REPORT - DASA to HIPAA Data Length Problems

File	Field	DT		Transaction	Pos#	SegID	HIPAA Name	DT	Req
admission	Admission_DateTime	datetime	20	277	120	DTP03	Claim Service Period	AN35	R
assessment	Agency_Number	char(6)	6	837I	189	REF02	Prior Authorization Number	AN30	R
	Agency_Number	char(6)	6	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	Other_Incapacity	tinyint	3	837I	233	HI 01	Other Diagnosis	AN30	R
clientaddress	Zip_Code	varchar(10)	10	837P	030	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
clientmaster	Client_Birthdate	datetime	20	277	040	DMG02	Subscriber Birth Date	AN35	R
	Client_Birthdate	datetime	20	837I	032	DMG02	Subscriber Birth Date	AN35	R
	Client_Birthdate	datetime	20	837P	032	DMG02	Subscriber Birth Date	AN35	R
	Client_Identifier	uniqueidentifier	36	277	050	NM109	Subscriber Identifier	AN80	R
	Client_Identifier	uniqueidentifier	36	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	Client_Identifier	uniqueidentifier	36	837I	130	CLM01	Patient Account Number	AN38	R
	Client_Identifier	uniqueidentifier	36	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	Client_Identifier	uniqueidentifier	36	837P	130	CLM01	Patient Account Number	AN38	R
	Client_Social_Security_Number	varchar(11)	11	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	Client_Social_Security_Number	varchar(11)	11	837P	035	REF02	Subscriber Supplemental Identifier	AN30	R
discharge	Admission_DateTime	datetime	20	837I	136	DTP03	Statement From or To Date	AN35	R
	Admission_DateTime	datetime	20	837I	137	DTP03	Admission Date and Hour	AN35	R
	Admission_DateTime	datetime	20	837P	13P	DTP03	Related Hospitalization Admission Date	AN35	R
	Discharge_DateTime	datetime	20	277	120	DTP03	Claim Service Period	AN35	R
	Discharge_DateTime	datetime	20	837I	135	DTP03	Discharge Hour	AN35	R

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discharge	Discharge_DateTime	datetime	20	837I	136	DTP03	Statement From or To Date	AN35	R
	Discharge_DateTime	datetime	20	837P	13Q	DTP03	Related Hospitalization Discharge Date	AN35	R
facility	Facility_City	varchar(20)	20	837I	030	N 401	Billing Provider City Name	AN30	R
	Facility_City	varchar(20)	20	837P	030	N 401	Billing Provider City Name	AN30	R
	Facility_County_ID	char(2)	2	837I	015	NM109	Billing Provider Identifier	AN80	R
	Facility_County_ID	char(2)	2	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_County_ID	char(2)	2	837P	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Number	char(2)	2	277	050	NM109	Provider Identifier	AN80	R
	Facility_Number	char(2)	2	837I	020	NM109	Submitter Identifier	AN80	R
	Facility_Number	char(2)	2	837I	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Number	char(2)	2	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_Number	char(2)	2	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	Facility_Number	char(2)	2	837P	020	NM109	Submitter Identifier	AN80	R
	Facility_Number	char(2)	2	837P	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Number	char(2)	2	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_Person	varchar(30)	30	837I	045	PER02	Submitter Contact Name	AN60	R
	Facility_Person	varchar(30)	30	837P	045	PER02	Submitter Contact Name	AN60	R
	Facility_Street_Address	varchar(50)	50	837I	025	N 301	Billing Provider Address Line	AN55	R
	Facility_Street_Address	varchar(50)	50	837P	025	N 301	Billing Provider Address Line	AN55	R
	Facility_Telephone_One	varchar(14)	14	837I	045	PER04	Communication Number	AN80	R
	Facility_Telephone_One	varchar(14)	14	837P	045	PER04	Communication Number	AN80	R
	Facility_Telephone_One_Ext	char(10)	10	837I	045	PER04	Communication Number	AN80	R
	Facility_Telephone_One_Ext	char(10)	10	837P	045	PER04	Communication Number	AN80	R

File	Field	DT		Transaction	Pos#	SegID	HIPAA Name	DT	Req
facility	Facility_Telephone_Three	varchar(14)	14	837I	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Three	varchar(14)	14	837P	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Three_Ext	char(10)	10	837P	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Two	varchar(14)	14	837I	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two	varchar(14)	14	837P	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	10	837I	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	10	837I	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	10	837P	045	PER06	Communication Number	AN80	S
	Facility_Zip_Code	varchar(10)	10	837I	030	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R
	Facility_Zip_Code	varchar(10)	10	837P	030	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R
	Provider_Number	char(4)	4	277	050	NM109	Provider Identifier	AN80	R
	Provider_Number	char(4)	4	837I	020	NM109	Submitter Identifier	AN80	R
	Provider_Number	char(4)	4	837I	015	NM109	Billing Provider Identifier	AN80	R
	Provider_Number	char(4)	4	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Provider_Number	char(4)	4	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	Provider_Number	char(4)	4	837P	020	NM109	Submitter Identifier	AN80	R
	Provider_Number	char(4)	4	837P	015	NM109	Billing Provider Identifier	AN80	R
	Provider_Number	char(4)	4	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
RSVP-billing	TLOS	int	12	837I	375	SV205	Service Unit Count	R15	R
substanceused	Agency_Number	char(6)	6	837P	231	HI 01	Diagnosis Code	AN30	R
	Relative_Importance	tinyint	3	837I	231	HI 01	Industry Code	AN30	R
treatmentactivity	Activity_Duration_Hours	int	12	837P	370	SV104	Service Unit Count	R15	R
	Activity_Duration_Minutes	tinyint	3	837P	370	SV104	Service Unit Count	R15	R

File	Field	DT		Transaction	Pos#	SegID	HIPAA Name	DT	Req
treatmentactivity	Treatment_Activity_Type_ID	tinyint	3	837P	370	SV101	Procedure Code	AN48	R
treatmentmilestone	Stage_ID	tinyint	3	837I	231	HI 01	Industry Code	AN30	R
	Stage_ID	tinyint	3	837P	231	HI 01	Diagnosis Code	AN30	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