REPORT - CSDB to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	ACCRUAL	A(15)						
	ACTIVITY	A(1)						
	ADDR FORMAT	A(1)						
	ADDRESS LINE	A(200)						
	ADDRESS TYPE	A(1)						
	AGE IN YEARS	N(3)						
	AGE UNIT TYPE	A(1)						
	ALIEN STATUS CODE	A(2)						
	ALLOCATION	A(4)						
	ALLOTMENT	A(15)						
	ALTERNATE ID TYPE	A(2)	278Resp	180	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID TYPE	A(2)	820	010	ENT03	Identification Code Qualifier	ID2	R
	ALTERNATE ID TYPE	A(2)	820	020	NM108	Identification Code Qualifier	ID2	S
	ALTERNATE ID TYPE	A(2)	834	024	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID TYPE	A(2)	834	030	NM108	Identification Code Qualifier	ID2	S
	ALTERNATE ID TYPE	A(2)	835	029	NM108	Identification Code Qualifier	ID2	S
	ALTERNATE ID TYPE	A(2)	837P	015	NM108	Identification Code Qualifier	ID2	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	ALTERNATE ID TYPE	A(2)	837P	035	REF01	Reference Identification Qualifier	ID3	R
	ALTERNATE ID VALUE	A(50)	278Resp	180	REF02	Subscriber Supplemental Identifier	AN30	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	024	REF02	Subscriber Supplemental Identifier	AN30	R
	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
	ALTERNATE ID VALUE	A(50)	837P	035	REF02	Subscriber Supplemental Identifier	AN30	R
	ALTERNATE ID VALUE	A(50)	837P	130	CLM01	Patient Account Number	AN38	R
	APPROPRIATION CODE	A(3)						
	APPROPRIATION INDEX	A(3)						
	APPROPRIATION TYPE	A(1)						
	ARMED FORCES CODE	A(1)						
	AUTOPSY	A(1)						
	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
	BEGIN DATE (Service Span)	N(8)	835	080	DTM02	Service Date	DT8	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	BEINNIUM YEAR	A(4)						
	BIRTH COUNTRY	A(3)						
	BRANCH	A(1)						
	BUDGET UNIT	A(3)						
	CASE ID	A(50)						
	CATEGORY	A(1)						
	CITIZENSHIP CODE	A(2)	834	080	DMG06	Citizenship Status Code	ID2	S
	CITIZENSHIP STATUS	A(1)						
	CITY	A(26)						
	CITY OF INJURY	A(4)						
	CITY OF OCCURRENCE	A(4)						
	CITY OF RESIDENCE	A(4)						
	CLASS OF CERTIFIER AT DEATH	A(2)						
	COA TITLE	A(44)						
	CONTRIBUTORY CAUSE OF DEATH	A(1)						
	CORONER REFERRED	A(1)						
	COUNTRY OF ORIGIN CODE	A(2)						
	COUNTY	A(2)						
	COUNTY FILE NUMBER	A(6)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	COUNTY OF INJURY	A(2)						
	COUNTY OF OCCURRENCE	A(2)						
	COUNTY OF RESIDENCE	A(2)						
	CURRENT FISCAL MONTH	A(2)						
	DATE DEATH CERT RCVD CNTY REG	A(8)						
	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
	DATE OF DISPOSITION	A(8)						
	DATE OF INJURY	A(8)						
	DEATH CERTIFICATE NUMBER	N(10)						
	DEATH GENDER	A(1)						
	DEATH HISPANIC ORIGIN	A(1)						
	DEATH RACE	A(1)						
	DECEDENT CITY LITERAL	A(30)						
	DECEDENT FIRST NAME	A(30)						
	DECEDENT HISPANIC OFM 1	A(3)						
	DECEDENT HISPANIC OFM 2	A(3)						
	DECEDENT LAST NAME	A(50)						
	DECEDENT MIDDLE NAME	A(40)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	DECEDENT RACE OFM 1	A(3)						
	DECEDENT RACE OFM 2	A(3)						
	DECEDENT RES STREET	A(35)						
	DECEDENT SSN	A(9)						
	DECEDENT SUFFIX	A(6)						
	DELIVERY CITY	A(50)	834	060	N 401	Subscriber City Name	AN30	R
	DESCRIPTION	A(250)						
	DISBURSEMENT	A(15)						
	DIVISION	A(1)						
	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
	DOLLARS AVAILABLE	A(1)						
	DSHS TRIBAL CODE	A(4)						
	EDUCATION LEVEL	N(3)						
	EFFECTIVE DATE (Person Address)	N(8)						
	EFFECTIVE DATE (Person Alien Status)	N(8)						
	EFFECTIVE DATE (Person Citizenship)	N(8)						
	EFFECTIVE DATE (Service Definition)	N(8)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	EMERGENCY CARE CODE	A(1)						
	EMP. - DAY PROGRAM	N(8)						
	ENCUMBRANCE	A(15)						
	END DATE (Person Case)	N(8)	834	029	DTP03	Status Information Effective Date	AN35	R
	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
	END DATE (Service Span)	N(8)	835	080	DTM02	Service Date	DT8	R
	ETHNICITY CODE	A(3)						
	EXPLANATION	A(200)						
	EXTERNAL EVENT CODE	A(1)						
	EXTERNAL INJURY CAUSE	A(1)						
	FACILITY INSTITUTION OF DEATH	A(3)						
	FACILITY TYPE FOR DEATH PLACE	A(1)						
	FATHER FIRST NAME	A(30)						
	FATHER LAST NAME	A(50)						
	FATHER MIDDLE NAME	A(40)						
	FATHER SUFFIX	A(6)						
	FILLER	A(4)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	FISCAL MONTH	A(2)						
	FM 25 STATUS	A(1)						
	FM 99 STATUS	A(1)						
	FRS BIEN SUM KEY	A(8)						
	FRS GROUP ACCOUNT	A(42)						
	FTE ACCRUAL	A(15)						
	FTE ALLOTMENT	A(15)						
	FTE DISBURSEMENT	A(15)						
	FULL NAME OR SURNAMES	A(120)	278Resp	170	NM103	Subscriber Last Name	AN35	S
	FULL NAME OR SURNAMES	A(120)	820	020	NM103	Individual Last Name	AN35	S
	FULL NAME OR SURNAMES	A(120)	834	030	NM103	Subscriber Last Name	AN35	R
	FULL NAME OR SURNAMES	A(120)	835	029	NM103	Patient Last Name	AN35	R
	FULL NAME OR SURNAMES	A(120)	835	031	NM103	Corrected Patient or Insured Last Name	AN35	S
	FUND	A(3)						
	FUNERAL HOME CODE	A(4)						
	GENDER	A(1)	834	080	DMG03	Gender Code	ID1	R
	GENDER	A(1)	837P	032	DMG03	Subscriber Gender Code	ID1	R
	GEO MATCH SCORE	A(3)						
	GEO OLD CENSUS BLOCK GROUP	A(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	GEO OLD CENSUS TRACT	A(6)						
	GEO RES CENSUS BLOCK GROUP	A(1)						
	GEO RES CENSUS TRACT	A(7)						
	GEO RES LATITUDE	A(12)						
	GEO RES LONGITUDE	A(13)						
	GEO STREET DATA SOURCE	A(20)						
	GEOCODE ACCURACY	A(20)						
	GEOCODE FLAG	A(11)						
	GEOCODED BLOCK GROUP	N(1)						
	GEOCODED COUNTY	N(3)						
	GEOCODED RES CITY LITERAL	A(20)						
	GEOCODED RES CNTY CODE	A(2)						
	GEOCODED RES STREET	A(40)						
	GEOCODED RES ZIP	A(5)						
	GEOCODED RES ZIP PLUS4	A(4)						
	GEOCODED STATE	N(2)						
	GEOCODED TRACT	N(7)						
	GEOGRAPHY CODE	A(16)						
	GEOGRAPHY IDENTIFIER	A(25)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	GEOGRAPHY TYPE	A(11)						
	GEOGRAPHY TYPE NAME	A(11)						
	GIVEN NAMES	A(60)	278Resp	170	NM104	Subscriber First Name	AN25	S
	GIVEN NAMES	A(60)	820	020	NM104	Individual First Name	AN25	S
	GIVEN NAMES	A(60)	834	030	NM104	Subscriber First Name	AN25	R
	GIVEN NAMES	A(60)	835	029	NM104	Patient First Name	AN25	R
	GIVEN NAMES	A(60)	835	031	NM104	Corrected Patient or Insured First Name	AN25	S
	HIGH SCHOOL GRADUATE	A(1)						
	HOUR OF DEATH	N(2)						
	ICD CAUSE CODE 1	A(4)						
	ICD CAUSE CODE 10	A(4)						
	ICD CAUSE CODE 11	A(4)						
	ICD CAUSE CODE 12	A(4)						
	ICD CAUSE CODE 13	A(4)						
	ICD CAUSE CODE 14	A(4)						
	ICD CAUSE CODE 15	A(4)						
	ICD CAUSE CODE 16	A(4)						
	ICD CAUSE CODE 17	A(4)						
	ICD CAUSE CODE 18	A(4)						
	ICD CAUSE CODE 19	A(4)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	ICD CAUSE CODE 2	A(4)						
	ICD CAUSE CODE 20	A(4)						
	ICD CAUSE CODE 3	A(4)						
	ICD CAUSE CODE 4	A(4)						
	ICD CAUSE CODE 5	A(4)						
	ICD CAUSE CODE 6	A(4)						
	ICD CAUSE CODE 7	A(4)						
	ICD CAUSE CODE 8	A(4)						
	ICD CAUSE CODE 9	A(4)						
	INDUSTRY LITERAL	A(30)						
	INDUSTRY NIOSH	A(3)						
	INFORMANTS ADDRESS	A(60)						
	INFORMANTS NAME	A(45)						
	INJURY AT WORK	A(1)						
	INJURY FLAG 1	A(1)						
	INJURY FLAG 10	A(1)						
	INJURY FLAG 11	A(1)						
	INJURY FLAG 12	A(1)						
	INJURY FLAG 13	A(1)						
	INJURY FLAG 14	A(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	INJURY FLAG 15	A(1)						
	INJURY FLAG 16	A(1)						
	INJURY FLAG 17	A(1)						
	INJURY FLAG 18	A(1)						
	INJURY FLAG 19	A(1)						
	INJURY FLAG 2	A(1)						
	INJURY FLAG 20	A(1)						
	INJURY FLAG 3	A(1)						
	INJURY FLAG 4	A(1)						
	INJURY FLAG 5	A(1)						
	INJURY FLAG 6	A(1)						
	INJURY FLAG 7	A(1)						
	INJURY FLAG 8	A(1)						
	INJURY FLAG 9	A(1)						
	INJURY HOUR	N(2)						
	INJURY MINUTE	N(2)						
	INJURY STATE	A(2)						
	LATITUDE	N(11)						
	LEN RES NUM UNITS	N(2)						
	LEN RES UNIT TYPE	A(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	LINE 1	A(160)	834	050	N 301	Subscriber Address Line	AN55	R
	LINE 2	A(100)	834	050	N 302	Subscriber Address Line	AN55	S
	LINE 3	A(40)	834	050	N 302	Subscriber Address Line	AN55	S
	LINE 4	A(40)						
	LONG TITLE	A(80)						
	LONGITUDE	N(11)						
	MANNER DISPOSITION OF REMAINS	A(1)						
	MARITAL STATUS	A(1)						
	MINUTE OF DEATH	N(2)						
	MONTH OF SERVICE	A(6)						
	MOTHER FIRST NAME	A(30)						
	MOTHER MAIDEN NAME	A(50)						
	MOTHER MIDDLE NAME	A(40)						
	NAME	A(200)						
	NAME FORMAT	N(1)						
	NCHS NEW RECORD FLAG	A(1)						
	NCHS PLACE OF INJURY	A(1)						
	NSC PLACE CODE	A(1)						
	NUMBER OF AGE UNITS	N(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	OBJECT	A(1)						
	OCCUPATION LITERAL	A(30)						
	OCCUPATION NIOSH	A(3)						
	OCCUPATION S MILLHAM CODE	A(3)						
	ORIGINAL LONG TITLE	A(80)						
	ORIGINAL SHORT TITLE	A(20)						
	ORIGINAL STAND_ADDR_ID	A(12)						
	ORIGINAL VALUE	A(250)						
	PERSON ID	A(50)	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
	PERSON ID	A(50)	834	020	REF02	Subscriber Identifier	AN30	R
	PERSON RESIDENCE ADDRESS TYPE	A(1)						
	PERTAIN APPROPRIATION INDC	A(2)						
	PRIOR BIENNIUM YEAR	A(4)						
	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
	PROJECT STRUCTURE	A(8)						
	RACE CODE	A(3)	834	080	DMG05	Race or Ethnicity Code	ID1	S
	RAW ADDRESS	A(200)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	RAW CITY	A(26)						
	RAW STATE	A(2)						
	RAW ZIP PLUS 4	A(10)						
	RECIPIENT STRING	A(40)						
	REGION	A(2)						
	RES INSIDE CITY LIMITS FLAG	A(1)						
	RESIDENCE TYPE	A(1)						
	RESIDENTIAL ZIP CODE	N(5)						
	SECTION	A(1)						
	SERVICE CODE	A(42)	278Resp	040	UM 03	Service Type Code	ID2	S
	SERVICE CODE	A(42)	278Resp	080	HI 01	Procedure Code	AN30	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
	SERVICE UNIT	A(2)						
	SHORT TITLE	A(20)						
	SITE CODE	A(10)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	SITE COUNTY	A(20)						
	SITE NAME	A(30)						
	SITE PHONE	A(20)						
	SMOKING STATUS	A(1)						
	SOURCE SYSTEM ID	A(2)						
	SOURCE SYSTEM ID: ADDRESS	A(2)						
	SOURCE SYSTEM ID: PERSON	A(2)						
	SOURCE SYSTEM ID: SERVICE	A(2)						
	STANDARD ADDRESS	A(200)						
	STANDARD CITY	A(26)						
	STANDARD STATE	A(2)						
	STANDARD ZIPPLUS4	A(10)						
	STANDARD_RECIPIENT	A(1)						
	STATE	A(2)	834	060	N 402	Subscriber State Code	ID2	R
	STATE OF BIRTH	A(2)						
	STATE OF OCCURRENCE	A(2)						
	STATE OF RESIDENCE	A(2)						
	SUB ACTIVITY	A(1)						
	SUB OBJECT	A(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	SUB PROG TASK	A(1)						
	SUB SUB OBJECT	A(4)						
	TIE BREAKER	A(100)	278Resp	040	UM 03	Service Type Code	ID2	S
	TIE BREAKER	A(100)	278Resp	080	HI 01	Procedure Code	AN30	R
	TIE BREAKER	A(100)	834	260	HD 04	Plan Coverage Description	AN50	S
	TIE BREAKER	A(100)	835	070	SVC01	Procedure Code	AN48	R
	TIME OF DEATH AM PM	A(1)						
	TIME OF INJURY AM PM	A(1)						
	TITLE	A(80)						
	TOTAL ACCRUAL AMOUNT	A(15)						
	TOTAL ACCRUAL FTES	A(15)						
	TOTAL ALLOTMENT AMOUNT	A(15)						
	TOTAL ALLOTMENT FTES	A(15)						
	TOTAL DISBURSEMENT AMOUNT	A(15)						
	TOTAL DISBURSEMENT FTES	A(15)						
	TOTAL ENCUMBRANCE AMOUNT	A(15)						
	TRANSACTION FILE	A(3)						
	TRANSACTION TYPE	A(3)						
	TRANSACTION VERSION	A(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
CSDB	TRANSAX CONVERSION FLAG	A(1)						
	TRANSLATION EFFECTIVE DATE	A(8)						
	TRANSLATION EXPLANATION	A(500)						
	UNDERLYING CAUSE OF DEATH 3D	A(3)						
	UNDERLYING CAUSE OF DEATH 4D	A(4)						
	UNIT	A(1)						
	UNIT ID	A(20)						
	USA ENTRY DATE	N(8)						
	VERSION NUMBER	A(2)						
	YEAR OF DEATH	N(4)						
	YEARS RESIDENT IN COUNTY	N(4)						
	ZIPPLUS4	N(10)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req

Column Heading Legend:

"DT" = Data Type