Mandatory
		PER03	Valid Codes are "ED", "EM", "FX", "TE"	Mandatory
		PER04	Communication Number	Mandatory
		PER05	Valid Codes are "ED", "EM", "FX", "TE"	Optional
		PER06	Communication Number	Optional
		PER07	Valid Codes are "ED", "EM", "FX", "TE"	Optional
		PER08	Communication Number	Optional
1000B	NM1	NM101	"40"	Mandatory
		NM102	"2"	Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
		NM103	"UNITY HEALTH INSURANCE"	Mandatory
		NM108	"46"	Mandatory
		NM109	"391450766"	Mandatory
2000A	HL	HL01	Sequential number to identify each occurrence of a HL segment within a transaction set. Number should begin with one and increment by one for each occurrence of the HL segment within the transaction set (ST through SE)	Mandatory
		HL03	"20"	Mandatory
		HL04	"1"	Mandatory
	PRV	PRV01	"BI" or "PT"	Mandatory
		PRV02	"ZZ"	Mandatory
		PRV03	Provider Taxonomy Code (*Note: A PRV segment identifying the provider taxonomy must appear in the 2000A, 2310B, or 2420A loop. The 2000A provider taxonomy applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	*Mandatory
2010AA	NM1	NM101	"85"	Mandatory
		NM102	"1" or "2"	Mandatory
		NM103	Provider Last Name or Organization Name	Mandatory
		NM104	Provider First Name	Situational
		NM105	Provider Middle Name	Situational
		NM107	Provider Suffix	Situational
		NM108	"XX"	Mandatory
		NM109	NPI	Mandatory
	N3	N301	Provider Address 1	Mandatory
		N302	Provider Address 2	Optional
	N4	N401	Provider City	Mandatory
		N402	Provider State	Mandatory
		N403	Provider Zip Code	Mandatory
	REF	REF01	"EI" (*Note: A REF segment identifying the provider tax id must appear in the 2010AA, 2310B, or 2420A	*Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
			loop. The 2010AA provider tax id applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	
		REF02	Provider's 9 digit tax id.	*Mandatory
2000B	HL	HL01	Sequential number to identify each occurrence of a HL segment within a transaction set. Number should begin with one and increment by one for each occurrence of the HL segment within the transaction set (ST through SE)	Mandatory
		HL02	Hierarchical Parent ID Number. Must = HL01 from loop 2000A.	Mandatory
		HL03	"22"	Mandatory
		HL04	"0" (no subordinate levels) or "1" (subordinate levels exist)	Mandatory
	SBR	SBR01	"P", "S", "T"	Mandatory
		SBR02	If subscriber is the same person as the patient use "18" otherwise do not send SBR02	Optional
		SBR09	"HM"	Optional
2010BA	NM1	NM101	"IL"	Mandatory
		NM102	"1"	Mandatory
		NM103	Subscriber Last Name	Mandatory
		NM104	Subscriber First Name	Optional
		NM105	Subscriber Middle Name	Optional
		NM108	"MI"	Mandatory
		NM109	Must be the member ID number assigned by Unity. This number can be found on the member's ID card. Do not send dashes.	Mandatory
	N3	N301	Subscriber Address 1 (*Note: Only send the N3 and N4 at the 2010BA loop if the patient is the same person as the subscriber)	*Mandatory
		N302	Subscriber Address 2	Optional
	N4	N401	Subscriber City	*Mandatory
		N402	Subscriber State	*Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
		N403	Subscriber Zip	*Mandatory
	DMG	DMG01	"D8" (*Note: Only send the DMG at the 2010BA loop if the patient is the same person as the subscriber)	*Mandatory
		DMG02	Subscriber Birth Date – CCYYMMDD	*Mandatory
		DMG03	"F", "M", or "U"	*Mandatory
2010BB	NM1	NM101	"PR"	Mandatory
		NM102	"2"	Mandatory
		NM103	"UNITY HEALTH INSURANCE"	Mandatory
		NM108	"PI"	Mandatory
		NM109	"391450766"	Mandatory
2000C	HL	HL01	Sequential number to identify each occurrence of a HL segment within a transaction set. Number should begin with one and increment by one for each occurrence of the HL segment within the transaction set (ST through SE) (*Note: The 2000C loop should only be used when the patient is not the subscriber)	*Mandatory
		HL02	Hierarchical Parent ID Number. Must = HL01 from loop 2000B.	*Mandatory
		HL03	"23"	*Mandatory
		HL04	"0"	*Mandatory
	PAT	PAT01	All valid codes supported	*Mandatory
2010CA	NM1	NM101	"QC" (*Note: The 2010CA loop should only be used when the patient is not the subscriber)	*Mandatory
		NM102	"1"	*Mandatory
		NM103	Patient Last Name	*Mandatory
		NM104	Patient First Name	*Mandatory
		NM105	Patient Middle Name	Optional
		NM108	"MI"	*Mandatory
		NM109	Must be the member ID number assigned by Unity. This number can be found on the member's ID card. Do not send dashes.	*Mandatory
	N3	N301	Patient Address 1	*Mandatory
		N302	Patient Address 2	Optional

Loop	Segment	Element	Comments	Mandatory/Optional
	N4	N401	Patient City	*Mandatory
		N402	Patient State	*Mandatory
		N403	Patient Zip	*Mandatory
	DMG	DMG01	"D8"	*Mandatory
		DMG02	Patient Birth Date – CCYYMMDD	*Mandatory
		DMG03	"F", "M", or "U"	*Mandatory
2300	CLM	CLM01	Provider's Claim Number or Patient Account Number. Number sent in CLM01 will be returned on the CLP01 on the 835. Only 20 characters will be returned.	Mandatory
		CLM02	Total Charges. The maximum CLM02 length Unity will support is 10. (Example 9999999.99 – decimal counts as a character) If sales tax applies to a claim it should be included in the total charges.	Mandatory
		CLM05-1	Facility Type Code	Mandatory
		CLM05-3	"1"	Mandatory
		CLM06	Provider Signature on File	Mandatory
		CLM07	Medicare Assignment Code	Optional
		CLM08	Assignment of Benefits Indicator	Mandatory
		CLM09	Release of Information Code	Mandatory
		CLM11-1	Related Cause Code "AA" or "EM"	Optional
		CLM11-2	Related Cause Code "AA" or "EM"	Optional
		CLM11-4	Auto Accident State Code	Situational
		CLM20	Delay Reason Code	Optional
	DTP	DTP01	"454"	Situational
		DTP02	"D8"	Situational
		DTP03	Initial Treatment Date - CCYYMMDD	Situational
	DTP	DTP01	"431"	Situational
		DTP02	"D8"	Situational
		DTP03	Onset Date - CCYYMMDD	Situational
	DTP	DTP01	"435" (*Note: Required on inpatient claims)	*Situational
		DTP02	"D8"	*Situational
		DTP03	Admit Date - CCYYMMDD	*Situational

Loop	Segment	Element	Comments	Mandatory/Optional
	REF	REF01	"9F" = Referral Number" "G1" = Prior Authorization Number	Optional
		REF02	Referral Number or Prior Authorization Number	Optional
	REF	REF01	"D9"	Optional
		REF02	Clearinghouse Trace Number	Optional
	REF	REF01	"EA"	Optional
		REF02	Medical Record ID Number (Maximum of 20 characters)	Optional
	NTE	NTE01	Note Reference Code	Optional
		NTE02	Claim Note Text	Optional
	HI	HI01-1	"BK"	Mandatory
		HI01-2	Principal Diagnosis Code	Mandatory
		HI02-1	"BF"	Optional
		HI02-2	Diagnosis 2	Optional
		HI03-1	"BF"	Optional
		HI03-2	Diagnosis 3	Optional
		HI04-1	"BF"	Optional
		HI04-2	Diagnosis 4	Optional
		HI05-1	"BF"	Optional
		HI05-2	Diagnosis 5	Optional
		HI06-1	"BF"	Optional
		HI06-2	Diagnosis 6	Optional
		HI07-1	"BF"	Optional
		HI07-2	Diagnosis 7	Optional
		HI08-1	"BF"	Optional
		HI08-2	Diagnosis 8	Optional
	HCP	HCP01	Pricing Methodology	Optional
		HCP02	Repriced Allowed Amount (Max size is 9999999.99)	Optional
		HCP13	Reject Reason Code	Optional
		HCP14	Policy Compliance Code	Optional
		HCP15	Exception Code	Optional
2310A	NM1	NM101	"DN", "P3"	Optional
		NM102	"1", "2"	Optional

Loop	Segment	Element	Comments	Mandatory/Optional
		NM103	Referring Provider Last Name or Organization Name	Optional
		NM104	Referring Provider First Name	Optional
		NM105	Referring Provider Middle Name	Optional
		NM107	Referring Provider Suffix	Optional
		NM108	"XX"	Optional
		NM109	NPI	Optional
	REF	REF01	"EI"	Optional
		REF02	Provider's 9 digit tax id.	Optional
2310B	NM1	NM101	"82"	Optional
		NM102	"1", "2"	Optional
		NM103	Rendering Provider Last Name	Optional
		NM104	Rendering Provider First Name	Optional
		NM105	Rendering Provider Middle Name	Optional
		NM107	Rendering Provider Suffix	Optional
		NM108	"XX"	Optional
		NM109	NPI	Optional
	PRV	PRV01	"PE"	Mandatory
		PRV02	"ZZ"	Mandatory
		PRV03	Provider Taxonomy Code (*Note: A PRV segment identifying the provider taxonomy must appear in the 2000A, 2310B, or 2420A loop. The 2000A provider taxonomy applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	*Mandatory
	REF	REF01	"EI" (*Note: A REF segment identifying the provider tax id must appear in the 2010AA, 2310B, or 2420A loop. The 2010AA provider tax id applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	*Mandatory
		REF02	Provider's 9 digit tax id.	*Mandatory
2320	SBR	SBR01	"P", "S", or "T" (*Note: The 2320 loop should only be used if COB information needs to be transmitted on	*Optional

Loop	Segment	Element	Comments	Mandatory/Optional
			the 837. If COB information is required, all segments in the 2320 and 2430 loops referenced in this companion document should be sent as necessary to describe the COB claim.)	
		SBR02	Relationship Code	Optional
		SBR03	Other Insured Group or Policy Number	Optional
		SBR04	Other Insured Group Name	Optional
		SBR09	Claim Filing Indicator Code	Optional
	CAS	CAS01	Claim Adjustment Group Code	Optional
		CAS02	Claim Adjustment Reason Code	Optional
		CAS03	Claim Adjustment Amount (Max Size 9999999.99)	Optional
		CAS04	Adjustment Quantity	Optional
		CAS05	Adjustment Reason Code	Optional
		CAS06	Adjustment Amount	Optional
		CAS07	Adjustment Quantity	Optional
		CAS08	Adjustment Reason Code	Optional
		CAS09	Adjustment Amount	Optional
		CAS10	Adjustment Quantity	Optional
		CAS11	Adjustment Reason Code	Optional
		CAS12	Adjustment Amount	Optional
		CAS13	Adjustment Quantity	Optional
		CAS14	Adjustment Reason Code	Optional
		CAS15	Adjustment Amount	Optional
		CAS16	Adjustment Quantity	Optional
		CAS17	Adjustment Reason Code	Optional
		CAS18	Adjustment Amount	Optional
		CAS19	Adjustment Quantity	Optional
	AMT	AMT01	"D"	Optional
		AMT02	Other Payer Paid Amount (Max Size 9999999.99)	Optional
	AMT	AMT01	"T2"	Optional
		AMT02	COB Total Claim Charge Amount	Optional
	DMG	DMG01	"D8"	Situational

Loop	Segment	Element	Comments	Mandatory/Optional
		DMG02	Other Insured Birth Date	Situational
		DMG03	Other Insured Gender Code	Situational
	OI	OI03	Assignment of Benefits Indicator	Optional
		OI06	Release of Information Code	Optional
2330A	NM1	NM101	"IL" (The 2330A loop is used when the 2320 Other Subscriber Information loop is used. Otherwise, this loop is not used)	Optional
		NM102	"1", "2"	Optional
		NM103	Other Insured Last Name	Optional
		NM104	Other Insured First Name	Optional
		NM105	Other Insured Middle Name	Optional
		NM108	"MI"	Optional
		NM109	Insured ID Number or Social Security Number	Optional
2330B	NM1	NM101	"PR" (The 2330B loop is used when the 2320 Other Subscriber Information loop is used. Otherwise, this loop is not used)	Optional
		NM102	"2"	Optional
		NM103	Other Payer Name	Optional
		NM108	"PI"	Optional
		NM109	Other Payer ID Number (Can use "Unknown")	Optional
	DTP	DTP01	"573"	Optional
		DTP02	"D8"	Optional
		DTP03	Adjudication or Payment Date – CCYYMMDD	Optional
2400	LX	LX01	Service Line Number. Begin with 1 and increment by 1 for each new LX segment within a claim.	Mandatory
	SV1	SV101-1	"HC", "IV", or "ZZ"	Mandatory
		SV101-2	Procedure Code	Mandatory
		SV101-3	HCPCS Modifier 1	Optional
		SV101-4	HCPCS Modifier 2	Optional
		SV101-5	HCPCS Modifier 3	Optional
		SV101-6	HCPCS Modifier 4	Optional
		SV102	Line Item Charge Amount (Max size is 9999999.99). If sales tax applies to a service line it should be	Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
			included in the total line charges.	
		SV103	"MJ" or "UN"	Mandatory
		SV104	Service Unit Count	Mandatory
		SV105	Place of Service	Situational
		SV107-1	Diagnosis Pointer Code	Situational
	DTP	DTP01	"472"	Mandatory
		DTP02	"D8" or "RD8"	Mandatory
		DTP03	Service Date CCYYMMDD or CCYYMMDD-CCYYMMDD	Mandatory
	REF	REF01	"9F"	Optional
		REF02	Referral Number	Optional
	REF	REF01	"6R"	Optional
		REF02	Line Item Control Number	Optional
	NTE	NTE01	Note Reference Code	Optional
		NTE02	Service Line Note Text	Optional
	HCP	HCP01	Pricing Methodology (If sent at 2400 level will override HCP sent at 2300 level)	Optional
		HCP02	Repriced Allowed Amount (Max size is 9999999.99)	Optional
		HCP10	Repriced Approved HCPCS Code	Optional
		HCP12	Repriced Approved Service Units	Optional
		HCP13	Reject Reason Code	Optional
		HCP14	Policy Compliance Code	Optional
		HCP15	Exception Code	Optional
2420A	NM1	NM101	"82"	Optional
		NM102	"1", "2"	Optional
		NM103	Rendering Provider Last Name or Organization Name	Optional
		NM104	Rendering Provider First Name	Optional
		NM105	Rendering Provider Middle Name	Optional
		NM107	Rendering Provider Suffix	Optional
		NM108	"XX"	Optional
		NM109	NPI	Optional
	PRV	PRV01	"PE"	Mandatory

Loop	Segment	Element	Comments	Mandatory/Optional
		PRV02	"ZZ"	Mandatory
		PRV03	Provider Taxonomy Code (*Note: A PRV segment identifying the provider taxonomy must appear in the 2000A, 2310B, or 2420A loop. The 2000A provider taxonomy applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	*Mandatory
	REF	REF01	"EI" (*Note: A REF segment identifying the provider tax id must appear in the 2010AA, 2310B, or 2420A loop. The 2010AA provider tax id applies to the entire 837 unless overridden by the 2310B loop. The 2310B loop applies to the entire claim unless overridden by the 2420A loop.)	*Mandatory
		REF02	Provider's 9 digit tax id.	*Mandatory
2430	SVD	SVD01	Other Payer Name (*Note: The 2430 loop should only be used if COB information needs to be transmitted on the 837. If COB information is required, all segments in the 2320 and 2430 loops referenced in this companion document should be sent as necessary to describe the COB claim.)	*Optional
		SVD02	Service Line Amount Paid	Optional
		SVD03-1	Product or Service ID Qualifier	Optional
		SVD03-2	Procedure Code	Optional
		SVD03-3	Modifier 1	Optional
		SVD03-4	Modifier 2	Optional
		SVD03-5	Modifier 3	Optional
		SVD03-6	Modifier 4	Optional
		SVD05	Paid Units of Service	Optional
	CAS	CAS01	Adjustment Group Code	Optional
		CAS02	Adjustment Reason Code	Optional
		CAS03	Adjustment Amount	Optional
		CAS04	Adjustment Quantity	Optional
		CAS05	Adjustment Reason Code	Optional
		CAS06	Adjustment Amount	Optional

Loop	Segment	Element	Comments	Mandatory/Optional
		CAS07	Adjustment Quantity	Optional
		CAS08	Adjustment Reason Code	Optional
		CAS09	Adjustment Amount	Optional
		CAS10	Adjustment Quantity	Optional
		CAS11	Adjustment Reason Code	Optional
		CAS12	Adjustment Amount	Optional
		CAS13	Adjustment Quantity	Optional
		CAS14	Adjustment Reason Code	Optional
		CAS15	Adjustment Amount	Optional
		CAS16	Adjustment Quantity	Optional
		CAS17	Adjustment Reason Code	Optional
		CAS18	Adjustment Amount	Optional
		CAS19	Adjustment Quantity	Optional
	DTP	DTP01	"573"	Optional
		DTP02	"D8"	Optional
		DTP03	Service Line Adjudication or Payment Date CCYYMMDD	Optional
Trailer	SE	SE01	Indicate the total number of segments included in the transaction including the ST and SE.	Mandatory
		SE02	Must match the number sent in the ST02.	Mandatory
	GE	GE01	Total number of transaction sets included in the functional group.	Mandatory
		GE02	Must match the number sent in the GS06.	Mandatory
	IEA	IEA01	Total number of functional groups included in the interchange.	Mandatory
		IEA02	Must match the ISA13	Mandatory