REPORT - EDB to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Encouter Data	Billing Provider ID	9(7)	837I	250	NM109	Laboratory or Facility Primary Identifier	AN80	S
	Billing Provider ID	9(7)	837P	015	NM109	Billing Provider Identifier	AN80	R
	Billing Provider Tax ID	X(10)	837I	271	REF02	Laboratory or Facility Secondary Identifier	AN30	R
	Billing Provider Tax ID	X(10)	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
	Date of Birth	9(6)	837P	032	DMG02	Subscriber Birth Date	AN35	R
	Date of Service	9(6)	837P	455	DTP03	Service Date	AN35	R
	DRG	9(3)	837I	232	HI 01	Diagnosis Related Group (DRG) Code	AN30	R
	EPSDT Referral Indicator	X(2)	837P	130	CLM12	Special Program Indicator	ID3	S
	Hospital Admission Date	9(6)	837I	137	DTP03	Admission Date and Hour	AN35	R
	Hospital Discharge Date	9(6)	837I	136	DTP03	Statement From or To Date	AN35	R
	Hospital Patient Control Number	X(20)	837I	18A	REF02	Medical Record Number	AN30	R
	Line Billed Charges	9(7)V99	837I	130	CLM02	Total Claim Charge Amount	R18	R
	Line Billed Charges	9(7)V99	837I	375	SV203	Line Item Charge Amount	R18	R
	Line Billed Charges	9(7)V99	837P	370	SV102	Line Item Charge Amount	R18	R
	Line Item Number	9(2)	837I	365	LX 01	Assigned Number	N06	R
	Line Item Number	9(2)	837P	365	LX 01	Assigned Number	N06	R
	Line Item Number	9(2)	837P	47A	REF02	Line Item Control Number	AN30	R

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Encouter Data	National Drug Code	X(11)	837I	375	SV202	Procedure Code	AN48	R
	Newborn Birth Wt.	9(4)	837P	007	PAT08	Patient Weight	R10	S
	Other Diagnosis Codes1	X(7)	837I	233	HI 01	Other Diagnosis	AN30	R
	Other Diagnosis Codes2	X(7)	837I	233	HI 02	Other Diagnosis	AN30	R
	Other Diagnosis Codes3	X(7)	837I	233	HI 03	Other Diagnosis	AN30	R
	Other Diagnosis Codes5	X(7)	837I	233	HI 04	Other Diagnosis	AN30	R
	Other Diagnosis Codes6	X(7)	837I	233	HI 05	Other Diagnosis	AN30	R
	Other Diagnosis Codes7	X(7)	837I	233	HI 06	Other Diagnosis	AN30	R
	Other Diagnosis Codes8	X(7)	837I	233	HI 07	Other Diagnosis	AN30	R
	Other Surgical Procedure Codes1	X(5)	837I	235	HI 01	Procedure Code	AN30	R
	Other Surgical Procedure Codes1	X(5)	837P	370	SV101	Procedure Code	AN48	R
	Other Surgical Procedure Codes2	X(5)	837I	235	HI 02	Procedure Code	AN30	R
	Other Surgical Procedure Codes3	X(5)	837I	235	HI 03	Procedure Code	AN30	R
	Other Surgical Procedure Codes4	X(5)	837I	235	HI 04	Procedure Code	AN30	R
	Other Surgical Procedure Codes5	X(5)	837I	235	HI 05	Procedure Code	AN30	R
	Patient's First Name	X(17)	837P	015	NM104	Subscriber First Name	AN25	S
	Patient's Last Name	X(20)	837P	015	NM103	Subscriber Last Name	AN35	R
	Patient's Middle Initial	X(1)	837P	015	NM105	Subscriber Middle Name	AN25	S

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Encouter Data	Performing Provider ID	9(7)	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	Performing Provider ID	9(7)	837P	250	NM109	Rendering Provider Identifier	AN80	R
	Performing Provider State License Number	X(10)	837I	271	REF02	Attending Physician Secondary Identifier	AN30	R
	Performing Provider State License Number	X(10)	837P	250	NM109	Rendering Provider Identifier	AN80	R
	PIC	X(14)	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	Place of Service	X(1)	837I	130	CLM05	Facility Type Code	AN2	R
	Place of Service	X(1)	837P	130	CLM05	Facility Type Code	AN2	R
	Place of Service	X(1)	837P	370	SV105	Place of Service Code	AN2	S
	Plan ID	9(7)	837P	020	NM109	Submitter Identifier	AN80	R
	Plan Record ID	X(20)	837I	130	CLM01	Patient Account Number	AN38	R
	Plan Record ID	X(20)	837P	130	CLM01	Patient Account Number	AN38	R
	Prescription Number	X(7)	837I	385	SV401	Prescription Number	AN30	R
	Prescription Number	X(7)	837P	385	SV401	Prescription Number	AN30	R
	Primary Procedure	X(5)	837I	234	HI 01	Principal Procedure Code	AN30	R
	Primary Procedure	X(5)	837I	375	SV202	Procedure Code	AN48	R
	Primary Procedure	X(5)	837P	370	SV101	Procedure Code	AN48	R
	Revenue Code	9(4)	837I	375	SV201	Service Line Revenue Code	AN48	R
	Subscriber's Birthdate	9(6)	837P	032	DMG02	Subscriber Birth Date	AN35	R
	Subscriber's SSN	X(9)	837P	035	REF02	Subscriber Supplemental Identifier	AN30	R

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Encouter Data	Units of Service	9(7)	837I	375	SV205	Service Unit Count	R15	R
	Units of Service	9(7)	837P	370	SV104	Service Unit Count	R15	R
MHCP-PYMNT-LIST-REC	CASE-CLIENT-ID	X(09)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	CASE-NUMBER	X(12)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	CSO-OF-RESIDENCE	9(3)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	FORMER-RECIP-ID-NUM	X(14)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	GROUP-NUMBER	X(04)	834	260	HD 04	Plan Coverage Description	AN50	S
	LIST-REC-MAJOR-TYPE	X(1)	834	010	INS03	Maintenance Type Code	ID3	R
	LIST-REC-MAJOR-TYPE	X(1)	834	260	HD 01	Maintenance Type Code	ID3	R
	LIST-REC-MINOR-TYPE	X(1)	834	010	INS04	Maintenance Reason Code	ID3	S
	MATCH-CODE	X(1)	834	260	HD 04	Plan Coverage Description	AN50	S
	MONTH-OF-SERVICE	X(04)	834	270	DTP03	Coverage Period	AN35	R
	PAYEE-SOC-SEC-NUM	9(9)	834	070	N 104	Sponsor Identifier	AN80	R
	PCOP-BILLING-PROV	9(07)	834	190	N 104	Insurer Identification Code	AN80	R
	PCOP-TERM-CODE	X(01)	834	010	INS04	Maintenance Reason Code	ID3	S
	PRIMARY-LANG-IND	X(2)	834	150	LUI02	Language Code	AN80	S
	PROGRAM-CODE	X(1)	834	260	HD 04	Plan Coverage Description	AN50	S
	RATE	S9(03)V99	834	280	AMT02	Contract Amount	R18	R
	RECIP-ADDR-LINE-1	X(25)	834	050	N 301	Subscriber Address Line	AN55	R

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MHCP-PYMNT-LIST-REC	RECIP-ADDR-LINE-2	X(20)	834	050	N 302	Subscriber Address Line	AN55	S
	RECIP-ADDR-LINE-3	X(20)	834	060	N 401	Subscriber City Name	AN30	R
	RECIP-CLIENT-ID	X(09)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	RECIP-DATE-OF-BIRTH	9(08)	834	080	DMG02	Member Birth Date	AN35	R
	RECIP-EXCEP-INDIC	X(1)	834	260	HD 04	Plan Coverage Description	AN50	S
	RECIP-IDENT-NUMBER	X(14)	834	020	REF02	Subscriber Identifier	AN30	R
	RECIP-NAME	X(22)	834	030	NM103	Subscriber Last Name	AN35	R
	RECIP-NAME	X(22)	834	030	NM104	Subscriber First Name	AN25	R
	RECIP-NAME	X(22)	834	030	NM105	Subscriber Middle Name	AN25	S
	RECIP-PHONE-NUMBER	X(10)	834	040	PER04	Communication Number	AN80	R
	RECIP-RES-ZIP-CODE	X(5)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	RECIP-ZIP-CODE	X(5)	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