REPORT - MHD Community Hospital to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
RSN_CH_IP_Auth_v4	Adm_Date	char	278Resp	072	DTP03	Proposed or Actual Admission Date	AN35	R
	Auth_No	char	278Resp	050	HCR02	Certification Number	AN30	S
	CID	varchar	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
	CONID	int	278Resp	180	REF02	Requester Supplemental Identifier	AN30	R
	Disch_Date	char	278Resp	074	DTP03	Proposed or Actual Discharge Date	AN35	R
	DischDisposition	char						
	PIC	char	278Resp	180	REF02	Subscriber Supplemental Identifier	AN30	R
	RUID	int	278Resp	170	NM109	Utilization Management Organization (UMO) Identifier	AN80	R
	RUID	int	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
RSN_CH_IP_Pay_Sum_v4	Adm_Date	char	835	050	DTM02	Claim Date	DT8	R
	Adm_Date	char	837I	137	DTP03	Admission Date and Hour	AN35	R
	CID	varchar	835	029	NM109	Patient Identifier	AN80	S
	CID	varchar	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	Claim_Charge	money	835	010	CLP03	Total Claim Charge Amount	R18	R
	Claim_Charge	money	837I	130	CLM02	Total Claim Charge Amount	R18	R
	Claim_ID	char	835	010	CLP01	Patient Control Number	AN38	R
	Claim_ID	char	837I	130	CLM01	Patient Account Number	AN38	R

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RSN_CH_IP_Pay_Sum_v4	Date_Paid	char	835	070	DTM02	Production Date	DT8	R
	Diag1	char	837I	231	HI 01	Industry Code	AN30	R
	Diag2	char	837I	233	HI 01	Other Diagnosis	AN30	R
	Diag3	char	837I	233	HI 02	Other Diagnosis	AN30	R
	Diag4	char	837I	233	HI 03	Other Diagnosis	AN30	R
	Diag5	char	837I	233	HI 04	Other Diagnosis	AN30	R
	Diag6	char	837I	233	HI 05	Other Diagnosis	AN30	R
	Diag7	char	837I	233	HI 06	Other Diagnosis	AN30	R
	Diag8	char	837I	233	HI 07	Other Diagnosis	AN30	R
	Diag9	char	837I	233	HI 08	Other Diagnosis	AN30	R
	Disch_Date	char	835	050	DTM02	Claim Date	DT8	R
	Disch_Date	char	837I	136	DTP03	Statement From or To Date	AN35	R
	DRG	smallint	835	010	CLP11	Diagnosis Related Group (DRG) Code	ID4	S
	DRG	smallint	837I	232	HI 01	Diagnosis Related Group (DRG) Code	AN30	R
	Legal_Status	char	837I	140	CL102	Admission Source Code	ID1	S
	Medicare_Amount	money	837I	306	AMT02	Medicare Paid at 100% Amount	R18	R
	PIC	char	835	040	REF02	Other Claim Related Identifier	AN30	R
	PIC	char	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	Prov_Number	char	835	180	REF02	Additional Payee Identifier	AN30	R

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RSN_CH_IP_Pay_Sum_v4	Prov_Number	char	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Recipient_Amount	money	835	062	AMT02	Claim Supplemental Information Amount	R18	R
	Recipient_Amount	money	837I	178	AMT02	Patient Amount Paid	R18	R
	Reimbursement	money	835	010	CLP04	Claim Payment Amount	R18	R
	Reimbursement	money	837I	176	AMT02	Estimated Claim Due Amount	R18	R
	RUID	int	835	120	REF02	Additional Payer Identifier	AN30	R
	RUID	int	835	029	NM109	Patient Identifier	AN80	S
	RUID	int	837I	020	NM109	Submitter Identifier	AN80	R
	RUID	int	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	RUID	int	837I	015	NM109	Payer Identifier	AN80	R
	TPL_Amount	money	837I	300	AMT02	Other Payer Patient Paid Amount	R18	R
RSN_ConPeriodics_v4	Annual_Gross_Income	money						
	CGAS	smallint						
	CID	varchar						
	CONID	int						
	County_Residence	char						
	DC03	smallint						
	Education	char						
	Employment_Status	char						

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RSN_ConPeriodics_v4	GAF	smallint						
	Grade_Level	char						
	Impairment_Kind	char						
	Living_Situation	char						
	MOP	char						
	Number_Dependents	smallint						
	Pri_Diag_Ax1	char	837I	231	HI 01	Industry Code	AN30	R
	Pri_Diag_Ax2	char	837I	231	HI 01	Industry Code	AN30	R
	Priority_Code	char						
	Sec_Diag_Ax1	char	837I	233	HI 01	Other Diagnosis	AN30	R
	Sec_Diag_Ax2	char	837I	233	HI 01	Other Diagnosis	AN30	R
RSN_ET_IP_Svc_v4	Adm_Date	char						
	CID	varchar						
	CONID	int						
	Disch_Date	char						
	Legal_Status	char						
	Pri_Diag_Ax1	char						
	Pri_Diag_Ax2	char						
	RUID	int						
	Sec_Diag_Ax1	char						

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RSN_ET_IP_Svc_v4	Sec_Diag_Ax2	char						
RSN_OP_Svc_v4	Category	char						
	CID	varchar						
	ClaimID	char						
	CONID	int						
	CPT	char						
	EPSDT	char						
	Match	char						
	Med	char						
	PaySrc	char						
	Pgm	char						
	PIC	char						
	RUID	int						
	SvcDate	char						
	SvcLoc	char						
	SvcMins	int						
UND_ConDemog	CID	char	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	CountyCd	char						
	DateBirth	char	278Resp	250	DMG02	Subscriber Birth Date	AN35	R
	DateBirth	char	837I	032	DMG02	Subscriber Birth Date	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
UND_ConDemog	EthnCd	varchar						
	Gender	char	278Resp	250	DMG03	Subscriber Gender Code	ID1	S
	Gender	char	837I	032	DMG03	Subscriber Gender Code	ID1	R
	GivenName	varchar	278Resp	170	NM104	Subscriber First Name	AN25	S
	GivenName	varchar	835	029	NM104	Patient First Name	AN25	R
	GivenName	varchar	837I	015	NM104	Subscriber First Name	AN25	S
	HispOrig	char						
	ImpKindCd	varchar						
	LangCd	char						
	Race	char						
	RUID	int	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	SexOrient	char						
	SSN	char	278Resp	180	REF02	Subscriber Supplemental Identifier	AN30	R
	SSN	char	835	040	REF02	Other Claim Related Identifier	AN30	R
	SSN	char	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	Surname	char	278Resp	170	NM103	Subscriber Last Name	AN35	S
	Surname	char	835	029	NM103	Patient Last Name	AN35	R
	Surname	char	837I	015	NM103	Subscriber Last Name	AN35	R

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Column Heading Legend:

"DT" = Data Type