REPORT - SSPS to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-AuthMain	Authorization_number	char(7)	834	020	REF02	Subscriber Identifier	AN30	R
	Authorization_Suffix	char(2)	834	020	REF02	Subscriber Identifier	AN30	R
	P_R_Name	char(6)	834	030	NM103	Subscriber Last Name	AN35	R
	P_R_Name	char(6)	834	030	NM104	Subscriber First Name	AN25	R
	P_R_Name	char(6)	834	030	NM105	Subscriber Middle Name	AN25	S
	Provider_number	char(6)	278Resp	170	NM109	Service Provider Identifier	AN80	S
	Social_Security_Number	char(9)	834	030	NM109	Subscriber Identifier	AN80	S
SSPS-Enrollment-ProvMain	Provider_Number	char(6)	834	320	NM109	Provider Identifier	AN80	S
	Provider_Phone_Area_Code	char(3)	834	370	PER04	Communication Number	AN80	R
	Provider_Phone_Number	char(7)	834	370	PER04	Communication Number	AN80	R
	Vendor_City	char(23)	278Resp	210	N 401	Service Provider City Name	AN30	S
	Vendor_Name	char(25)	278Resp	170	NM103	Service Provider Last or Organization Name	AN35	S
	Vendor_Name	char(25)	834	320	NM103	Provider Last or Organization Name	AN35	S
	Vendor_Street_Address_1	char(25)	278Resp	200	N 301	Service Provider Address Line	AN55	R
	Vendor_Street_Address_2	char(25)	278Resp	200	N 302	Service Provider Address Line	AN55	S
	Vendor_Zip	char(5)	278Resp	210	N 403	Service Provider Postal Zone or ZIP Code	ID15	S
	Vendor_Zip	char(5)	834	360	N 403	Member Postal Zone or Zip Code	ID15	R

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SSPS-Enrollment-RptUnit	Reporting_Unit_Title	char(24)	834	070	N 102	Plan Sponsor Name	AN60	S
SSPS-RemittanceAdvice	IN-AUTH-BASIC	X(07)	835	010	CLP07	Payer Claim Control Number	AN30	S
	IN-CHARGES	S9(09)V99	835	070	SVC02	Line Item Charge Amount	R18	R
	IN-PAY-AMOUNT	S9(09)V99	835	020	BPR02	Total Actual Provider Payment Amount	R18	R
	IN-PAY-AMOUNT	S9(09)V99	835	010	CLP04	Claim Payment Amount	R18	R
	IN-PAYEE-ADDR-LINE-1	X(25)	835	160	N 301	Payee Address Line	AN55	R
	IN-PAYEE-ADDR-LINE-2	X(25)	835	160	N 302	Payee Address Line	AN55	S
	IN-PAYEE-CITY	X(20)	835	170	N 401	Payee City Name	AN30	R
	IN-PAYEE-NAME	X(25)	835	140	N 102	Payee Name	AN60	S
	IN-PAYEE-NUMBER	X(06)	835	140	N 104	Payee Identification Code	AN80	R
	IN-PAYEE-NUMBER	X(06)	835	010	PLB01	Provider Identifier	AN30	R
	IN-PAYEE-ZIP-CODE	X(09)	835	170	N 403	Payee Postal Zone or ZIP Code	ID15	R
	IN-PRIMARY-RECIP-SSN	X(09)	835	029	NM109	Patient Identifier	AN80	S
	IN-SVC-RECIP-NAME	X(25)	835	029	NM103	Patient Last Name	AN35	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