Version: November 2026

NSASO 837p 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	OrgCode	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	OrgCode	Sender ID		R	2/15
GS	03	Application Receiver's Code	Value: '105020903'	NSASO ID		R	2/15
GS	04	Date	Format: CCYYMMDD			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: “005010X222A1”			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: “005010X222A1”	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: CCYYMMDD			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		*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	Identifier Code Qualifer	Value: '46'	ETIN		R	1/2
NM1	09	Submitter Identifier	OrgCode	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		*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	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		*Not Sent / Not Used*		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	OrgCode	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		*Not Sent / Not Used*		S	1/60
SBR	05	Insurance Type Code		*Not Sent / Not Used*		S	1/3
SBR	06	Benefits Coordination Code		*Not Sent / Not Used*		S	1/1
SBR	07	Yes/No Cond Resp Code		*Not Sent / Not Used*		S	1/1
SBR	08	Employment Status Code		*Not Sent / Not Used*		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		*Not Sent / Not Used*		S	1/10
NM1	07	Name Suffix	NameSuffix	Subscriber Suffix If Present		S	1/10
NM1	08	ID Code Qualifier	Value: 'MI'	Member ID Number		R	1/2
NM1	09	ID Code	P1ID	P1ID or ClientPN		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'	CCYYMMDD 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		*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: '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: 'B'	Svc. Codes for Prof. Svc.		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	Value: 'Y'	Yes		R	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
CLM	10	Patient Signature Src. Code	PatSignatureSrcCode (P)	Patient Signature Src. Code		S	1/1
Prior Authorization						S	
REF			REF			R	3/3
REF	01	Reference ID Qualifier	Value: 'G1'			R	2/3
REF	02	Reference Identification					
REF	02-1	Evidence-Based Practice	EBP01	Evidence-Based Practice 1		R	9/9
REF	02-2	Evidence-Based Practice	EBP02	Evidence-Based Practice 2		S	9/9
REF	02-3	Evidence-Based Practice	EBP03	Evidence-Based Practice 3		S	9/9
Payer Claim Control Number			When CLM05-3 IN (7|8)			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
Health Care Diagnosis Code						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
LOOP 2310B RENDERING PROVIDER NAME						R	
Rendering Provider Name						R	
NM1			NM1	NM1		R	3/3
NM1	01	Entity ID Code	Value: '82'	Rendering Provider		R	2/3
NM1	02	Entity Type Qualifier	Value: '1'	Person		R	1/1
NM1	03	Name Last or Org Name	StaffNameLast	Staff Last Name		R	1/60
NM1	04	Name First	StaffNameFirst	Staff First Name		R	1/35
NM1	05	Name Middle	StaffNameMiddle	Staff Middle Name		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'	NPI		R	1/2
NM1	09	ID Code	StaffNPI	Staff NPI		R	2/80
Rendering Provider Specialty Information						R	
PRV			PRV			R	3/3
PRV	01	Provider Code	Value: 'PE'	Type of Provider:Performing		R	1/3
PRV	02	Reference ID Qualifier	Value: 'PXC'	Taxonomy Code		R	2/3
PRV	03	Reference ID	Provider Taxonomy Code	Staff Taxonomy Code		R	1/50
LOOP 2310C SERVICE FACILITY LOCATION NAME						R	
Service Facility Location Name						R	
NM1			NM1			R	3/3
NM1	01	Entity ID Code	Value: '77'	Service Location		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'	NPI		R	1/2
NM1	09	ID Code	OrgCode	Org NPI		R	2/80
Service Facility Location Address						R	
N3			N3			R	2/2
N3	01	Address Information	SvcAddr1	Service Addr1		R	1/55
N3	02	Address Information	SvcAddr2	Service Addr2		S	1/55
Service Facility Location City, State, Zip Code						R	
N4			N4			R	2/2
N4	01	City Name	SvcCity	Service City		R	2/30
N4	02	State Code	SvcState	Service State		R	2/2
N4	03	Postal Code	SvcZIP	Service ZIP		R	3/15
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 2400 SERVICE LINE NUMBER						R	
Service Line Number						R	
LX	01	Assigned Number	Value: '1'	Begin '1', Increment By '1'		R	1/6
Professional Service						R	
SV1			SV1			R	3/3
SV1	01	Professional Service				R	
SV1	01-1	Comp. Medical Procedure ID	Value: 'HC'	HCPCS Code		R	2/2
SV1	01-2	Procedure Code	CptCode	CPT Code		R	1/48
SV1	01-3	Procedure Modifier	ProcMod1	Procedure Modifier 1		S	2/2
SV1	01-4	Procedure Modifier	ProcMod2	Procedure Modifier 2		S	2/2
SV1	01-5	Procedure Modifier	ProcMod3	Procedure Modifier 3		S	2/2
SV1	01-6	Procedure Modifier	ProcMod4	Procedure Modifier 4		S	2/2
SV1	02	Line Item Charge Amount	Value: '0'			R	1/18
SV1	03	Basis for Measurement	Value: 'UN'	Svc Unit		R	2/2
SV1	04	Service Unit Count	SvcQty	Svc Quantity		R	1/15
SV1	05	Facility Code Value		*Not Sent / Not Used*		S	1/2
SV1	06	Service Type Code		*Not Sent / Not Used*		S	1/2
SV1	07	Composite Diag. Code Pointer				R	
SV1	07-1	Diagnosis Code Pointer	DiagCodePtr	Diagnosis Code Pointer		R	1/2
Date - Service Date						R	
DTP			DTP			R	3/3
DTP	01	Date/Time Qualifier	Value: '472'	Service		R	3/3
DTP	02	Format Qualifier	Value: 'D8'	CCYYMMDD Format		R	2/3
DTP	03	Date Time Period	SvcDate	Svc Date		R	1/35
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	RLGUID	RLGUID		R	1/50
Line Note						R	
NTE			NTE			R	3/3
NTE	01	Note Reference Code	Value: 'ADD'	Additional Information		R	3/3
NTE	02	Description				R	
NTE	02-1	Service County	SvcCounty	Svc County		R	2/2
NTE	02-2	Auth. Nbr For Block Grant Svcs	AuthNbr	Authorization Nbr		S	1/25
NTE	02-3	Other Funding Source	OthFundSrc	Other Funding Source		S	1/10
NTE	02-4	Auth. Poverty Lvl	AuthPoverytLvl	Auth Poverty Lvl		S	1/2
TRANSACTION SET TRAILER						R	
SE			SE			R	2/2
SE	01	Transaction Segment Count	STSegCnt			R	1/10
SE	02	Transaction Set Control Nbr	STCtlNbr	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	GSCtlNbr	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	ISACtlNbr	Same value as ISA13		R	9/9