REPORT - DASA to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
admission	ADATSA_Admission	tinyint						
	Admission_DateTime	datetime	277	120	DTP03	Claim Service Period	AN35	R
	Admission_Staff_ID	varchar(5)						
	Admission_Type	tinyint						
	Agency_Number	char(6)						
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Identifier	uniqueidentifier						
	Counselor_Staff_ID	varchar(5)						
	Duration_Hours	int						
	Duration_Minutes	tinyint						
	Referring_Agency_Number	char(6)						
	Referring_Assessment_DateTime	datetime						
	Referring_Case_Plan_Sequence	tinyint						
	Referring_CSO_ID	int						
assessment	ADATSA_Closure_Type_ID	tinyint						
	ADATSA_Treatment_Eligibility	tinyint						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
assessment	Agency_Number	char(6)	837I	189	REF02	Prior Authorization Number	AN30	R
	Agency_Number	char(6)	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	Assessment_DateTime	datetime						
	Assessment_Priority_ID	tinyint						
	Case_Monitor	varchar(5)						
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Identifier	uniqueidentifier						
	Closure_Date	datetime						
	Closure_Staff_ID	varchar(5)						
	CSO_Referral_Date	datetime						
	Duration_Hours	int						
	Duration_Minutes	tinyint						
	Non_Eligibility_Reason	int						
	Other_Incapacity	tinyint	837I	233	HI 01	Other Diagnosis	AN30	R
	Ref_to_Other	varchar(20)						
	Referring_CSO_ID	int						
	Staff_ID	varchar(5)						
	Suggest_Public_Assistance	tinyint						
clientaddress	Address_Desc	varchar(35)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
clientaddress	Address_Entry_Date	datetime						
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	City	varchar(30)	837I	030	N 401	Subscriber City Name	AN30	R
	City	varchar(30)	837P	030	N 401	Subscriber City Name	AN30	R
	Client_Identifier	uniqueidentifier						
	County_ID	char(2)						
	State	char(2)	837I	030	N 402	Subscriber State Code	ID2	R
	State	char(2)	837P	030	N 402	Subscriber State Code	ID2	R
	Street_Address1	varchar(120)	837I	025	N 301	Subscriber Address Line	AN55	R
	Street_Address1	varchar(120)	837P	025	N 301	Subscriber Address Line	AN55	R
	Street_Address2	varchar(120)	837I	025	N 302	Subscriber Address Line	AN55	S
	Street_Address2	varchar(120)	837P	025	N 302	Subscriber Address Line	AN55	S
	Zip_Code	varchar(10)	837P	030	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
clientmaster	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Alternate_Last_Name	varchar(60)						
	Client_Birthdate	datetime	277	040	DMG02	Subscriber Birth Date	AN35	R
	Client_Birthdate	datetime	837I	032	DMG02	Subscriber Birth Date	AN35	R
	Client_Birthdate	datetime	837P	032	DMG02	Subscriber Birth Date	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
clientmaster	Client_First_Name	varchar(40)	277	050	NM104	Subscriber First Name	AN25	S
	Client_First_Name	varchar(40)	837I	015	NM104	Subscriber First Name	AN25	S
	Client_First_Name	varchar(40)	837P	015	NM104	Subscriber First Name	AN25	S
	Client_Gender	char(1)	277	040	DMG03	Subscriber Gender Code	ID1	R
	Client_Gender	char(1)	837I	032	DMG03	Subscriber Gender Code	ID1	R
	Client_Gender	char(1)	837P	032	DMG03	Subscriber Gender Code	ID1	R
	Client_Hispanic_Origin	tinyint						
	Client_Identifier	uniqueidentifier	277	050	NM109	Subscriber Identifier	AN80	R
	Client_Identifier	uniqueidentifier	837I	015	NM109	Subscriber Primary Identifier	AN80	S
	Client_Identifier	uniqueidentifier	837I	130	CLM01	Patient Account Number	AN38	R
	Client_Identifier	uniqueidentifier	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	Client_Identifier	uniqueidentifier	837P	130	CLM01	Patient Account Number	AN38	R
	Client_Last_Name	varchar(60)	277	050	NM103	Subscriber Last Name	AN35	R
	Client_Last_Name	varchar(60)	837I	015	NM103	Subscriber Last Name	AN35	R
	Client_Last_Name	varchar(60)	837P	015	NM103	Subscriber Last Name	AN35	R
	Client_Middle_Name	varchar(40)	277	050	NM105	Subscriber Middle Name	AN25	S
	Client_Middle_Name	varchar(40)	837I	015	NM105	Subscriber Middle Name	AN25	S
	Client_Middle_Name	varchar(40)	837P	015	NM105	Subscriber Middle Name	AN25	S
	Client_Social_Security_Number	varchar(11)	837I	035	REF02	Subscriber Supplemental Identifier	AN30	R
	Client_Social_Security_Number	varchar(11)	837P	035	REF02	Subscriber Supplemental Identifier	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
clientmaster	Deleted	tinyint						
	Drivers_License	varchar(20)						
	Federal_Client_Number	int						
	Old_Client_Identifier	char(14)						
discharge	Admission_DateTime	datetime	837I	136	DTP03	Statement From or To Date	AN35	R
	Admission_DateTime	datetime	837I	137	DTP03	Admission Date and Hour	AN35	R
	Admission_DateTime	datetime	837P	13P	DTP03	Related Hospitalization Admission Date	AN35	R
	Agency_Number	char(6)						
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Identifier	uniqueidentifier						
	Compliant_Flag	int						
	Continuing_Modality_ID	tinyint						
	Discharge_DateTime	datetime	277	120	DTP03	Claim Service Period	AN35	R
	Discharge_DateTime	datetime	837I	135	DTP03	Discharge Hour	AN35	R
	Discharge_DateTime	datetime	837I	136	DTP03	Statement From or To Date	AN35	R
	Discharge_DateTime	datetime	837P	13Q	DTP03	Related Hospitalization Discharge Date	AN35	R
	Discharge_Referral_Other	varchar(20)						
	Discharge_Type_ID	tinyint						
	Relapsed	int						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
discharge	Staff_ID	varchar(5)						
facility	Annual_Fee_Amount	money						
	Annual_Fee_Type	char(1)						
	Archived_Records_Location	text						
	Closed_Flag	bit						
	Facility_Administrator	varchar(30)						
	Facility_Alternate_Name	varchar(65)						
	Facility_City	varchar(20)	837I	030	N 401	Billing Provider City Name	AN30	R
	Facility_City	varchar(20)	837P	030	N 401	Billing Provider City Name	AN30	R
	Facility_County_ID	char(2)	837I	015	NM109	Billing Provider Identifier	AN80	R
	Facility_County_ID	char(2)	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_County_ID	char(2)	837P	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Fax_Number	varchar(14)						
	Facility_Mailing_Address	varchar(50)						
	Facility_Mailing_City	varchar(20)						
	Facility_Mailing_State	char(2)						
	Facility_Mailing_Zip	varchar(10)						
	Facility_Name	varchar(65)	277	050	NM103	Provider Last or Organization Name	AN35	R
	Facility_Name	varchar(65)	837I	020	NM103	Submitter Last or Organization Name	AN35	R
	Facility_Name	varchar(65)	837I	015	NM103	Billing Provider Last or Organizational Name	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
facility	Facility_Name	varchar(65)	837I	250	NM103	Attending Physician Last Name	AN35	R
	Facility_Name	varchar(65)	837P	020	NM103	Submitter Last or Organization Name	AN35	R
	Facility_Name	varchar(65)	837P	015	NM103	Billing Provider Last or Organizational Name	AN35	R
	Facility_Number	char(2)	277	050	NM109	Provider Identifier	AN80	R
	Facility_Number	char(2)	837I	020	NM109	Submitter Identifier	AN80	R
	Facility_Number	char(2)	837I	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Number	char(2)	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_Number	char(2)	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	Facility_Number	char(2)	837P	020	NM109	Submitter Identifier	AN80	R
	Facility_Number	char(2)	837P	015	NM109	Billing Provider Identifier	AN80	R
	Facility_Number	char(2)	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
	Facility_Person	varchar(30)	837I	045	PER02	Submitter Contact Name	AN60	R
	Facility_Person	varchar(30)	837P	045	PER02	Submitter Contact Name	AN60	R
	Facility_Scan_Number	varchar(16)						
	Facility_State	char(2)	837I	030	N 402	Billing Provider State or Province Code	ID2	R
	Facility_State	char(2)	837P	030	N 402	Billing Provider State or Province Code	ID2	R
	Facility_Street_Address	varchar(50)	837I	025	N 301	Billing Provider Address Line	AN55	R
	Facility_Street_Address	varchar(50)	837P	025	N 301	Billing Provider Address Line	AN55	R
	Facility_TDD_Number	varchar(14)						
	Facility_Telephone_One	varchar(14)	837I	045	PER04	Communication Number	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
facility	Facility_Telephone_One	varchar(14)	837P	045	PER04	Communication Number	AN80	R
	Facility_Telephone_One_Ext	char(10)	837I	045	PER04	Communication Number	AN80	R
	Facility_Telephone_One_Ext	char(10)	837P	045	PER04	Communication Number	AN80	R
	Facility_Telephone_Three	varchar(14)	837I	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Three	varchar(14)	837P	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Three_Ext	char(10)	837P	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Two	varchar(14)	837I	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two	varchar(14)	837P	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	837I	045	PER06	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	837I	045	PER08	Communication Number	AN80	S
	Facility_Telephone_Two_Ext	char(10)	837P	045	PER06	Communication Number	AN80	S
	Facility_Title	varchar(30)						
	Facility_Title_of_Person	varchar(30)						
	Facility_Zip_Code	varchar(10)	837I	030	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R
	Facility_Zip_Code	varchar(10)	837P	030	N 403	Billing Provider Postal Zone or ZIP Code	ID15	R
	Last_Change_Date	smalldatetime						
	Last_Change_LogID	char(7)						
	Provider_Number	char(4)	277	050	NM109	Provider Identifier	AN80	R
	Provider_Number	char(4)	837I	020	NM109	Submitter Identifier	AN80	R
	Provider_Number	char(4)	837I	015	NM109	Billing Provider Identifier	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
facility	Provider_Number	char(4)	837I	035	REF02	Billing Provider Additional Identifier	AN30	R
	Provider_Number	char(4)	837I	250	NM109	Attending Physician Primary Identifier	AN80	R
	Provider_Number	char(4)	837P	020	NM109	Submitter Identifier	AN80	R
	Provider_Number	char(4)	837P	015	NM109	Billing Provider Identifier	AN80	R
	Provider_Number	char(4)	837P	035	REF02	Billing Provider Additional Identifier	AN30	R
	Total_Licensed_Beds	int						
RSVP-billing	Admission_DateTime	smalldatetime						
	Begin_Date	char						
	Billing_Address_City	char						
	Billing_address_State	char						
	Billing_Address1	char						
	Billing_Address2	char						
	Billing_Address3	char						
	Billing_Pgm	char						
	Billing_Zip	char						
	Client	char						
	Client_First_Name	char						
	Client_Identifier	char						
	Client_Last_Name	char						
	Client_Middle_Name	char						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
RSVP-billing	Contract_Type	char						
	Discharge_DateTime	smalldatetime						
	End_Date	char						
	Facility_Mailing_Address	char						
	Facility_Mailing_City	char						
	Facility_Mailing_State	char						
	Facility_Mailing_Zip	char						
	Facility_Name	char						
	Facility_Number	char						
	Federal_Tax_ID	char						
	Funding_Source_ID	char						
	LOS	int						
	Maximum	money						
	Modaligy	char						
	Provider_Number	char						
	Provider_Vendor_Name	char						
	Public_assistance_Program	char						
	Rate	money	837I	375	SV206	Service Line Rate	R10	S
	TLOS	int	837I	375	SV205	Service Unit Count	R15	R
substanceused	Agency_Number	char(6)	837P	231	HI 01	Diagnosis Code	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
substanceused	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Identifier	uniqueidentifier						
	Date_Last_Used	datetime						
	First_Use_Age							
	Frequency_of_Use_ID							
	Method_ID							
	Milestone_DateTime	datetime						
	Peak_Use_Frequency_ID	tinyint						
	Relative_Importance	tinyint	837I	231	HI 01	Industry Code	AN30	R
	Substance_ID		837I	231	HI 01	Industry Code	AN30	R
	Substance_ID		837P	231	HI 01	Diagnosis Code	AN30	R
treatmentactivity	Activity_Duration_Hours	int	837P	370	SV104	Service Unit Count	R15	R
	Activity_Duration_Minutes	tinyint	837P	370	SV104	Service Unit Count	R15	R
	Admission_DateTime	datetime						
	Agency_Number	char(6)						
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Child_Care_Type_ID	tinyint						
	Children_Attending_CC	tinyint						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
treatmentactivity	Client_Identifier	uniqueidentifier						
	Group_ID	int						
	Methadone_Dose	tinyint						
	Service_Attendance	tinyint						
	Staff_ID	varchar(5)						
	Treatment_Activity_Type_ID	tinyint	837P	370	SV101	Procedure Code	AN48	R
	Treatment_DateTime	datetime						
treatmentmilestone	Act_Pregnancy_Completion							
	Agency_Number	char(6)						
	ASAM_Level_ID	tinyint						
	Breath_Test_Result	numeric(5,3)						
	Care_for_Chronic_Illness							
	Care_for_Dental_Prob							
	Care_for_Infect_Disease							
	Care_for_Traumatic_Inj							
	Change_update_date	datetime						
	Change_user_id	varchar(20)						
	Client_Identifier	uniqueidentifier						
	Conducive_Environment	tinyint						
	Copy_Update_Flag	tinyint						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
treatmentmilestone	Curr_Domestic_Violence							
	Degree_ID							
	Emergency_Room_Visits							
	Employment_Activity_ID							
	English_Reading_Ability							
	English_Speaking_Ability							
	Expulsion_Count							
	Family_Alcohol_Prob	tinyint						
	Family_Drug_Prob	tinyint						
	Family_Gambling_Prob							
	Family_Mental_Illness							
	Has_Prenatal_Provider							
	Inpatient_Admissions							
	Inpatient_Days							
	Kids_At_Home							
	Kids_at_Home_Under_12							
	Kids_Elsewhere							
	Kids_Elsewhere_Under_12							
	Language_ID							
	Living_Arrangement							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
treatmentmilestone	Marital_Status_ID							
	Mental_Hospital_Days	int						
	Milestone_DateTime	datetime						
	Milestone_Type_ID							
	Monthly_Household_Income	money						
	Monthly_Personal_Income							
	Needle_Use_ID							
	Other_Kids							
	Other_Kids_Under_12							
	Outpatient_Visits							
	Past_Domestic_Violence	int						
	Persons_in_Household							
	Polysubstance_Use							
	Pregnancy_Est_Due_Date	datetime						
	Prev_Mental_Treatment	tinyint						
	Primary_Income_Source							
	Psych_Eval_Status_ID							
	Public_Assistance_Program							
	Receiving_Mental_Care	tinyint						
	Residence_Type_ID							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
treatmentmilestone	Runaway_Count_ID							
	School_Status_ID							
	School_Type_ID							
	Sexual_Orientation_ID							
	Smoke_Cigarettes							
	Stage_ID	tinyint	837I	231	HI 01	Industry Code	AN30	R
	Stage_ID	tinyint	837P	231	HI 01	Diagnosis Code	AN30	R
	STD_Test_Count							
	Suspension_Count							
	Takes_Psych_Meds	int						
	Traumatic_Head_Injury							
	Tried_To_Quit_Smoking							
	Used_Needle_Recently	int						
	User_Def_Option_ID							
	Uses_Braille							
	Uses_Large_Type_English							
	Veteran	tinyint						
	Want_To_Quit_Smoking							
	Years_of_Education							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req

Column Heading Legend:

"DT" = Data Type