

PSIP 5010 Companion Document ANSI ASC X12N 837 – PROFESSIONAL

Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
		ISA	Interchange Control Header		3	M	“ISA”	
			Data Element Separator				“*”	
		ISA01	Authorization Information Qualifier	ID	2	M	“00” No authorization information present	
			Separator				“*”	
		ISA02	Authorization Information	AN	10	M	blank	
			Separator				“*”	
		ISA03	Security Information Qualifier	ID	2	M	“00” No security information present	
			Separator				“*”	
		ISA04	Security Information	AN	10	M	blank	
			Separator				“*”	
		ISA05	Interchange ID Qualifier	ID	2	M	“ZZ” AIA Requirement	
			Separator				“*”	
		ISA06	Interchange Sender ID	AN	15	M	3 digit Submitter ID (AIA assigned)	
			Separator				“*”	
		ISA07	Interchange ID Qualifier	ID	2	M	“30” U.S. Federal Tax Identification Number	
			Separator				“*”	
		ISA08	Interchange Receiver ID	AN	15	M	“132501278” AIA’s tax number	
			Separator				“*”	
		ISA09	Interchange Date	DT	6	M	Date of transmission/file creation (YYMMDD)	
			Separator				“*”	
		ISA10	Interchange Time	TM	4	M	Time of transmission/file creation (HHMM)	
			Separator				“*”	
		ISA11	Interchange Control Standards Identifier	ID	1	M	“U”	
			Separator				“*”	
		ISA12	Interchange Control Version Number	ID	5	M	“00501” (Changed for 5010)	
			Separator				“*”	
		ISA13	Interchange Control Number	N0	9	M	9 digit control number assigned by sender	
			Separator				“*”	
		ISA14	Acknowledgment Requested	ID	1	M	“0” No acknowledgment requested	
			Separator				“*”	
		ISA15	Usage Indicator	ID	1	M	“P” Production Run (“T” = Test run)	
			Separator				“*”	
		ISA16	Component Element Separator		1	M	“~”	
			Segment Terminator				“~” (ALL SEGMENTS need this TERMINATOR)	
		GS	Functional Group Header		2	M	“GS”	
			Data Element Separator				“*”	
		GS01	Functional Identifier Code	ID	2	M	“HC” Health Care Claim (837)	
			Separator				“*”	
		GS02	Application Sender’s Code	AN	2-15	R	Application Sender’s Code	
			Separator				“*”	
		GS03	Application Receiver’s Code	AN	8	M	PSIP (Mandatory)	
			Separator				“*”	
		GS04	Date	DT	8	M	YYYYMMDD	
			Separator				“*”	
		GS05	Time	TM	4/8	M	HHMM	

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		GS06	Separator Group Control Number	N0	1/9	M	“*” 1-9 digits assigned by sender	
		GS07	Separator Responsible Agency Code	ID	1	M	“X” “*”	
		GS08	Separator Version/Release/Industry Identifier Code	AN	1/12	M	“005010X222A1” (Changed for 5010)	
	00	S	Transaction Set Header Data Element Separator		1		“ST” “*”	
		ST01	Transaction Set Identifier Code Separator	ID	3 1	M	“837” Health Care Claim “*”	
		ST02	Transaction Set Control Number Separator	AN	4/9 1	M	Transaction Set Control Number Sequential number assigned by the originator; ST02 and SE02 Control Numbers must be equivalent “*”	
		ST03	Version/Release/Industry Identifier Code Segment Terminator	AN	1/12	M	“005010X222A1” (Changed for 5010) “~”	
	100	BHT	Beginning of Hierarchical Transaction Data Element Separator		3 1	R	“BHT” “*”	
		BHT01	Hierarchical Structure Code Separator	ID	4 1	R	“0019” Information Source, Subscriber, Dep. “*”	
		BHT02	Transaction Set Purpose Code Separator	ID	2 1	R	“00” Original “*”	
		BHT03	Reference Identification Separator	AN	1/30 1	R	Originator Application Transaction Identifier “*”	
		BHT04	Date Separator	DT	8 1	R	Transaction Set Creation Date CCYYMMDD (Date Billed) “*”	
		BHT05	Time Separator	TM	4/8 1	R	Transaction Set Creation Time (HHMM) “*”	
		BHT06	Transaction Type Code	ID	2	R	“CH” Chargeable	
	015	REF	Transmission Type Identification Data Element Separator		3 1	R	“REF” (Segment Deleted in 5010) “*”	
		REF01	Reference Identification Qualifier Separator	ID	2/3 1	R	“87” Functional Category “*”	
		REF02	Reference Identification	AN	1/30	R	“004010X098A1” Transmission Type Code	

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1000A	200	NM1	Submitter Name		3	R	"NM1"	
			Data Element Separator		1		"*"	
		NM101	Entity Identifier Code	ID	2/3	R	"41" Submitter	
			Separator		1		"*"	
		NM102	Entity Type Qualifier	ID	1	R	"2" Non-Person Entity ("1" Person)	
			Separator		1		"*"	
		NM103	Last Name or Organization Name	AN	1/60	R	Submitter Name – Last or Organization Name	
			Separator		1		"*"	
		NM104	First Name	AN	1/35	R	Submitter First Name (req. if NM102 = 1)	
			Separator		1		"*"	
		NM105	Middle Name	AN	1/25	R	Submitter Middle Name (req. if NM102 = 1)	
			Separator		1		"*"	
1000A	450		Not Used		1		"*"	
			Not Used		1		"*"	
		NM108	Identification Code Qualifier	ID	1/2	R	"46" Electronic Transmitter Ident Number (ETIN)	
			Separator		1		"*"	
		NM109	Identification Code	AN	2/80	R	Submitter Identifier	
		PER	Submitter EDI Contact Information		3	R	"PER" The contact information should point to the person in the submitter organization who deals with data transmission issues.	
			Data Element Separator		1		"*"	
		PER01	Contact Function Code	ID	2	R	"IC"	
			Separator		1		"*"	
		PER02	Name	AN	1/60	R	Submitter Contact Name	
			Separator		1		"*"	
		PER03	Communication Number Qualifier	ID	2	R	"TE"	
1000B	200		Separator		1		"*"	
		PER04	Communication Number	AN	1/80	R	Submitters Telephone Number	
			Separator		1		"*"	
		PER05	Communication Number Qualifier	ID	2	R	"EM"	
			Separator		1		"*"	
		PER06	Communication Number	AN	1/80	R	Submitters E-mail address (this will be used to send transaction summary reports)	
		NM1	Receiver Name		3	R	"NM1"	
			Data Element Separator		1		"*"	
		NM101	Entity Identifier Code	ID	2/3	R	"40" Receiver	
			Separator		1		"*"	
		NM102	Entity Type Qualifier	ID	1	R	"2" Non-Person Entity	
			Separator		1		"*"	
		NM103	Organization Name	AN	1/35	R	"American Insurance Administrators"	
			Separator		1		"*"	
			Not Used		1		"*"	
		NM104	Not Used		1		"*"	
		NM105	Not Used		1		"*"	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
		NM106	Not Used		1		“*”	
		NM107	Identification Code Qualifier	ID	1/2	R	“46” Electronic Transmitter Identification Number	
		NM108	Separator		1		“*”	
		NM109	Identification Code	AN	2/80	R	“132501278”	
2000A	010	HL	Billing/Pay-To Provider Hierarchical Data Element Separator		1	R	“HL” Repeat >1	
		HL01	Hierarchical ID Number	AN	1/12	R	Begin with “1” and increment by “1” each time a Hierarchical Level is used in the transaction.	
			Separator		1		“*”	
		HL02	Not Used		1		“*”	
		HL03	Hierarchical Level Code	AN	2	R	“20”	
			Separator		1		“*”	
		HL04	Hierarchical Child Code	ID	1	R	“1” Additional Subordinate HL Data Segment in this Hierarchical Structure	
2010AA	150	NM1	Billing Provider Name		3	R	“NM1”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“85” Billing Provider	
			Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” non-person entity (1=person)	
			Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/60	R	Last Name or Organization Name	33
			Separator		1		“*”	
		NM104	First Name	AN	1/35	S	First Name (required if NM102=1)	33
			Separator		1		“*”	
		NM105	Middle Name	AN	1/25	S	Middle Name (required if NM102=1)	33
			Separator		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Name Suffix	AN	1/10	S	Name Suffix	33
			Separator		1		“*”	
		NM108	Identification Code Qualifier	ID	1/2	R	“XX” NPI	
			Separator		1		“*”	
		NM109	Identification Code	AN	1/80	S	Billing Provider’s NPI number	
2010AA	250	N3	Billing Provider Address		2	R	“N3”	
			Data Element Separator		1		“*”	
		N301	Address Information	AN	1/55	R	Billing Provider Address	33
			Separator		1		“*”	
		N302	Address Information	AN	1/55	S	Billing Provider Address (for 2 nd line)	33
2010AA	300	N4	Billing Provider City/State/Zip Code		2	R	“N4”	
			Data Element Separator		1		“*”	
		N401	City Name	AN	2/30	R	Billing Provider City Name	33
			Separator		1		“*”	
		N402	State	ID	2	R	Billing Provider State Code	33
			Separator		1		“*”	
		N403	Zip Code	ID	3/15	R	Billing Provider Zip Code	33

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2010AA	350	REF	Billing Provider Tax ID		3	R	“REF” Required when a 2 nd ID # is necessary. “*”	
			Data Element Separator		1			
		REF01	Reference Identification Qualifier	ID	2	R	“EI” Billing Provider Tax ID “*”	
		REF02	Reference Identification	AN	1/30	R	Billing Provider ID – format 999999999	25
2000B	010	HL	Subscriber Hierarchical Level		2	R	“HL” Repeat: >1 “*”	
			Data Element Separator		1			
		HL01	Hierarchical ID Number	AN	1/12	R	Hierarchical ID Number - Increment by “1” for each Hierarchical Level in this transaction. “*”	
			Separator		1			
		HL02	Hierarchical Parent ID Number	AN	1/12	R	Hierarchical Parent ID Number - HL02 identifies the hierarchical ID number of the HL7 segment to which the current HL segment is subordinate. “*”	
			Separator		1			
		HL03	Hierarchical Level Code	ID	2	R	“22” Subscriber “*”	
		HL04	Hierarchical Child Code	ID	1	R	“0” No Subordinate HL Segment in this HL level.	
2000B	050	SBR	Subscriber Information		3	R	“SBR” “*”	
			Data Element Separator		1			
		SBR01	Payer Responsibility Sequence # Code	ID	1	R	“P” Primary Payer “*”	
			Separator		1			
		SBR02	Individual Relationship Code	ID	2	S	“18” Self “*”	6
			Separator		1			
		SBR03	Reference Identification	AN	1/30	S	Group/Policy Number “*”	11
			Separator		1			
		SBR04	Group/Policy Name		1		“*”	
		SBR05	Insurance Type Code		1		“*”	
		SBR06	Not Used		1		“*”	
		SBR07	Not Used		1		“*”	
		SBR08	Not Used		1		“*”	
		SBR09	Claim Filing Indicator Code	ID	2	S	“ZZ”	
2010BA	150	NM1	Subscriber Name		3	R	“NM1” “*”	
			Data Element Separator		1			
		NM101	Entity Identifier Code	ID	2	R	“IL” Insured / Subscriber “*”	
			Separator		1			
		NM102	Entity Type Qualifier	ID	1	R	“1” Person “*”	
			Separator		1			
		NM103	Last Name or Organization Name	AN	1/35	R	Subscriber Last Name “*”	2
			Separator		1			
		NM104	First Name	AN	1/25	S	Subscriber First Name (required when NM102 = 1) “*”	2
			Separator		1			
		NM105	Middle Name	AN	1/25	S	Subscriber Middle Name “*”	2
			Separator		1			

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		NM106	Not Used		1		“*”	
		NM107	Name Suffix		1		Subscriber Name Suffix	2
			Separator		1		“*”	
		NM108	Identification Code Qualifier	ID	2	S	“MI” Member Identification Number	
			Separator		1		“*”	
		NM109	Identification Code	AN	2/20	S	Subscriber Primary Identifier	1A
2010BA	250	N3	Subscriber Address		2	S	“N3” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		N301	Address Information	AN	1/35	R	Subscriber Address line 1	5
			Separator		1		“*”	
		N302	Address Information	AN	1/35	S	Subscriber Address line 2 (if any)	5
2010BA	300	N4	Subscriber City/State/Zip Code		2	S	“N4” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		N401	City	AN	2/30	R	Subscriber City	5
			Separator		1		“*”	
		N402	State Code	ID	2	R	Subscriber State Code	5
			Separator		1		“*”	
		N403	Zip Code	ID	3/15	R	Subscriber Zip Code	5
2010BA	320	DMG	Subscriber Demographic Information		3	S	“DMG” Required if the subscriber is the patient	
			Data Element Separator		1		“*”	
		DMG01	Date Time Period Qualifier	ID	2	R	“D8” CCYYMMDD	
			Separator		1		“*”	
		DMG02	Date Time Period	AN	8	R	Subscriber Birth Date	3
			Separator		1		“*”	
		DMG03	Gender Code	ID	1	R	Sex Code “F”-Female, “M”-Male, “U”-Unknown	3
2010BA	350	REF	Billing Provider Secondary ID		3	S	“REF” Required when a secondary identification number is necessary to identify the entity.	
			Data Element Separator		1		“*”	
		REF01	Reference Identification Qualifier	ID	2	R	Secondary reference identification qualifier (see HIPAA docs for specific codes)	
			Separator		1		“*”	
		REF02	Reference Identification	AN	1/30	R	Secondary identification number	33A
2010BB	150	NM1	Payer Name		3	R	“NM1”	
			Data Element Separator		1		“*”	
		NM101	Entity Identifier Code	ID	2	R	“PR” Payer	
			Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“2” Non-Person Entity	
			Separator		1		“*”	
		NM103	Last Name or Organization Name	AN	1/35	R	Last Name or Organization Name	
			Separator		1		“*”	
		NM104	Not Used		1		“*”	
		NM105	Not Used		1		“*”	
		NM106	Not Used		1		“*”	
		NM107	Not Used		1		“*”	
		NM108	Identification Code Qualifier	ID	2	R	“PI” Payer Identification	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
		NM109	Separator Identification Code	AN	1 3/20	R	“*” Payer Identification number	
2300	1300	CLM	Claim Information		3	R	“CLM” Repeat Loop: 100	
		CLM01	Data Element Separator Claim Submitter’s Identifier	AN	1 1/38	R	“*” Patient Account Number (if greater than 12 bytes, the last 12 bytes will be used)	26
		CLM02	Separator Monetary Amount	R	1 1/18		“*” Total Claim Charge Amount	28
		CLM03	Separator Not Used		1		“*”	
		CLM04	Separator Not Used		1		“*”	
		CLM05	Health Care Service Location Information			R	Place of Service Code (Composite)	24B
		CLM05-1	Facility Code Value Sub-element Separator	AN	1/2 1		Facility Type Code (ie: “11” for Office Visit) “,”	
		CLM05-2	Not Used		1		“,”	
		CLM05-3	Claim Frequency Type Code	ID	1	R	“1” Original	
		CLM06	Separator Yes/No Condition or Response Code	ID	1 1	R	“*” Provider or Supplier Signature Indicator	31
		CLM07	Separator Provider Accept Assignment Code	ID	1 1	R	“*” Provider Accept Assignment Code	27
		CLM08	Separator Yes/No Condition or Response Code	ID	1 1	R	“*” Benefits Assignment Certification Indicator (n/a)	
		CLM09	Separator Release of Information Code	ID	1 1	R	“*” Release of Information Code (n/a)	
		CLM10	Separator Patient Signature Source Code	ID	1 1	S	“*” Patient Signature Source Code (n/a)	
2300	1350	DTP	Admit Date		3	R	“DTP”	
		DTP01	Data Element Separator Date/Time Qualifier	ID	1 3	R	“*” “435” Admission	
		DTP02	Separator Date Time Period Format Qualifier	ID	1 2	R	“*” “D8” CCYYMMDD	
		DTP03	Separator Date Time Period	AN	1 8	R	“*” Admit/Visit Date	18
2300	1350	DTP	Discharge Date		3	R	“DTP”	
		DTP01	Data Element Separator Date/Time Qualifier	ID	1 3	R	“*” “096” Discharge	
		DTP02	Separator Date Time Period Format Qualifier	ID	1 2	R	“*” “D8” CCYYMMDD	
		DTP03	Separator Date Time Period	AN	1 8	R	“*” Discharge/Visit Date	18

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2300	1900	NTE	Claim Note		3	M	“NTE” Required when State regulations mandate information not identified elsewhere within the claim. “*”	
		NTE01	Data Element Separator	ID	1			
		NTE02	Note Reference Code	ID	3	M	“ADD”	
			Separator		1		“*”	
			Description	AN	1/80	M	“AA:BB:C:DDDDD:E:F:G:H:I:JJJJJJJJJJJJJJJJ”	
					2		AA – Ethnicity	CHIP Field: 6
					2		BB – Family Size	CHIP Field: 9
					1		C – Employment Type	CHIP Field: 7
					5		DDDDD – Monthly Income	CHIP Field: 8
					1		E – Income Source	CHIP Field: 10
					1		F – Other Ins	
					1		G – Other Ins Paid	
					1		H – Physicians Fund	CHIP Field: 20
					1		I – Type of Service	CHIP Field: 21
					0/20		JJJJJJJJJJJJ - Mother’s Maiden name (20 max)	
							IE: NTE*ADD*06:02:9:99999:0:N:N:3:2:maiden	
2300	2310	HI	Health Care Information Codes		2	R	“HI” Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed. “*”	
			Data Element Separator		1			
		HI01	Health Care Code Information	ID	2	R	Principal Diagnosis (Composite)	
		HI01-01	Code List Qualifier Code	ID	2	R	“BK” Principal Diagnosis–ICD-9 Codes Vols 1&2	
			Sub-element Separator		1	R	“.”	
		HI01-02	Industry Code	AN	1/5	R	Diagnosis Code (Primary Diagnosis Code)	21.1
			Separator		1	R	“*”	
		HI02	Health Care Code Information				Secondary Diagnosis (Composite)	
		HI02-01	Code List Qualifier Code	ID	2	S	“BF” – Diagnosis – ICD-9 Codes	
			Sub-element Separator		1	R	“.”	
		HI02-02	Industry Code	AN	1/5	R	Diagnosis Code (secondary)	21.2
			Separator		1	R	“*”	
		HI03	Health Care Code Information				Tertiary Diagnosis (Composite)	
		HI03-01	Code List Qualifier Code	ID	2	S	“BF” – Diagnosis – ICD-9 Codes	
			Sub-element Separator		1	R	“.”	
		HI03-02	Industry Code	AN	1/5	R	Diagnosis Code (tertiary)	21.3
			Separator		1	R	“*”	
		HI04	Health Care Code Information				Quaternary Diagnosis (Composite)	
		HI04-01	Code List Qualifier Code	ID	2	S	“BF”	
			Sub-element Separator		1	R	“.”	
		HI04-02	Industry Code	AN	1/5	R	Diagnosis Code (quaternary)	21.4
2310A	2500	NM1	Referring Provider Name		3	S	“NM1” Required if claim involved a referral “*”	
			Data Element Separator		1			
		NM101	Entity Identifier Code	ID	2	R	“DN” Referring Physician	
			Separator		1		“*”	
		NM102	Entity Type Qualifier	ID	1	R	“1” Person	

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		NM103	Separator Last Name or Organization Name	AN	1 1/60	R	“*” Referring Provider Last Name or Organization Name	17
		NM104	Separator First Name	AN	1 1/35	S	“*” First Name (required if NM102 =1)	17
		NM105	Separator Middle Name	AN	1 1/25	S	“*” Middle Name (required if NM102=1)	17
		NM106	Separator Not Used		1 1		“*” “*”	
		NM107	Name Suffix	AN	1/10	S	Name Suffix	17
		NM108	Separator Identification Code Qualifier	ID	1 2	R	“*” Usually “24” – Tax ID	
		NM109	Separator Identification Code	AN	1 2/80	R	“*” Employer’s Identification Number	17a
2310A	2710	REF	Referring Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. This is used to submit any/all of the State License/Blue Shield/Medicare/Medicaid numbers. One line per number.	
		REF01	Data Element Separator Reference Identification Qualifier	ID	1 2/3	R	“*” Reference Identification Qualifier	
		REF02	Separator Reference Identification	AN	1 1/30	R	“*” Reference Identification	
2310B	2500	NM1	Rendering Provider Name		3	S	“NM1” Applies to the entire claim. Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA/AB loops.	
		NM101	Data Element Separator Entity Identifier Code	ID	1 2	R	“*” “82” Rendering Physician	
		NM102	Separator Entity Type Qualifier	ID	1 1	R	“*” “1” Person (“2” for Non-Person Entity)	
		NM103	Separator Last Name or Organization Name	AN	1 1/35	R	“*” Rendering Provider Last Name or Organization Name	32
		NM104	Separator First Name	AN	1 1/25	S	“*” First Name (required if NM102 =1)	32
		NM105	Separator Middle Name	AN	1 1/25	S	“*” Middle Name (required if NM102=1)	32
		NM106	Separator Not Used		1 1		“*” “*”	
		NM107	Name Suffix	AN	1/10	S	Name Suffix	32
		NM108	Separator Identification Code Qualifier	ID	1 2	R	“*” “XX” – NPI Indicator	
		NM109	Separator Identification Code	AN	1 2/80	R	“*” NPI number	25

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2310B	2710	REF	Rendering Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. AIA Tax ID/Suffix is <u>REQUIRED BY AIA</u> . “*”	
			Data Element Separator		1			
		REF01	Reference Identification Qualifier	ID	2/3	R	“G2” Reference Identification Qualifier “*”	
		REF02	Separator		1			
2310B	2710	REF	Rendering Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. The State License number is <u>REQUIRED BY AIA</u> . “*”	
			Data Element Separator		1			
		REF01	Reference Identification Qualifier	ID	2/3	R	“0B” Reference Identification Qualifier “*”	
		REF02	Separator		1			
2310C	2710	REF	Rendering Provider Secondary Identification		3	S	“REF” Required when a secondary identification number is necessary to identify the entity. Facility Code is <u>REQUIRED BY AIA</u> . “*”	
			Data Element Separator		1			
		REF01	Reference Identification Qualifier	ID	2/3	R	“LU” Reference Identification Qualifier “*”	
		REF02	Separator		1			
2400	3650	LX	Assigned Number		2	R	AIA Assigned Facility Code	20
			Data Element Separator		1			
		LX01	Assigned Number	NO	1/6	R	“LX” Repeat Loop: 50 (Although the Professional 837 version 5010 Implementation Guide allows up to 50 LX/Service Line Loops, AIA only accepts up to 6 lines per claim at this time) “*”	
							Line Number - Begin with 1 and increment by 1 for each additional Service Line of the claim.	

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Loop	Position	Segment ID	Segment Name/ Data Element Name	Format	Length	Req. Des.	Value	HCFA 1500
2400	3700	SV1	Professional Service Data Element Separator		3 2	R	“SV1” “*”	
		SV101	Composite Medical Procedure Identifier				Procedure Identifier (Composite)	
		SV101-1	Product/Service ID Qualifier	ID	2	R	“HC” HCPCS Codes	
			Sub-element Separator		1		“.”	
		SV101-2	Product/Service ID	AN	1/5	R	Procedure Code	24d
			Sub-element Separator		1		“.”	
		SV101-3	Procedure Modifier	AN	2	S	Modifier	24d
			Separator		1		“*”	
		SV102	Monetary Amount	R	1/10	R	Line Item Charge Amount	24f
			Separator		1		“*”	
		SV103	Unit of Basis for Measurement Code	ID	2	R	“UN” Unit	
			Separator		1		“*”	
		SV104	Quantity	R	1/3	R	Service Unit Count	24g
			Separator		1		“*”	
		SV105	Facility Code Value	AN	2	S	Place of Service	24b
		SV106	Not Used		1		“*”	
		SV107	Composite Diagnosis Code Pointer				Diagnosis Code Pointer (Composite)	
		SV107-1	Diagnosis Code Pointer	N0	1	R	Usually “1”	
			Sub-element Separator		1		“.”	
		SV107-2	Diagnosis Code Pointer	N0	1	R	Usually “2”	
			Separator		1		“*”	
		SV107-3	Diagnosis Code Pointer	N0	1	S	Usually “3”	
			Sub-element Separator		1		“.”	
		SV107-4	Diagnosis Code Pointer	N0	1		Usually “4”	
			Separator		1		“*”	
		SV108	Not Used		1		“*”	
		SV109	Yes/No Condition or Response Code	ID	1		Emergency Indicator “Y” indicates service provided was emergency related	
		2400	4550	DTP	Service Date Data Element Separator		3 1	R
DTP01	Date/Time Qualifier			ID	3	R	“472” Service Date	
	Separator				1		“*”	
DTP02	Date Time Period Format Qualifier			ID	2/3	R	“D8” CCYYMMDD	
			Separator		1		“*”	
		DTP03	Date Time Period	AN	6/17	R	Service Date	24a
		SE	Transaction Set Trailer				“SE”	
		GE	Functional Group Trailer				“GE”	
		IEA	Interchange Control Trailer				“IEA”	