REPORT - CSDB to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	ALTERNATE ID TYPE	A(2)	278Resp	180	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID TYPE	A(2)	834	024	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID TYPE	A(2)	837P	035	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID VALUE	A(50)	820	010	ENT04	Receiver's Individual Identifier	AN80	R
	ALTERNATE ID VALUE	A(50)	820	020	NM109	Individual Identifier	AN80	S
	ALTERNATE ID VALUE	A(50)	834	030	NM109	Subscriber Identifier	AN80	S
	ALTERNATE ID VALUE	A(50)	835	029	NM109	Patient Identifier	AN80	S
	ALTERNATE ID VALUE	A(50)	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	BEGIN DATE (Person Case)	N(8)	834	029	DTP03	Status Information Effective Date	AN35	R
	BEGIN DATE (Service Span)	N(8)	278Resp	080	HI 01	Procedure Date	AN35	S
	BEGIN DATE (Service Span)	N(8)	820	180	DTM06	Coverage Period	AN35	R
	BEGIN DATE (Service Span)	N(8)	834	270	DTP03	Coverage Period	AN35	R
	DATE OF BIRTH	N(8)	834	080	DMG02	Member Birth Date	AN35	R
	DATE OF BIRTH	N(8)	837P	032	DMG02	Subscriber Birth Date	AN35	R
	DOLLARS	N(15)	820	150	RMR04	Detail Premium Payment Amount	R18	R
	DOLLARS	N(15)	835	070	SVC03	Line Item Provider Payment Amount	R18	R
	END DATE (Person Case)	N(8)	834	029	DTP03	Status Information Effective Date	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	END DATE (Service Span)	N(8)	278Resp	080	HI 01	Procedure Date	AN35	S
	END DATE (Service Span)	N(8)	820	180	DTM06	Coverage Period	AN35	R
	END DATE (Service Span)	N(8)	834	270	DTP03	Coverage Period	AN35	R
	LINE 3	A(40)	834	050	N 302	Subscriber Address Line	AN55	S
	PERSON ID	A(50)	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
	PROGRAM	A(3)	278Resp	170	NM103	Utilization Management Organization (UMO) Last or Organization Name	AN35	S
	PROGRAM	A(3)	834	070	N 104	Sponsor Identifier	AN80	R
	SERVICE CODE	A(42)	834	260	HD 04	Plan Coverage Description	AN50	S
	SERVICE CODE	A(42)	835	070	SVC01	Procedure Code	AN48	R
	SERVICE CODE	A(42)	835	070	SVC04	National Uniform Billing Committee Revenue Code	AN48	S
	SERVICE QUANTITY	N(9)	278Resp	080	HI 01	Procedure Quantity	R15	S
	SERVICE QUANTITY	N(9)	835	070	SVC05	Units of Service Paid Count	R15	S
	ZIPPLUS4	N(10)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R

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Notes:

If translating HIPAA to legacy, the legacy fields may need to be longer because the HIPAA regulations say that we must not truncate data.

If translating legacy to HIPAA, most HIPAA field lengths are longer than Legacy field lengths, so there will not be a problem.

Column Heading Legend:

"DT" = Data Type