SYSTOC-to-837 5010 Professional Loop Maps for SYSTOC_EDI

Contents

About 837 5010 Professional Loop Maps

These maps are crosswalks of SYSTOC and SYSTOC_EDI data to the elements defined in the loops and segments of the 837 Professional Claim structure (the electronic HCFA 1500). Use them in conjunction with the error list to identify missing or incorrect data in SYSTOC and/or SYSTOC_EDI.

The columns titled Segment, Element, Code, and Description refer to the 837 structure.

The Location (SYSTOC and SYSTOC_EDI) column describes the location of the data in SYSTOC and/or SYSTOC_EDI.

The 1500 Box # column identifies the location of an item on the (HCFA)1500 Claim Form.

The Mandatory / Conditional / Optional column indicates the information requirements based on the 837 Professional processing rules.

Mandatory - information is required.
Conditional - information is necessary based on a condition in another data element.
Optional - information not required, but should be sent, if available.

As of April 2011, the National Uniform Claim Committee (NUCC) has not produced a document that maps the 1500 claim form boxes to the corresponding 837 5010 structure.

If you require assistance contact SYSTOC Technical Support at 800.779.3887, option 1.

837 Professional Loop 1000A - Submitter Name (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	41	Entity Identifier Code [Submitter]	Defined by SYSTOC_EDI		M
	03		Clinic/Location Name	**SYSTOC_EDI** > **Vendor Information** > **Vendor Supplied IDs** > **Submitter/Receiver (1000A/1000B)** > **Submitter Name**		M
	08	46	Identification Code Qualifier [ETIN]	Defined by SYSTOC_EDI		M
	09		Submitter ID	**SYSTOC_EDI** > **Vendor Information** > **Vendor Supplied IDs** > **Submitter/Receiver (1000A/1000B)** > **Submitter ID**		M
PER	01	IC	Submitter Contact Information			M
	02		Name	**SYSTOC_EDI** > **Vendor Information** > **Clinic Contact Person** > **Name**		M
	03	TE	Communication Code Qualifier	Defined by SYSTOC_EDI		M
	04		Communication Code	**SYSTOC_EDI** > **Vendor Information** > **Clinic Contact Person** > **Phone and x**		M

837 Professional Loop 1000B - Receiver Identification (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	41	Entity Identifier Code [Receiver]	Defined by SYSTOC_EDI		M
	03		Receiver Name	**SYSTOC_EDI** > **Vendor Information** > **Vendor Supplied IDs** > **Submitter/Receiver (1000A/1000B)** > **Receiver Name**		M
	08	46	Identification Code Qualifier [ETIN]	Defined by SYSTOC_EDI		M
	09		Receiver ID	**SYSTOC_EDI** > **Vendor Information** > **Vendor Supplied IDs** > **Submitter/Receiver (1000A/1000B)** > **Receiver ID**		M

837 Professional Loop 2000A - Billing / Pay-to-Provider (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
HL			Hierarchical Level	Defined by SYSTOC_EDI		M
PRV		PXC	Billing Provider Taxonomy Code	**SYSTOC_EDI > Vendor Information > Vendor Configuration > Billing Taxonomy Code (2000A PRV03)**		O

837 Professional Loop 2010AA - Billing Provider Name [Clinic Location] (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	85	Entity Identifier Code [Billing Provider]	Defined by SYSTOC_EDI		M

	03		Billing Provider Name	**SYSTOC_EDI > General Configuration**
				• Billing provider location set from invoice
				  SYSTOC > File Maintenance > Clinic Locations > Name [invoice location]
				• Billing provider location = corporate (blank) location
				  SYSTOC > File Maintenance > Clinic Locations > Name [blank location]
					33	M

	08	XX	Identification Code Qualifier: National Provider ID [NPI]	Defined by SYSTOC_EDI Use NPI	25	O
	09		Billing Provider ID [NPI]	**SYSTOC > File Maintenance > Clinic Locations > [for location defined in NM1] NPI [xx]**	25	C

N3, N4			Billing Provider Address	**SYSTOC_EDI > Professional Configuration tab**
				• Billing provider address = primary remit location
				  SYSTOC > File Maintenance > Clinic Locations > Edit Remit Address > [Primary Remit Address]
				• Billing provider address = corporate (blank) location
				  SYSTOC > File Maintenance > Clinic Locations > [for location defined in NM1]
					33	M

REF	01	EI	Billing Provider Secondary Identification:	Defined by SYSTOC_EDI		C (NM1)
	02		Federal Employer Identification [FEIN]	**SYSTOC > File Maintenance > Clinic Locations > [for location defined in NM1] > FEIN [24]**		O (M*) *If value exists, it must be transmitted
REF	01	G5	Alternate ID Qualifier (G5 is the default)	**SYSTOC_EDI > Vendor Information > Custom 2010AA REF > Code**		O
	02		Alternate ID	**SYSTOC_EDI > Vendor Information > Custom 2010AA REF > Value**		O

837 Professional Loop 2000B - Subscriber Hierarchical Level (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
HL			Hierarchical Level	Defined by SYSTOC_EDI		M
SBR			Subscriber Information			M
	01	S P	If Resp Party = 2 All other (Primary)	**SYSTOC** > **Billing Folder** > **Invoices** > **Responsible Party**	6	M
	02	18	Patient Relationship to Insured If Patient is the insured, otherwise blank			O

	03		Subscriber ID	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Subscriber ID (2000B SBR03)**
				
				• Show Subscriber ID as Policy #
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Policy #**
				• Show Subscriber ID as Group #
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Group #**
				• Show Subscriber ID as Claim #
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Claim #**
				• Show Subscriber ID as Patient SSN
				
				  SYSTOC > **Billing Folder** > **Invoices** > **SSN**
				• Show Subscriber ID as Patient ID
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Patient ID**
					11	O M

	04		Subscriber Group Name	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Plan Name** for the insurance plan identified in SBR segment when SBR 03 is blank.		
	05		MSP Reason Code	When **SYSTOC** > **Billing Folder** > **Invoices** > **Responsible Party** = 2, and **Insurance Type** = Medicare, the first two characters in the **Billing Folder** > **Invoices** > **HCFA** > **Local Use** field are sent. When **Local Use** contains no data, the default is 12.		C

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
	09		Claim Filing Indicator Code: (SYSTOC Insurance Type)	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Insurance Type**		O
		WC	Work Comp (see right)	• When **SYSTOC** > **Injury Folder** > **Injuries** > **WorkComp/Non WC** = WorkComp, WC is sent		
		MB	Medicare Part B (M)			
		MC	Medicaid (D)	• When Insurance Type = O, the code in the **SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Plan Type** is sent.		
		CH	Champus (C)			
		OF	Other Federal (F)			
		VA	ChampVA (V)			
		CI	Comm. Insurance (G)			
		*	Other (O) * (see right)			
		ZZ	Mutually def./ unk. (blank)			
PAT	05	D8		**SYSTOC** > **Patient Folder** > **Patient Summary** > **Date Death**		O

837 Professional Loop 2010BA - Subscriber Information (5010)

» **Note:** Either the patient or alt subscriber information is sent in this loop.

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	IL	Entity Identifier Code [Insured or Subscriber]	Defined by SYSTOC_EDI		M
	03, 04		Subscriber Name	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Subscriber Type (Company Accounts)**	4	03 (M) 04 (O)

			Patient Name [1]
			
			Company Name [2]
				• Show Patient as subscriber
				
				  SYSTOC > **Patient Folder** > **Patient Summary**
				• Show Company as subscriber
				
				  from SYSTOC: **SYSTOC** > **Company Folder** > **Companies**		

	08	MI	Identification Code Qualifier	Defined by SYSTOC_EDI		C

	09		Subscriber ID	**SYSTOC** > **Vendor Information** > **Vendor Configuration** > **Subscriber/Patient ID (2010BA/CA NM109)**(Subscriber/Patient ID)
				(Use Patient ID (WC)/Policy # unless vendor requires different value)
				• Patient ID (WC)/Policy # (Non-WC)
				  • WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Patient ID**
				  • Non-WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Policy**
				• Patient SSN (WC)/Policy # (Non-WC)
				  • WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Patient SSN**
				  • Non-WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Policy**
				• Claim # (WC)/Policy # (Non-WC)
				  • WC: **SYSTOC** > **Injury Folder** > **Injuries** > **Claim #**
				  • Non-WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Policy**
				• Invoice Policy #
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Policy**
				• Injury Claim #
						C

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
				SYSTOC > **Injury Folder** > **Injuries** > **Claim #** • Patient ID **SYSTOC** > **Billing Folder** > **Invoices** > **Patient ID** • SSN **SYSTOC** > **Patient Folder** > **Patient Summary** > **SSN**		
N3, N4			Subscriber Address Patient	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Address** (if Patient is not the subscriber this segment is not sent.)	5	C
DMG	02		Patient DOB	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Birth Date** (if Patient is not the subscriber this segment is not sent.)	3 or 11a	M
	03		Gender	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Gender** (if Patient is not the subscriber this segment is not sent.)	3 or 11a	M
REF	01, 02	Y4	Injury Claim Number * This segment only appears when the Claim # is not used in NM109.	**SYSTOC** > **Injury Folder** > **Injuries** > **Claim #**		O
		SY	Patient Social Security Number * This segment only appears when the SSN is not used in NM109 and when the Insurance Type is not (M) Medicare.	**SYSTOC** > **Patient Folder** > **Patient Summary** > **SSN**		O

837 Professional Loop 2010BB - Payer Name [Destination Payer] (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	PR	Entity Identifier Code [Payer]	Defined by SYSTOC_EDI		M
	03, 04		Payer Name	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Billing Address: Name**		03, M 04, O
	08	PL	Identification Code Qualifier [Payer ID]	Defined by SYSTOC_EDI		M
	09		Payer ID	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** [for Payer in NM1] > **Payer ID #**		M
N3, N4			Payer Address	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** [for Payer in NM1] > **Billing Address: Address** (Only when the claim is for Print & Mail.)		O
REF		FY	Secondary Identifier Code Qualifier	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** [for Payer in NM1] > **FEIN** (Type FY followed by a space and then no more than nine digits in the FEIN field.)		O, M

837 Professional Loop 2000C - Patient Hierarchical Level [Patient is not subscriber] (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
HL			Hierarchical Level	Defined by SYSTOC_EDI		M
PAT	01	01-G8	Patient's Relationship to Insured	• Patient Accounts: **SYSTOC** > **Patient Folder** > **Patient Summary SYSTOC** > > **Accounts (button)** > **Insurance 1 or 2** > **Relation** • Company Accounts: Always defaults to 20	6	M

837 Professional Loop 2010CA - Patient Name (5010)

» **Note:** This Loop sends the information only when there is an Insurance Alternate Subscriber.

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	QC	Entity Identifier Code	Defined by SYSTOC_EDI		M
	03, 04		Patient Name	**SYSTOC** > **Patient Folder** > **Patient Summary**	2	M
N3, N4			Patient Address	**SYSTOC** > **Patient Folder** > **Patient Summary**	5	M
DMG	02		Patient DOB	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Birth Date**	3 or 11a	M
	03		Gender	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Gender**	3 or 11a	M

837 Professional Loop 2300 - Claim Information (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
CLM	01		Health Claim Patient Account Number [Invoice Number]	**SYSTOC > Billing Folder > Invoices**	[Inv#]	M

	02		Total Claim Charge Amount	**SYSTOC_EDI > General Configuration > Include invoice adjustments in claim amounts (Loops 2300, 2400)**
				
				• Invoice Total Charges (from Line Items)
				
				    SYSTOC > Billing Folder > Invoices > Charges (Line Item)
				• Invoice Total Charges and Adjustments
				
				    SYSTOC > Billing Folder > Invoices > Charges + Adjustments (Line Item)
					28	M

	05-1	11-99	Place of Service Code	**SYSTOC_EDI > Professional Configuration tab > Always replace POS code 11 with code 20 (Loops 2300, 2400)** or **SYSTOC > Billing Folder > Invoices > Charge Detail (Line Item HCFA) > HCFA Loc**	24B	M
	05-3		Claim Frequency Type Code	**SYSTOC (version 7.25+) > Billing Folder > Invoices > Claim Frequency** » **Note:** SYSTOC v7.24 and below used a claim frequency of 1.		M
	06	Y	Provider Signature on File	Specified in SYSTOC_EDI	Y	M
	07	A or C	Provider Accept Assignment Code	**SYSTOC > Billing Folder > Invoices > HCFA > Accept Assignment**	27	M
	08	N or Y	Assignment of Benefits	**SYSTOC > Billing Folder > Invoices > HCFA > Accept Assignment**	13	M
	09	Y, I	Release of Information	**SYSTOC > Injury Folder > Injuries > Info Rel** (EDI sends Y when SYSTOC contains Y, otherwise EDI sends I.)	12	M
	10	P or blank	Patient Signature Source Code	**SYSTOC > Injury Folder > Injuries > Info Rel** (EDI sends blank when SYSTOC contains Y, otherwise EDI sends P.)	12	O
	11-1	EM	Related Causes Code Employment related	• Work Related Cause **SYSTOC > Injury Folder > Injuries > Work Comp** • Work Related or Non-Work Related Cause	10	O

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
		AA or OA	Auto/Other Accident related	**SYSTOC** > **Injury Folder** > **Injuries** > **Work Comp or Non Work Comp** (and when *Auto/Other* contains A or O from **SYSTOC** > **Injury Folder** > **State Form** > **Accident Information**)		
	11-4		State in which the Auto Accident occurred	**SYSTOC** > **Injury Folder** > **State Form** > **Accident Information** > **State**		
DTP			Dates			O
		096	Discharge Date (Hospital)	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Discharge Date**	18	O
		297	Date Last Worked	**SYSTOC** > **Injury Folder** > **State Form** > **Preinjury Date Last Worked**		O
		431	Onset of Current Illness	**SYSTOC** > **Injury Folder** > **Injuries** > **Injury Date**	14	O
		435	Admission Date (Hospital)	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Hospital Admission Date**	18	O
		439	Date of Accident	**SYSTOC** > **Injury Folder** > **Injuries** > **Injury Date** (only when *Auto/Other* contains A or O from **Injury Folder** > **State Form** > **Accident Information**)		C
		454	First Visit Date	**SYSTOC** > **Injury Folder** > **Injuries** > **First Visit** is required when chiropractic services begin for one of these CPT codes: 98940, 98941, 98942, or 98943.		C, M
AMT		F5	Monetary Amount	Defined by SYSTOC_EDI. Prints when the receipt or adjustment has a payment type = Patient or is not associated with a payer ID.		
REF		EA	Medical Record Number	**SYSTOC** > **Patient Folder** > **Patient Summary** > **Medical Rec #**		O
		F8	Claim Original Reference	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Original Ref #** (Medicare only)		O
		G1	Prior Authorization Number	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** (Line Item HCFA) > **Authorization Code**		O
		X4	CLIA Number	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Outside Lab** (Medicare only)		O
		9F	Referring Provider* Certification Code (*for Provider in 2310A, NM1 DN)	**SYSTOC** > **File Maintenance** > **Medical Staff** > **Comment** (Type 9F followed by a space and then no more than 30 characters in the Comment field.)		O
HI			Healthcare Diagnosis Code (ICD9)		21	O
		BK	Primary Diagnosis ICD9	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **ICD9-1**		M
		BF	Additional Diagnosis ICDs	**SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **ICD9 2-4**		O

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
PWK			Claim Supplemental Info	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Include PWK Segment** (these codes included only if *Include PWK Segment* is `Always` or `Only for WC`)		O
	01	OZ	Support Data for Claim	Defined by SYSTOC_EDI		M
	02	AA	Available on Request	Defined by SYSTOC_EDI		M

837 Professional Loop 2310A - Referring Provider Name (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	DN	Entity Identifier Code [Referring Provider]	Defined by SYSTOC_EDI		M
	03, 04		Referring Provider Name	**SYSTOC_EDI** > **Professional Configuration tab** > **Referring Provider (2310A)** • Ref/Other staff on invoice **SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Referring/Other Staff** • Primary on injury **SYSTOC** > **Injury Folder** > **Injuries** > **Primary Phys** • Referring on injury **SYSTOC** > **Injury Folder** > **Injuries** > **Referred By**	17	M
	08	XX	Identification Code Qualifier	Assigned by SYSTOC_EDI		C
	09		Referring Provider ID National Provider ID (NPI)	**SYSTOC** > **File Maintenance** > **Medical Staff [for provider in NM1]** > **NPI [XX]**	17b NPI	C
				The REF segment is only included when the **SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Include provider secondary information when available (e.g., REF 0B, G2, 1G)** is checked.		
REF	01	G2	Medicaid Provider Number	• **SYSTOC** > **File Maintenance** > **Medical Staff Medicaid [for provider in NM1]** when the plan on the invoice in **SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Insurance Type = D (Medicaid)**		O
		1G	Provider UPIN Number	**SYSTOC** > **File Maintenance** > **Medical Staff [for provider in NM1]** > **UPIN**	17a UPIN	O

837 Professional Loop 2310B - Rendering Provider Name (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	82	Entity Identifier Code [Rendering Provider]	Defined by SYSTOC_EDI		M
	03, 04		Rendering Provider Name	**SYSTOC_EDI** > **Professional Configuration tab** > **Rendering Provider (2310B)** • Billing provider on invoice header **SYSTOC** > **Billing Folder** > **Invoices** > **HCFA** > **Billing Provider** • Staff on invoice item **SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** > **Staff ID** • Primary on injury **SYSTOC** > **Injury Folder** > **Injuries** > **Primary Phys**		03 M 04 O
	08	XX	Identification Code Qualifier National Provider ID (NPI)	Defined by SYSTOC_EDI Use NPI if available		M
	09		Rendering Provider ID [NPI]	**SYSTOC** > **File Maintenance** > **Medical Staff [for provider in NM1]** > **NPI [XX]**	24J	M
PRV		PXC	Rendering Provider Taxonomy Code	**SYSTOC** > **File Maintenance** > **Medical Staff [for provider in NM1]** > **Specialty** (SYSTOC 7.26 and prior) **or** **Taxonomy** (SYSTOC 7.27 and later)		O
The REF segment is only included when the **SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Include provider secondary information when available (e.g., REF 0B, G2, 1G)** is checked.						
REF	01		Secondary Identification		24I	
		0B	State License Number	**SYSTOC** > **File Maintenance** > **Medical Staff [for provider in NM1]** > **Registration**		O
		G2	Provider Commercial Number	Included if a secondary ID is established in the **SYSTOC** > **File Maintenance** > **Medical Staff** > **Affiliations** screen. See Storing Secondary Identifiers in the SYSTOC_EDI User Guide.		O
REF	02		Provider Number	**SYSTOC** > **File Maintenance** > **Medical Staff** > **Affiliations [for provider in NM1]** > **Provider Number**		O

837 Professional Loop 2310C - Service Facility Location (if different than Billing Provider) (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01		Entity Identifier Code [Service Location]	Defined by SYSTOC_EDI. **SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** HCFA Loc (Place of Service)	32	M
		77	If HCFA Loc = 11 (office), 20 (urgent care), or a space			
		FA	Any other HCFA Loc.			
	03		Service Location Name	**SYSTOC** > **File Maintenance** > **Clinic Locations** (invoice location) > **Name**		O
	08	XX	Identification Code Qualifier National Provider ID (NPI)	Defined by SYSTOC_EDI		O
	09		Service Location ID (NPI)	**SYSTOC** > **File Maintenance** > **Clinic Locations** (invoice location) > **NPI**	32a	O
N3, N4			Service Address	**SYSTOC** > **File Maintenance** > **Clinic Locations** (invoice location) > **Address**		M

837 Professional Loop 2320 - Other (Secondary) Subscriber Information (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
SBR	02		Relationship Code	**SYSTOC_EDI** > **Professional Configuration tab** > **Always include secondary subscriber and payer info (not just for Medicare)** Included when the above field in SYSTOC_EDI is checked **or** the Insurance Type (in SYSTOC) is `Medicare`. • For Patient Accounts **SYSTOC** > **Patient Folder** > **Patient Summary** > **Insurance Information** > **Relation** • For Company Accounts **SYSTOC** > **Company Folder** > **Accounts** > **Relation**	6	M O
	03		Policy Group	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Subscriber ID (2000B SBR03)** • Show Patient as subscriber **SYSTOC** > **Billing Folder** > **Invoices** > **Policy** • Show Company as subscriber: **SYSTOC** > **Billing Folder** > **Invoices** > **Group**	9a	
	04		Plan Name	Included when SBR 03 is blank		C
OI	06	Y, I	Other Insurance Release of Information	**SYSTOC** > **Injury Folder** > **Injuries** > **Info Rel** (EDI sends I when SYSTOC contains N, otherwise EDI sends Y)	12, 13	M

837 Professional Loop 2330A - Other Subscriber Name (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	IL	Entity Identifier Code [Insured or Subscriber]	Defined by SYSTOC_EDI		M

	03		Subscriber Name
			
			Patient Last Name [1]
			
			Company Name [2]
				SYSTOC_EDI > **Vendor Information** > **Vendor Configuration** > **Subscriber Type (Company Accounts)**
				• Show Patient as subscriber
				
				   SYSTOC > **Patient Folder** > **Patient Summary**
				• Show Company as subscriber
				
				   SYSTOC > **Company Folder** > **Companies**
					9	03 M
						04 O

	04		Subscriber Name Patient First Name	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Subscriber Type (Company Accounts)** • Show Patient as subscriber **SYSTOC** > **Patient Folder** > **Patient Summary**	9	03 M 04 O
	08	MI	Identification Code Qualifier	Assigned by SYSTOC_EDI		M

	09		Subscriber ID	**SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Subscriber/Patient ID (2010BA/CA NM109)**
				(Use Invoice Resp Party unless vendor requires different value)
				• Invoice Resp Party
				
				   WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Patient ID**
				   Non-WC: **SYSTOC** > **Billing Folder** > **Invoices** > **Policy**
				• Invoice Policy #
				
				   SYSTOC > **Billing Folder** > **Invoices** > **Policy**
				• Injury Claim #
				
				   SYSTOC > **Injury Folder** > **Injuries** > **Claim #**
				• Patient ID
				
				   SYSTOC > **Billing Folder** > **Invoices** > **Patient ID**
						M

N3, N4			Other Subscriber Address	**SYSTOC** > **Patient Folder** > **Patient Summary** [for secondary subscriber] > **Address lines**		O

837 Professional Loop 2330B - Other Payer Name (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
NM1	01	PR	Entity Identifier Code [Payer]	Defined by SYSTOC_EDI		M
	03, 04		Payer Name	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Billing Address: Name**		03 M 04 O
	08	PI	Identification Code Qualifier [Payer ID]	Assigned by SYSTOC_EDI		M
	09		Payer ID	**SYSTOC** > **File Maintenance** > **Benefit Organizations** > **Plans** > **Payer ID**		M

837 Professional Loop 2400 - Service Lines [Charge Detail] (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
LX			Service Line counter			M
SV1	01		Procedure Code	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **Fee Code**	24D	M
		1	HC	Assigned by SYSTOC_EDI		M

		2	Service Detail ID	Fee Alt code or Drug Fee code overrides if Alt Type = ND in **SYSTOC_EDI** > **Professional Configuration tab** > **Drug (ND) Fee Code Settings** > **Service Detail ID (2400 SV101-2)**
				
				• Use Fee Comment 1
				
				  SYSTOC > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Comment** line 1
				• Use Fee Alt Code
				
				  SYSTOC > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Alt Code**
				• Use Fee Code
				
				  SYSTOC > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Fee Code**
				• Use Drug/Med Default Code
				
				  SYSTOC_EDI > **Professional Configuration tab** > **Drug (ND) Fee Code Settings** > **Drug/Med Default Code**
						M

		3-5	Fee Modifiers 1-3	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **Fee Modifier 1, 2, or 3**		O

	02		Line Charges	**SYSTOC_EDI** > **General Configuration** > **Include invoice adjustments in claim amounts (Loops 2300, 2400)**
				
				• Invoice Total Charges (Line Items)
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Charges (Line Item)**
				• Invoice Total Charges and Adjustments
				
				  SYSTOC > **Billing Folder** > **Invoices** > **Charges + Adjustments (Line Item)**
					24F	M

	03	UN, MJ	Unit type	**SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** > **Unit Type** (EDI sends MJ when SYSTOC contains MN for Minutes, otherwise EDI sends UN.)		M
	04		Units of Service	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **Quantity**	24G	M

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
	05		Place of Service	**SYSTOC_EDI** > **Professional Configuration tab** > **Always replace POS code 11 with code 20 (Loops 2300, 2400)** otherwise **SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **HCFA Loc** (The POS code on the Line Item is only sent when different from that on the Invoice.)	24 B	O
	07	1 2	Diagnosis Code 1st Code 2nd Code	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **ICD9-1, ICD9-2**	24E	ICD9-1 (M) ICD9-2 (O)
	09		Emergency Indicator	Defaults to blank	24 C	O
DTP	03	472	Service Date Range	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **SYSTOC** > **Service Begin** and **End Dates**		M
NTE		ADD	Note/Additional Information/Special Instruction	**SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** > **Description** when **SYSTOC_EDI** > **Vendor Information** > **Vendor Configuration** > **Include Fee Description (2400 NTE)** is checked.		O
REF	01	6R	Reference Identification Qualifier	Assigned by SYSTOC_EDI		M

837 Professional Loop 2410 - Drug Identification (5010)

Segment	Element	Code	Description	Location (SYSTOC and SYSTOC_EDI)	1500 Box	Mandatory Conditional Optional
LIN			Drug (ND) Fee Code Settings	Drug Fee code overrides if *Alt Type = ND and **SYSTOC_EDI** > **Professional Configuration tab** > **Drug (ND) Fee Code Settings** > **Drug Item ID (2410 LIN03)** • Use Fee Alt Code as NDC **SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Alt Code** • Use Fee Comment 1 as NDC **SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Comment line 1** • Use Fee Comment 2 as NDC **SYSTOC** > **File Maintenance** > **Setup Billing** > **Fees** [for the invoice Line Item] > **Comment line 2**		C*
CTP	04		Drug Quantity	**SYSTOC** > **Billing Folder** > **Invoices** > **Charge Detail** [Line Item] > **Quantity**		
	05	UN	Unit of Measure	Defined by SYSTOC_EDI		