REPORT - MHD Auth. to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Cons_demog	CID	char						
	CountyCd	char						
	DateBirth	char	837I	032	DMG02	Subscriber Birth Date	AN35	R
	EthnCd	varchar						
	Gender	char	837I	032	DMG03	Subscriber Gender Code	ID1	R
	GivenName	varchar	837I	015	NM104	Subscriber First Name	AN25	S
	HispOrig	char						
	ImpKindCd	varchar						
	LangCd	char						
	Race	char						
	RUID	int						
	SexOrient	char						
	SSN	char	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	Surname	char	837I	015	NM103	Subscriber Last Name	AN35	R
RSN_CH_IP_Auth	Adm_Date	char	837I	136	DTP03	Statement From or To Date	AN35	R
	Adm_Date	char	837I	137	DTP03	Admission Date and Hour	AN35	R
	Auth_No	char	837I	130	CLM01	Patient Account Number	AN38	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
RSN_CH_IP_Auth	Auth_No	char	837I	189	REF02	Prior Authorization Number	AN30	R
	CID	varchar	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	CONID	int	837I	020	NM109	Submitter Identifier	AN80	R
	CONID	int	837I	015	NM109	Billing Provider Identifier	AN80	R
	Disch_Date	char	837I	136	DTP03	Statement From or To Date	AN35	R
	DischDisposition	char	837I	140	CL103	Patient Status Code	ID2	S
	PIC	char	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	RUID	int	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	RUID	int	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	RUID	int	837I	015	NM109	Payer Identifier	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req

Column Heading Legend:

"DT" = Data Type