TIBCO Foresight® Transaction Insight®

837 Extended Fields

Software Release 5.2
September 2017

Two-second advantage®

Fields Ordered by Loop

Loop	Segment	Element	Condition	Extended Field Name	837I	837P	837D
Header							
[Header]	BHT	04 and 05		Document Date	X	X	X
[Header]	BHT	04 and 05		Transaction Date	X	X	X
1000A - Submitter Name							
1000A	NM1	03		Submitter Name Last	X	X	X
1000A	NM1	04		Submitter Name First	X	X	X
1000A	NM1	05		Submitter Name Middle	X	X	X
1000A	NM1	08		Submitter Identifier Qualifier	X	X	X
1000A	NM1	09		Submitter Identifier	X	X	X
1000A	PER	04, 06, or 08	when PER03, 05, 07 = "EM"	Submitter Contact 1 Email	X	X	X
1000A	PER	04, 06, or 08	when PER03, 05, 07 = "FX"	Submitter Contact 1 FAX	X	X	X
1000A	PER	02		Submitter Contact 1 Name	X	X	X
1000A	PER	04, 06, or 08	when PER03, 05, 07 = "TE"	Submitter Contact 1 Phone	X	X	X
1000A	PER	04, 06, or 08	when PER03, 05, 07 = "EM"	Submitter Contact 2 Email	X	X	X
1000A	PER	04, 06, or 08	when PER03, 05, 07 = "FX"	Submitter Contact 2 FAX	X	X	X
1000A	PER	02		Submitter Contact 2 Name	X	X	X

1000A	PER	04, 06, or 08	when PER03, 05, 07 = "TE"	Submitter Contact 2 Phone	X	X	X
			1000B - Receiver Name				
1000B	NM1	03		Receiver Name Last	X	X	X
1000B	NM1	08		Receiver Identifier Qualifier	X	X	X
1000B	NM1	09		Receiver Identifier	X	X	X
			2000A Billing Provider				
2000A	PRV	01		Billing / Pay-To Provider Specialty Code	X	X	X
2000A	PRV	02		Billing / Pay-To Provider Specialty REF ID Qualifier	X	X	X
2000A	PRV	03		Billing / Pay-To Provider Specialty REF ID	X	X	X
			2010AA Billing Provider Name				
2010AA	NM1	02		Provider Entity Type	X	X	X
2010AA	NM1	03		Provider Name Last	X	X	X
2010AA	NM1	04		Provider Name First	X	X	X
2010AA	NM1	05		Provider Name Middle	X	X	X
2010AA	NM1	07		Provider Name Suffix	X	X	X
2010AA	NM1	08		Provider Identifier Qualifier	X	X	X
2010AA	NM1	08		Billing Provider ID Qualifier	X	X	X
2010AA	NM1	09		Provider Identifier	X	X	X
2010AA	NM1	09		Billing Provider ID	X	X	X
2010AA	N3	01		Provider Mailing Address 1	X	X	X
2010AA	N3	02		Provider Mailing Address 2	X	X	X
2010AA	N4	01		Provider City	X	X	X
2010AA	N4	02		Provider State	X	X	X
2010AA	N4	03		Provider Zip	X	X	X
2010AA	N4	04		Provider Country Code	X	X	X
2010AA	REF	02	first instance	Billing Provider Secondary ID	X	X	X
2010AA	REF	01	first instance	Billing Provider Second ID Qualifier	X	X	X
2010AA	REF	02	second instance	BillingProviderSecondIDRefID	X	X	X
2010AA	REF	01	second instance	BillingProviderSecondIDRefID Qual	X	X	X
2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "EM"	Provider Contact 1 Email	X	X	X
2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "FX"	Provider Contact 1 FAX	X	X	X
2010AA	PER	02		Provider Contact 1 Name	X	X	X
2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "TE"	Provider Contact 1 Phone	X	X	X
2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "EM"	Provider Contact 2 Email	X	X	X

2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "FX"	Provider Contact 2 FAX	X	X	X
2010AA	PER	02		Provider Contact 2 Name	X	X	X
2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "TE"	Provider Contact 2 Phone	X	X	X
	2010AB -- Pay-To Address Name						
2010AB	NM1	02		Pay To Provider Entity Type	X	X	X
2010AB	NM1	03		Pay To Provider Name Last	X	X	X
2010AB	NM1	04		Pay To Provider Name First	X	X	X
2010AB	NM1	05		Pay To Provider Name Middle	X	X	X
2010AB	NM1	07		Pay To Provider Name Suffix	X	X	X
2010AB	NM1	08		PaytoProviderIDQual	X	X	X
2010AB	NM1	09		PaytoProviderID	X	X	X
2010AB	N3	01		Pay To Provider Mailing Address 1	X	X	X
2010AB	N3	02		Pay To Provider Mailing Address 2	X	X	X
2010AB	N4	01		Pay To Provider City	X	X	X
2010AB	N4	02		Pay To Provider State	X	X	X
2010AB	N4	03		Pay To Provider Zip	X	X	X
2010AB	N4	04		Pay To Provider Country Code	X	X	X
2010AB	REF	01	first instance	Pay To Provider Secondary ID Qualifier	X	X	X
2010AB	REF	02	first instance	Pay To Provider Secondary ID	X	X	X
2010AB	REF	01	second instance	PaytoProvider2ndIDRefIDQual	X	X	X
2010AB	REF	02	second instance	PaytoProvider2ndIDRefID	X	X	X
2000B Subscriber Hierarchical							
	2010BA -- Subscriber Name						
2010BA	NM1	03		Subscriber Name Last	X	X	X
2010BA	NM1	04		Subscriber Name First	X	X	X
2010BA	NM1	05		Subscriber Name Middle	X	X	X
2010BA	NM1	07		Subscriber Name Suffix	X	X	X
2010BA	NM1	08		Subscriber Identifier Qualifier	X	X	X
2010BA	NM1	09		Subscriber Identifier	X	X	X
2010BA	DMG	02		Subscriber Date of Birth	X	X	X
2010BA	REF	01		Subscriber 2nd ID Qualifier	X	X	X
2010BA	REF	02		Subscriber 2nd ID Identifier	X	X	X
2000C Patient Hierarchical Level							

	2010CA -- Patient Name							
2010CA	NM1	03		Dependent Name Last	X	X	X	
2010CA	NM1	04		Dependent Name First	X	X	X	
2010CA	NM1	05		Dependent Name Middle	X	X	X	
2010CA	NM1	07		Dependent Name Suffix	X	X	X	
2010CA	NM1	08		Dependent Identifier Qualifier	X	X	X	
2010CA	NM1	09		Dependent Identifier	X	X	X	
2010CA	DMG	02		Dependent Date of Birth	X	X	X	
2010CA	REF	01		Dependent 2nd ID Qualifier	X	X	X	
2010CA	REF	02		Dependent 2nd ID Identifier	X	X	X	
		2300 -- Claim Information						
2300	CLM	01		Patient Account Number	X	X	X	
2000C or 2000B	CLM	01		Submitter Identifier	X	X	X	
2300	CLM	02		Claim Charge Amount	X	X	X	
2300	CLM	02		Amount	X	X	X	
2300	CLM	05-3		Claim Frequency Type Code	X	X	X	
2300	DTP	03		Claim Date Of Service	X	X	X	
2300	REF	02		Original Reference Number	X	X	X	
2300	REF	02	where REF01="D9"	Clearinghouse Claim ID	X	X	X	
			2310A -- Attending Provider Name (Institutional)					
2310A	NM1	08		AttendingPhysicianIDCodeQual	X	X	X	*
2310A	NM1	09		AttendingPhysicianIDCode	X	X	X	
2310A	REF	01		AttendingPhysician2ndIDQual	X	X	X	
2310A	REF	02		AttendingPhysician2ndID	X	X	X	
			2310B -- Operating Physician Name -- (Institutional)					
2310B	NM1	02		Operating Physician Entity Type	X	X	X	
2310B	NM1	03		Operating Physician Name Last	X	X	X	
2310B	NM1	04		Operating Physician Name First	X	X	X	
2310B	NM1	05		Operating Physician Name Middle	X	X	X	
2310B	NM1	07		Operating Physician Name Suffix	X	X	X	
2310B	NM1	08		OperatingPhysicianIDCodeQual	X			
2310B	NM1	09		OperatingPhysicianIDCode	X			

2310B	REF	01		Operating Physician Secondary ID Qualifier	X			
2310B	REF	02		Operating Physician Secondary ID	X			
			2310B -- Rendering Provider Name -- (Professional and Dental)					
2310B	NM1	03		Rendering Provider Name Last		X	X	

* For 837 D and 837P fields shown in yellow are referring

2310B	PRV	01		Rendering Provider Specialty Code		X	X	
2310B	PRV	02		Rendering Provider Specialty Ref ID Qualifier		X	X	*
2310B	PRV	03		Rendering Provider Specialty Ref ID		X	X	
2310B	PRV	01		Rendering Provider Specialty Code		X	X	
2310B	PRV	02		Rendering Provider Specialty Ref ID Qualifier		X	X	
2310B	PRV	03		Rendering Provider Specialty Ref ID		X	X	
2310B	REF	01		Rendering Provider Secondary ID Qualifier		X	X	
2310B	REF	02		Rendering Provider Secondary ID		X	X	
2310B	REF	01		Rendering Provider Secondary ID Qualifier		X	X	
2310B	REF	02		RenderingProvider2ndID		X	X	
2310B	REF	01		RenderingProvider2ndIDQual		X	X	
2310B	REF	02		RenderingProvider2ndID		X	X	
				2400 -- Service Line				
2400	DTP	03	where DTP02 contains "RD8"	Beginning Service Date	X	X	X	
2400	DTP	03	where DTP02 contains "RD8"	Ending Service Date	X	X	X	
2400	PWK	06		ClaimSuppInfoIDCode	X	X	X	
				Other				
N/A	N/A	N/A		Assigned (from MyTasks page)	X	X	X	
N/A	N/A	N/A		Number of Errors	X	X	X	
N/A	N/A	N/A		Original File Date	X	X	X	
N/A	N/A	N/A		Original File Name	X	X	X	
N/A	N/A	N/A		Sender	X	X	X	
N/A	N/A	N/A		Receiver	X	X	X	
N/A	N/A	N/A		Status (from MyTasks page)	X	X	X	

* For 837 D and 837P fields shown in yellow are referring

Fields Ordered Alphabetically

837I	837P	837D	Loop	Segment	Element	Condition	SubElement	Extended Field Name
X	X	X	2300	CLM	02			Amount
X	X	X	N/A	N/A	N/A			Assigned (from MyTasks page)
X	X	X	[Header]	BHT	04 and 05			Document Date
X	X	X	N/A	N/A	N/A			Number of Errors
X	X	X	N/A	N/A	N/A			Original File Date
X	X	X	N/A	N/A	N/A			Original File Name
X	X	X	N/A	N/A	N/A			Sender
X	X	X	N/A	N/A	N/A			Receiver
X	X	X	N/A	N/A	N/A			Status (from MyTasks page)
X	X	X	2000C or 2000B	CLM	01			Submitter Identifier
X	X	X	2310A	REF	02			AttendingPhysician2ndID
X	X	X	2310A	REF	01			AttendingPhysician2ndIDQual
X	X	X	2310A	NM1	09			AttendingPhysicianIDCode
X	X	X	2310A	NM1	08			AttendingPhysicianIDCodeQual
X	X	X	2400	DTP	03	where DTP02 contains "RD8"		Beginning Service Date
X	X	X	2000A	PRV	01			Billing / Pay-To Provider Specialty Code
X	X	X	2000A	PRV	03			Billing / Pay-To Provider Specialty REF ID
X	X	X	2000A	PRV	02			Billing / Pay-To Provider Specialty REF ID Qualifier
X	X	X	2010AA	REF	02	first instance		Billing Provider Secondary ID
X	X	X	2010AA	REF	01	first instance		Billing Provider Second ID Qualifier
X	X	X	2010AA	REF	02	second instance		BillingProviderSecondIDRefID
X	X	X	2010AA	REF	01	second instance		BillingProviderSecondIDRefID Qual
X	X	X	2010AA	NM1	09			Billing Provider ID
X	X	X	2010AA	NM1	08			Billing Provider ID Qualifier
X	X	X	2300	CLM	02			Claim Charge Amount
X	X	X	2300	DTP	03			Claim Date Of Service
X	X	X	2300	CLM	05		3	Claim Frequency Type Code
X	X	X	2400	PWK	06			ClaimSuppInfoIDCode

837I	837P	837D	Loop	Segment	Element	Condition	SubElement	Extended Field Name
X	X	X	2300	REF	02	where REF01="D9"		Clearinghouse Claim ID
X	X	X	2010CA	REF	02			Dependent 2nd ID Identifier
X	X	X	2010CA	REF	01			Dependent 2nd ID Qualifier
X	X	X	2010CA	DMG	02			Dependent Date of Birth
X	X	X	2010CA	NM1	09			Dependent Identifier
X	X	X	2010CA	NM1	08			Dependent Identifier Qualifier
X	X	X	2010CA	NM1	04			Dependent Name First
X	X	X	2010CA	NM2	03			Dependent Name Last
X	X	X	2010CA	NM3	05			Dependent Name Middle
X	X	X	2010CA	NM4	07			Dependent Name Suffix
X	X	X	2400	DTP	03	where DTP02 contains "RD8"		Ending Service Date
X	X	X	2310B	NM1	02			Operating Physician Entity Type
X	X	X	2310B	NM1	04			Operating Physician Name First
X	X	X	2310B	NM1	03			Operating Physician Name Last
X	X	X	2310B	NM1	05			Operating Physician Name Middle
X	X	X	2310B	NM1	07			Operating Physician Name Suffix
X			2310B	REF	02			Operating Physician Secondary ID
X			2310B	REF	01			Operating Physician Secondary ID Qualifier
X			2310B	NM1	09			OperatingPhysicianIDCode
X			2310B	NM1	08			OperatingPhysicianIDCodeQual
X	X	X	2300	REF	02			Original Reference Number
X	X	X	2300	CLM	01			Patient Account Number
X	X	X	2010AB	N4	01			Pay To Provider City
X	X	X	2010AB	N4	04			Pay To Provider Country Code
X	X	X	2010AB	NM1	02			Pay To Provider Entity Type
X	X	X	2010AB	N3	01			Pay To Provider Mailing Address 1
X	X	X	2010AB	N3	02			Pay To Provider Mailing Address 2
X	X	X	2010AB	NM1	04			Pay To Provider Name First
X	X	X	2010AB	NM1	03			Pay To Provider Name Last
X	X	X	2010AB	NM1	05			Pay To Provider Name Middle
X	X	X	2010AB	NM	07			Pay To Provider Name Suffix

* For 837 D and 837P fields shown in yellow are referring

837I	837P	837D	Loop	Segment	Element	Condition	SubElement	Extended Field Name
X	X	X	2010AB	N4	02			Pay To Provider State
X	X	X	2010AB	N4	03			Pay To Provider Zip
X	X	X	2010AB	REF	02	first instance		Pay To Provider Secondary ID
X	X	X	2010AB	REF	02	second instance		PaytoProvider2ndIDRefID
X	X	X	2010AB	REF	01	first instance		Pay To Provider Secondary ID Qualifier
X	X	X	2010AB	REF	01	second instance		PaytoProvider2ndIDRefIDQual
X	X	X	2010AB	NM1	09			PaytoProviderID
X	X	X	2010AB	NM1	08			PaytoProviderIDQual
X	X	X	2010AA	N4	01			Provider City
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "EM"		Provider Contact 1 Email
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "FX"		Provider Contact 1 FAX
X	X	X	2010AA	PER	02			Provider Contact 1 Name
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "TE"		Provider Contact 1 Phone
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "EM"		Provider Contact 2 Email
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "FX"		Provider Contact 2 FAX
X	X	X	2010AA	PER	02			Provider Contact 2 Name
X	X	X	2010AA	PER	04, 06, or 08	when PER03, 05, 07 = "TE"		Provider Contact 2 Phone
X	X	X	2010AA	N4	04			Provider Country Code
X	X	X	2010AA	NM1	02			Provider Entity Type
X	X	X	2010AA	NM1	09			Provider Identifier
X	X	X	2010AA	NM1	08			Provider Identifier Qualifier
X	X	X	2010AA	N3	01			Provider Mailing Address 1
X	X	X	2010AA	N3	02			Provider Mailing Address 2
X	X	X	2010AA	NM1	04			Provider Name First
X	X	X	2010AA	NM1	03			Provider Name Last
X	X	X	2010AA	NM1	05			Provider Name Middle
X	X	X	2010AA	NM1	07			Provider Name Suffix
X	X	X	2010AA	N4	02			Provider State
X	X	X	2010AA	N4	03			Provider Zip

837I	837P	837D	Loop	Segment	Element	Condition	SubElement	Extended Field Name
X	X	X	1000B	NM1	09			Receiver Identifier
X	X	X	1000B	NM1	08			Receiver Identifier Qualifier
X	X	X	1000B	NM1	03			Receiver Name Last
	X	X	2310B	NM1	03			Rendering Provider Name Last
	X	X	2310B	REF	02			Rendering Provider Secondary ID
	X	X	2310B	REF	01			Rendering Provider Secondary ID Qualifier
	X	X	2310B	PRV	01			Rendering Provider Specialty Code
	X	X	2310B	PRV	03			Rendering Provider Specialty Ref ID
	X	X	2310B	PRV	02			Rendering Provider Specialty Ref ID Qualifier
	X	X	2310B	REF	02			RenderingProvider2ndID
	X	X	2310B	REF	01			Rendering Provider Secondary ID Qualifier
	X	X	2310B	PRV	01			Rendering Provider Specialty Code
	X	X	2310B	PRV	03			Rendering Provider Specialty Ref ID
	X	X	2310B	PRV	02			Rendering Provider Specialty Ref ID Qualifier
	X	X	2310B	REF	02			RenderingProvider2ndID
	X	X	2310B	REF	01			RenderingProvider2ndIDQual
X	X	X	1000A	NM1	09			Submitter Identifier
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "EM"		Submitter Contact 1 Email
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "FX"		Submitter Contact 1 FAX
X	X	X	1000A	PER	02			Submitter Contact 1 Name
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "TE"		Submitter Contact 1 Phone
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "EM"		Submitter Contact 2 Email
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "FX"		Submitter Contact 2 FAX
X	X	X	1000A	PER	02			Submitter Contact 2 Name
X	X	X	1000A	PER	04, 06, or 08	when PER03, 05, 07 = "TE"		Submitter Contact 2 Phone
X	X	X	1000A	NM1	08			Submitter Identifier Qualifier

* For 837 D and 837P fields shown in yellow are referring

837I	837P	837D	Loop	Segment	Element	Condition	SubElement	Extended Field Name
X	X	X	1000A	NM1	04			Submitter Name First
X	X	X	1000A	NM1	03			Submitter Name Last
X	X	X	1000A	NM1	05			Submitter Name Middle
X	X	X	2010BA	REF	02			Subscriber 2nd ID Identifier
X	X	X	2010BA	REF	01			Subscriber 2nd ID Qualifier
X	X	X	2010BA	DMG	02			Subscriber Date of Birth
X	X	X	2010BA	NM1	09			Subscriber Identifier
X	X	X	2010BA	NM1	08			Subscriber Identifier Qualifier
X	X	X	2010BA	NM1	04			Subscriber Name First
X	X	X	2010BA	NM1	03			Subscriber Name Last
X	X	X	2010BA	NM1	05			Subscriber Name Middle
X	X	X	2010BA	NM1	07			Subscriber Name Suffix
X	X	X	[Header]	BHT	04 and 05			Transaction Date

General Contact Information

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Important Information