REPORT - CHARS to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CHARS	Admission Date	9(6)	837I	136	DTP03	Statement From or To Date	AN35	R
	Admission Date	9(6)	837I	137	DTP03	Admission Date and Hour	AN35	R
	Attending Physician ID	X(15)	837I	271	REF02	Attending Physician Secondary Identifier	AN30	R
	Discharge Date	9(6)	837I	136	DTP03	Statement From or To Date	AN35	R
	DRG	9(3)	837I	232	HI 01	Diagnosis Related Group (DRG) Code	AN30	R
	E Code	X(7)	837I	231	HI 03	Industry Code	AN30	R
	Hospital Number	X(4)	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Line Item Charge	9(8)V99	837I	375	SV203	Line Item Charge Amount	R18	R
	Line Item Code	X(2)	837I	365	LX 01	Assigned Number	N06	R
	Other Diagnosis Code 1	X(7)	837I	233	HI 01	Other Diagnosis	AN30	R
	Other Diagnosis Code 2	X(7)	837I	233	HI 02	Other Diagnosis	AN30	R
	Other Diagnosis Code 3	X(7)	837I	233	HI 03	Other Diagnosis	AN30	R
	Other Diagnosis Code 4	X(7)	837I	233	HI 04	Other Diagnosis	AN30	R
	Other Diagnosis Code 5	X(7)	837I	233	HI 05	Other Diagnosis	AN30	R
	Other Diagnosis Code 6	X(7)	837I	233	HI 06	Other Diagnosis	AN30	R
	Other Diagnosis Code 7	X(7)	837I	233	HI 07	Other Diagnosis	AN30	R
	Other Diagnosis Code 8	X(7)	837I	233	HI 08	Other Diagnosis	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CHARS	Other Physician ID	X(15)	837I	250	NM109	Other Physician Identifier	AN80	R
	Other Procedure Code 1	X(7)	837I	235	HI 01	Procedure Code	AN30	R
	Other Procedure Code 2	X(7)	837I	235	HI 02	Procedure Code	AN30	R
	Other Procedure Code 3	X(7)	837I	235	HI 03	Procedure Code	AN30	R
	Other Procedure Code 4	X(7)	837I	235	HI 04	Procedure Code	AN30	R
	Other Procedure Code 5	X(7)	837I	235	HI 05	Procedure Code	AN30	R
	Patient Birthdate	X(6)	837I	032	DMG02	Subscriber Birth Date	AN35	R
	Patient Control Number	X(20)	837I	130	CLM01	Patient Account Number	AN38	R
	Patient ID	X(12)	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	Patient Zip Code	X(9)	837I	030	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	Payer ID 1	9(3)	837I	325	NM109	Other Payer Primary Identifier	AN80	R
	Payer ID 2	9(3)	837I	325	NM109	Other Payer Primary Identifier	AN80	R
	Principal Diagnosis Code	X(7)	837I	231	HI 01	Industry Code	AN30	R
	Principal Procedure Code	X(7)	837I	234	HI 01	Principal Procedure Code	AN30	R
	Revenue Code	X(4)	837I	375	SV201	Service Line Revenue Code	AN48	R
	Total Charges	9(7)V99	837I	130	CLM02	Total Claim Charge Amount	R18	R
	Units of Service	9(4)	837I	375	SV205	Service Unit Count	R15	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