REPORT - Finance-RPS to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
RPS-ADJ-REC	ADJ-ADJ-CODE	X(02)	835	090	CAS02	Adjustment Reason Code	ID5	R
	ADJ-AMOUNT	S9(05)V99	835	090	CAS03	Adjustment Amount	R18	R
	ADJ-AMOUNT	S9(05)V99	837I	545	CAS03	Adjustment Amount	R18	R
RPS-ADM-REC	ADM-1ST-DIAG	X(06)	837I	233	HI 01	Other Diagnosis	AN30	R
	ADM-ADM-DATE	9(08)	837I	137	DTP03	Admission Date and Hour	AN35	R
	ADM-ADMIT-DIAG	X(06)	837I	231	HI 02	Industry Code	AN30	R
	ADM-ADMIT-PHYS-NUM	9(03)	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	ADM-ADM-TIME	9(04)	837I	137	DTP03	Admission Date and Hour	AN35	R
	ADM-DISCHG-TIME	9(04)	837I	135	DTP03	Discharge Hour	AN35	R
RPS-CCS-REC	CCS-BEG-DATE	9(08)	270	030	NM103	Information Receiver Last or Organization Name	AN35	S
RPS-CHG-REC	CHG-AMT	S9(05)V99	835	005	TS305	Total Claim Charge Amount	R18	R
	CHG-AMT	S9(05)V99	835	070	SVC02	Line Item Charge Amount	R18	R
	CHG-AMT	S9(05)V99	837I	375	SV203	Line Item Charge Amount	R18	R
	CHG-CPT	X(08)	835	070	SVC01	Procedure Code	AN48	R
	CHG-CPT	X(08)	837I	375	SV202	Procedure Code	AN48	R
	CHG-DAYS	9(02)	837I	240	QTY02	Claim Days Count	R15	R
	CHG-REFER-PHYS-NUM	9(03)	837I	250	NM109	Referring Provider Identifier	AN80	S

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RPS-CHG-REC	CHG-UNIT-NO	X(03)	835	070	SVC05	Units of Service Paid Count	R15	S
	CHG-UNIT-NO	X(03)	837I	375	SV205	Service Unit Count	R15	R
RPS-CPO-REC	CPO-CODE	X(05)	837I	235	HI 01	Procedure Code	AN30	R
RPS-FAO-REC	FAO-ADDR1	X(24)	837I	025	N 301	Billing Provider Address Line	AN55	R
	FAO-ADDR1	X(24)	837I	025	N 301	Patient Address Line	AN55	R
	FAO-ADDR2	X(24)	837I	025	N 302	Billing Provider Address Line	AN55	S
	FAO-ADDR2	X(24)	837I	025	N 302	Patient Address Line	AN55	S
	FAO-CITY	X(23)	837I	030	N 401	Billing Provider City Name	AN30	R
	FAO-CITY	X(23)	837I	030	N 401	Patient City Name	AN30	R
	FAO-MED-PROVIDER-NO	9(06)	837I	015	NM109	Billing Provider Identifier	AN80	R
	FAO-NAME	X(25)	837I	015	NM103	Billing Provider Last or Organizational Name	AN35	R
	FAO-ZIP	X(12)	837I	030	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R
	FAO-ZIP	X(12)	837I	030	N 403	Patient Postal Zone or ZIP Code	ID15	R
RPS-ICD-REC	ICD-CODE	X(06)	837I	234	HI 01	Principal Procedure Code	AN30	R
RPS-INS-REC	INS-CCC	X(03)	835	080	N 104	Payer Identifier	AN80	S
	INS-CCC	X(03)	837I	015	NM109	Payer Identifier	AN80	R
	INS-CO-ADDR1	X(24)	835	100	N 301	Payer Address Line	AN55	R
	INS-CO-ADDR1	X(24)	837I	025	N 301	Payer Address Line	AN55	R
	INS-CO-ADDR1	X(24)	837I	025	N 301	Responsible Party Address Line	AN55	R
	INS-CO-ADDR1	X(24)	837I	332	N 301	Other Payer Address Line	AN55	R

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RPS-INS-REC	INS-CO-ADDR2	X(24)	835	100	N 302	Payer Address Line	AN55	S
	INS-CO-ADDR2	X(24)	837I	025	N 302	Payer Address Line	AN55	S
	INS-CO-ADDR2	X(24)	837I	025	N 302	Responsible Party Address Line	AN55	S
	INS-CO-ADDR2	X(24)	837I	332	N 302	Other Payer Address Line	AN55	S
	INS-CO-CITY	X(23)	835	110	N 401	Payer City Name	AN30	R
	INS-CO-CITY	X(23)	837I	030	N 401	Payer City Name	AN30	R
	INS-CO-CITY	X(23)	837I	030	N 401	Responsible Party City Name	AN30	R
	INS-CO-CITY	X(23)	837I	340	N 401	Other Payer City Name	AN30	R
	INS-CO-NAME	X(40)	835	080	N 102	Payer Name	AN60	S
	INS-CO-NAME	X(40)	837I	005	SBR04	Insured Group Name	AN60	S
	INS-CO-ZIP	X(12)	835	110	N 403	Payer Postal Zone or ZIP Code	ID15	R
	INS-CO-ZIP	X(12)	837I	030	N 403	Payer Postal Zone or ZIP Code	ID15	R
	INS-CO-ZIP	X(12)	837I	030	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R
	INS-CO-ZIP	X(12)	837I	340	N 403	Other Payer Postal Zone or ZIP Code	ID15	R
	INS-CVRG-DAYS	9(03)	835	037	MIA01	Covered Days or Visits Count	R15	R
	INS-CVRG-DAYS	9(03)	837I	315	MIA01	Covered Days or Visits Count	R15	R
	INS-DOB	9(08)	837I	032	DMG02	Subscriber Birth Date	AN35	R
	INS-GRP-NUM	X(10)	837I	005	SBR03	Insured Group or Policy Number	AN30	S
	INS-GRP-NUM	X(10)	837I	325	NM109	Other Payer Primary Identifier	AN80	R
	INS-INSD-ID	X(20)	835	030	NM109	Subscriber Identifier	AN80	R

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RPS-INS-REC	INS-INSD-ID	X(20)	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	INS-INSD-ID	X(20)	837I	325	NM109	Other Insured Identifier	AN80	R
	INS-INSD-ID	X(20)	837I	325	NM109	Other Payer Patient Primary Identifier	AN80	R
	INS-SUB-ADDR1	X(24)	837I	025	N 301	Subscriber Address Line	AN55	R
	INS-SUB-ADDR1	X(24)	837I	332	N 301	Other Insured Address Line	AN55	R
	INS-SUB-ADDR2	X(24)	837I	025	N 302	Subscriber Address Line	AN55	S
	INS-SUB-ADDR2	X(24)	837I	332	N 302	Other Insured Address Line	AN55	S
	INS-SUB-CITY	X(23)	837I	030	N 401	Subscriber City Name	AN30	R
	INS-SUB-CITY	X(23)	837I	340	N 401	Other Insured City Name	AN30	R
	INS-SUB-ZIP	X(12)	837I	030	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	INS-SUB-ZIP	X(12)	837I	340	N 403	Other Insured Postal Zone or ZIP Code	ID15	R
RPS-MED-REC	MED-ADDR1	X(24)	837I	025	N 301	Responsible Party Address Line	AN55	R
	MED-ADDR2	X(24)	837I	025	N 302	Responsible Party Address Line	AN55	S
	MED-CITY	X(23)	837I	030	N 401	Responsible Party City Name	AN30	R
	MED-HIC-BASE	9(09)	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	MED-HIC-SUFFIX	X(03)	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	MED-ZIP	X(12)	837I	030	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R
RPS-PAT-REC	PAT-ACCT	9(06)	835	010	CLP01	Patient Control Number	AN38	R
	PAT-ACCT	9(06)	835	029	NM109	Patient Identifier	AN80	S
	PAT-ACCT	9(06)	837I	015	NM109	Patient Primary Identifier	AN80	S

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RPS-PAT-REC	PAT-ACCT	9(06)	837I	130	CLM01	Patient Account Number	AN38	R
	PAT-DOB-DATE	9(08)	837I	032	DMG02	Patient Birth Date	AN35	R
RPS-PHY-REC	PHY-PN-FIRST-NAME	X(10)	837I	250	NM104	Attending Physician First Name	AN25	S
	PHY-PN-FIRST-NAME	X(10)	837I	250	NM104	Referring Provider First Name	AN25	S
	PHY-PN-LAST-NAME	X(14)	837I	250	NM103	Attending Physician Last Name	AN35	R
	PHY-PN-LAST-NAME	X(14)	837I	250	NM103	Referring Provider Last Name	AN35	R
	PHY-PN-MID-INT	X(01)	837I	250	NM105	Attending Physician Middle Name	AN25	S
	PHY-PN-MID-INT	X(01)	837I	250	NM105	Referring Provider Middle Name	AN25	S
	PHY-PROVIDER-NUMBER	X(09)	837I	500	NM109	Attending Physician Primary Identifier	AN80	R
RPS-PRI-REC	PRI-BILL-ADDR1	X(24)	837I	025	N 301	Responsible Party Address Line	AN55	R
	PRI-BILL-ADDR2	X(24)	837I	025	N 302	Responsible Party Address Line	AN55	S
	PRI-BILL-CITY	X(23)	837I	030	N 401	Responsible Party City Name	AN30	R
	PRI-BILL-ZIP	X(12)	837I	030	N 403	Responsible Party Postal Zone or ZIP Code	ID15	R
RPS-T19-REC	T19-BILL-ADDR1	X(24)	837I	025	N 301	Responsible Party Address Line	AN55	R
	T19-BILL-ADDR2	X(24)	837I	025	N 302	Responsible Party Address Line	AN55	S
	T19-BILL-CITY	X(23)	837I	030	N 401	Responsible Party City Name	AN30	R
	T19-BILL-ZIP	X(12)	837I	030	N 403	Responsible Party 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