REPORT - EDB to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Encouter Data	Assn Flg 44 Invalid sex x diag.	X(1)				
	Assn Flg 45 Invalid age x proc.	X(1)				
	Assn Flg 46 Invalid sex x proc.	X(1)				
	Assn. Fl. 47 Invalid place x procedure	X(1)				
	Assn. Flg 42 Perf.Prov Medi. # is not active on date of service	X(1)				
	Assn. Flg. 43 Invalid age for diagnosis	X(1)				
	Association Flag 41Patient not eligible on date of service	X(1)				
	Billing Provider ID	9(7)	837I	250	NM109	Laboratory or
	Billing Provider ID	9(7)	837P	015	NM109	Billing Provide
	Billing Provider Tax ID	X(10)	837I	271	REF02	Laboratory or
	Billing Provider Tax ID	X(10)	837P	035	REF02	Billing Provide
	Claim Status	X(1)	837I	130	CLM05	Claim Frequer
	Claim Status	X(1)	837P	130	CLM05	Claim Frequer
	Date of Birth	9(6)	837P	032	DMG02	Subscriber Bir
	Date of Service	9(6)	837P	455	DTP03	Service Date
	Discharge Destination	X(2)				
	DRG	9(3)	837I	232	HI 01	Diagnosis Rel
	ED Processor Tax ID	X(10)				
	Encounter ID	9(9)				
	Encounter Type Indicator	X(1)				
	EPSDT Referral Indicator	X(2)	837P	130	CLM12	Special Progra
	Err. Flag 10 Hosp. Admit Date	X(1)				
	Err. Flg 24 EPSDT Refer. Ind.	X(1)				
	Err. Flg 25 Enc. Plan Rec. ID	X(1)				
	Err. Flg 30	X(1)				

me	DT	Req
Facility Primary Identifier	AN80	S
r Identifier	AN80	R
Facility Secondary Identifier	AN30	R
r Additional Identifier	AN30	R
ncy Code	ID1	R
ncy Code	ID1	R
th Date	AN35	R
	AN35	R
ated Group (DRG) Code	AN30	R
am Indicator	ID3	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Encouter Data	Err. Flg 31	X(1)				
	Err. Flg 32	X(1)				
	Err.Flg 11 Disch. Destination	X(1)				
	Err.Flg 12 Line Billed Charge	X(1)				
	Err.Flg 14 Hosp. Disch. Date	X(1)				
	Err.Flg 22 National Drug Code	X(1)				
	Err.Flg 26 Newborn Birth Wt.	X(1)				
	Err.Flg 7 Bill. Prov.Medicaid #	X(1)				
	Err.Flg 8 Perf. Prov Medicaid #	X(1)				
	Err.Flg.Pharmacy Days Supply	X(1)				
	Error Flag 1 Enc, Type	X(1)				
	Error Flag 13 Date of Service	X(1)				
	Error Flag 15 Place of Service	X(1)				
	Error Flag 16 Principal Proc.	X(1)				
	Error Flag 17 Other Surgical Procedures1	X(1)				
	Error Flag 17 Other Surgical Procedures2	X(1)				
	Error Flag 17 Other Surgical Procedures3	X(1)				
	Error Flag 17 Other Surgical Procedures4	X(1)				
	Error Flag 17 Other Surgical Procedures5	X(1)				
	Error Flag 18 Proc. Modifier	X(1)				
	Error Flag 19 Principal Diag.	X(1)				
	Error Flag 2 Enc. ID	X(1)				
	Error Flag 20 Other Diagnoses1	X(1)				
	Error Flag 20 Other Diagnoses2	X(1)				
	Error Flag 20 Other Diagnoses3	X(1)				
	Error Flag 20 Other Diagnoses4	X(1)				
	Error Flag 20 Other Diagnoses5	X(1)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Encouter Data	Error Flag 20 Other Diagnoses6	X(1)				
	Error Flag 20 Other Diagnoses7	X(1)				
	Error Flag 20 Other Diagnoses8	X(1)				
	Error Flag 21 Revenue Code	X(1)				
	Error Flag 23 Units of Service	X(1)				
	Error Flag 27 Prescription No.	X(1)				
	Error Flag 28 Claim Status	X(1)				
	Error Flag 29 Line Status	X(1)				
	Error Flag 3 Line Item	X(1)				
	Error Flag 33	X(1)				
	Error Flag 38 Bill.Prov. Tax ID	X(1)				
	Error Flag 39 Perf.Prov. Lic. #	X(1)				
	Error Flag 4 PIC	X(1)				
	Error Flag 40	X(1)				
	Error Flag 5 Date of Birth	X(1)				
	Error Flag 6 Plan #	X(1)				
	Error Flag 9 DRG	X(1)				
	FILLER	X(47)				
	FILLER to end of record	X(5)				
	Hospital Admission Date	9(6)	837I	137	DTP03	Admission Dat
	Hospital Discharge Date	9(6)	837I	136	DTP03	Statement Fro
	Hospital Patient Control Number	X(20)	837I	18A	REF02	Medical Recor
	Line Billed Charges	9(7)V99	837I	130	CLM02	Total Claim Cl
	Line Billed Charges	9(7)V99	837I	375	SV203	Line Item Cha
	Line Billed Charges	9(7)V99	837P	370	SV102	Line Item Cha
	Line Item Number	9(2)	837I	365	LX 01	Assigned Num
	Line Item Number	9(2)	837P	365	LX 01	Assigned Num
	Line Item Number	9(2)	837P	47A	REF02	Line Item Con

me	DT	Req
te and Hour	AN35	R
m or To Date	AN35	R
d Number	AN30	R
harge Amount	R18	R
rge Amount	R18	R
rge Amount	R18	R
ber	N06	R
ber	N06	R
trol Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Encouter Data	Line Status	X(1)				
	National Drug Code	X(11)	837I	375	SV202	Procedure Co
	Newborn Birth Wt.	9(4)	837P	007	PAT08	Patient Weigh
	Other Diagnosis Codes1	X(7)	837I	233	HI 01	Other Diagnos
	Other Diagnosis Codes2	X(7)	837I	233	HI 02	Other Diagnos
	Other Diagnosis Codes3	X(7)	837I	233	HI 03	Other Diagnos
	Other Diagnosis Codes4	X(7)				
	Other Diagnosis Codes5	X(7)	837I	233	HI 04	Other Diagnos
	Other Diagnosis Codes6	X(7)	837I	233	HI 05	Other Diagnos
	Other Diagnosis Codes7	X(7)	837I	233	HI 06	Other Diagnos
	Other Diagnosis Codes8	X(7)	837I	233	HI 07	Other Diagnos
	Other Surgical Procedure Codes1	X(5)	837I	235	HI 01	Procedure Co
	Other Surgical Procedure Codes1	X(5)	837P	370	SV101	Procedure Co
	Other Surgical Procedure Codes2	X(5)	837I	235	HI 02	Procedure Co
	Other Surgical Procedure Codes3	X(5)	837I	235	HI 03	Procedure Co
	Other Surgical Procedure Codes4	X(5)	837I	235	HI 04	Procedure Co
	Other Surgical Procedure Codes5	X(5)	837I	235	HI 05	Procedure Co
	Patient’s First Name	X(17)	837P	015	NM104	Subscriber Fir
	Patient’s Last Name	X(20)	837P	015	NM103	Subscriber Las
	Patient’s Middle Initial	X(1)	837P	015	NM105	Subscriber Mi
	Patient’s SSN	X(9)				
	PCN Error Flag	X(1)				
	Performing Provider ID	9(7)	837I	250	NM109	Attending Phy
	Performing Provider ID	9(7)	837P	250	NM109	Rendering Pro
	Performing Provider State License Number	X(10)	837I	271	REF02	Attending Phy
	Performing Provider State License Number	X(10)	837P	250	NM109	Rendering Pro

me	DT	Req
de	AN48	R
t	R10	S
sis	AN30	R
sis	AN30	R
sis	AN30	R
sis	AN30	R
sis	AN30	R
sis	AN30	R
sis	AN30	R
de	AN30	R
de	AN48	R
de	AN30	R
de	AN30	R
de	AN30	R
de	AN30	R
st Name	AN25	S
st Name	AN35	R
ddle Name	AN25	S
sician Primary Identifier	AN80	R
vider Identifier	AN80	R
sician Secondary Identifier	AN30	R
vider Identifier	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Encouter Data	Pharmacy Days Supply	9(3)				
	PIC	X(14)	837P	015	NM109	Subscriber Pri
	PIC Change Flag	X(1)				
	Place of Service	X(1)	837I	130	CLM05	Facility Type C
	Place of Service	X(1)	837P	130	CLM05	Facility Type C
	Place of Service	X(1)	837P	370	SV105	Place of Servi
	Plan ID	9(7)	837P	020	NM109	Submitter Ider
	Plan Record ID	X(20)	837I	130	CLM01	Patient Accou
	Plan Record ID	X(20)	837P	130	CLM01	Patient Accou
	Prescription Number	X(7)	837I	385	SV401	Prescription N
	Prescription Number	X(7)	837P	385	SV401	Prescription N
	Primary Procedure	X(5)	837I	234	HI 01	Principal Proc
	Primary Procedure	X(5)	837I	375	SV202	Procedure Co
	Primary Procedure	X(5)	837P	370	SV101	Procedure Co
	Principal Diagnosis Code	X(7)	837P	370	SV107	Diagnosis Coc
	Procedure Code Modifier	X(2)	837I	375	SV202	Procedure Mo
	Procedure Code Modifier	X(2)	837P	370	SV101	Procedure Mo
	Revenue Code	9(4)	837I	375	SV201	Service Line R
	Subscriber's Birthdate	9(6)	837P	032	DMG02	Subscriber Bir
	Subscriber's First Name	X(18)				
	Subscriber's Last Name	X(20)				
	Subscriber's SSN	X(9)	837P	035	REF02	Subscriber Su
	Units of Service	9(7)	837I	375	SV205	Service Unit C
	Units of Service	9(7)	837P	370	SV104	Service Unit C
MHCP-PYMNT-LIST-REC	AGE-SEX-CODE	X(02)				
	CASE-CLIENT-ID	X(09)	834	024	REF02	Subscriber Su
	CASE-NUMBER	X(12)	834	024	REF02	Subscriber Su
	CSO-OF-RESIDENCE	9(3)	834	024	REF02	Subscriber Su

me	DT	Req
mary Identifier	AN80	S
Code	AN2	R
Code	AN2	R
ce Code	AN2	S
ntifier	AN80	R
nt Number	AN38	R
nt Number	AN38	R
umber	AN30	R
umber	AN30	R
edure Code	AN30	R
de	AN48	R
de	AN48	R
de Pointer	N02	R
difier	AN2	S
difier	AN2	S
Revenue Code	AN48	R
th Date	AN35	R
pplemental Identifier	AN30	R
Count	R15	R
Count	R15	R
pplemental Identifier	AN30	R
pplemental Identifier	AN30	R
pplemental Identifier	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
MHCP-PYMNT-LIST-REC	FORMER-RECIP-ID-NUM	X(14)	834	024	REF02	Subscriber Su
	GROUP-NUMBER	X(04)	834	260	HD 04	Plan Coverage
	INFO-CODE	X(02)				
	LIST-REC-MAJOR-TYPE	X(1)	834	010	INS03	Maintenance T
	LIST-REC-MAJOR-TYPE	X(1)	834	260	HD 01	Maintenance T
	LIST-REC-MINOR-TYPE	X(1)	834	010	INS04	Maintenance R
	MATCH-CODE	X(1)	834	260	HD 04	Plan Coverage
	MONTH-OF-SERVICE	X(04)	834	270	DTP03	Coverage Peri
	PAYEE-INDICATOR	X(01)				
	PAYEE-SOC-SEC-NUM	9(9)	834	070	N 104	Sponsor Ident
	PCOP-BILLING-PROV	9(07)	834	190	N 104	Insurer Identifi
	PCOP-PERFORM-PROV	9(07)	834	320	NM110	Entity Relation
	PCOP-TERM-CODE	X(01)	834	010	INS04	Maintenance R
	PREG-DUE-DATE	X(06)				
	PRIMARY-LANG-IND	X(2)	834	150	LUI02	Language Coc
	PROGRAM-CODE	X(1)	834	260	HD 04	Plan Coverage
	RATE	S9(03)V99	834	280	AMT02	Contract Amou
	RECIP-ADDR-LINE-1	X(25)	834	050	N 301	Subscriber Ad
	RECIP-ADDR-LINE-2	X(20)	834	050	N 302	Subscriber Ad
	RECIP-ADDR-LINE-3	X(20)	834	060	N 401	Subscriber Cit
	RECIP-ADDR-LINE-3	X(20)	834	060	N 402	Subscriber Sta
	RECIP-AGE	9(3)				
	RECIP-CASE-NAME	X(25)				
	RECIP-CLIENT-ID	X(09)	834	024	REF02	Subscriber Su
	RECIP-DATE-OF-BIRTH	9(08)	834	080	DMG02	Member Birth
	RECIP-EXCEP-INDIC	X(1)	834	260	HD 04	Plan Coverage
	RECIP-IDENT-NUMBER	X(14)	834	020	REF02	Subscriber Ide
	RECIP-NAME	X(22)	834	030	NM103	Subscriber Las

me	DT	Req
pplemental Identifier	AN30	R
e Description	AN50	S
Type Code	ID3	R
Type Code	ID3	R
Reason Code	ID3	S
e Description	AN50	S
iod	AN35	R
ifier	AN80	R
ication Code	AN80	R
nship Code	ID2	R
Reason Code	ID3	S
de	AN80	S
e Description	AN50	S
unt	R18	R
dress Line	AN55	R
dress Line	AN55	S
y Name	AN30	R
ate Code	ID2	R
pplemental Identifier	AN30	R
Date	AN35	R
e Description	AN50	S
entifier	AN30	R
st Name	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
MHCP-PYMNT-LIST-REC	RECIP-NAME	X(22)	834	030	NM104	Subscriber Fir
	RECIP-NAME	X(22)	834	030	NM105	Subscriber Mi
	RECIP-PHONE-NUMBER	X(10)	834	040	PER04	Communicatio
	RECIP-RACE-CODE	X(1)	834	080	DMG05	Race or Ethni
	RECIP-RES-ZIP-CODE	X(5)	834	060	N 403	Subscriber Po
	RECIP-SEX-CODE	X(1)	834	080	DMG03	Gender Code
	RECIP-ZIP-CODE	X(5)	834	060	N 403	Subscriber Po
	REGION-CODE	X(03)				
Plan-File	AGE-HIGH	9(3)				
	AGE-LOW	9(3)				
	CAPITATION-RATE	S9(05)V99				
	CARD-ID	X(04)				
	CLERK-IDENTIFICATIO	9(3)				
	COMB-STOP-LOSS-AMT	9(07)V99				
	COUNTY-CODE-GROUP	X(02)				
	DATE-OF-LAST-TRANS	9(5)				
	EFFECTIVE-DATE	9(05)				
	EFFECTIVE-DT-9-COMP	S9(05)				
	END-DATE	9(05)				
	GME-RATE	S9(3)V99				
	GROUP-NUMBER	X(04)				
	INST-STOP-LOSS-AMT	9(07)V99				
	MATCH-CODE	X(1)				
	MEDICAL-CODE	X(1)				
	NON-COV-PROC-CODES	X(12)				
	NONREF-PROC-CODES	X(12)				
	NUM-CAP-GROUPS	S9(03)				
	NUM-NONCOV-PROC-COD	S9(03)				

me	DT	Req
st Name	AN25	R
ddle Name	AN25	S
n Number	AN80	R
city Code	ID1	S
stal Zone or ZIP Code	ID15	R
	ID1	R
stal Zone or ZIP Code	ID15	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Plan-File	NUM-NONREF-PROC-COD	S9(03)				
	NUM-PROV-TYPES	S9(03)				
	NUM-REF-PROV-TYPES	S9(03)				
	PAYMENT-LISTING-IND	X(01)				
	PCOP-TYPE	X(01)				
	PHY-STOP-LOSS-AMT	9(07)V99				
	PLAN-BEGIN-DATE	9(05)				
	PLAN-END-DATE	9(05)				
	PLAN-NAME	X(31)				
	PROGRAM-CODE	X(1)				
	PROV-NUMBER	9(10)				
	PROV-SPEC-CODE	X(2)				
	PROV-TYPE	X(2)				
	RATE-FACTOR	9(01)V9999				
	RECIP-SEX-CODE	X(1)				
	RECORD-CODE	X(2)				
	REF-PROV-SPEC	X(02)				
	REF-PROV-TYPES	X(02)				
	REGION-CODE	X(03)				
Prov-File	ADDRESS-USE-IND	X(1)				
	ALT-PRACT-LOC	X(1)				
	APPL-DENIED	S9(5)				
	BANK-ACCOUNT-NUM	X(17)				
	BANK-ACCOUNT-TYPE	X(1)				
	BANK-NAME	X(22)				
	CLERK-IDENTIFICATIO	9(3)				
	CLIA-BEGIN-DATE	9(5)				
	CLIA-CERT-NUMBER	X(10)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Prov-File	CLIA-CERT-TYPE	X(1)				
	CLIA-END-DATE	9(5)				
	CLIA-PROV-NUMBER	9(10)				
	CLS-GRP-CD	X(02)				
	DATE-OF-LAST-TRANS	9(5)				
	DIRECT-ENTRY-IND	X(1)				
	DISP-SHARE-AMOUNT	S9(5)V99				
	DISP-SHARE-EFF-DATE	9(5)				
	DRUG-DISPENSING-FEE	S9(3)V99				
	EFT-TYPE	X(1)				
	ELEC-MEDIA-BILL-COD	X(2)				
	HOLD-REVIEW-BGN-DAT	9(5)				
	HOLD-REVIEW-END-DAT	9(5)				
	HOLD-REVIEW-RNG-HIG	X(6)				
	HOLD-REVIEW-RNG-LOW	X(6)				
	HOLD-REVIEW-RNG-TYP	X(1)				
	HOSP-TYPE	X(2)				
	HOSP-TYPE-EFF-DATE	9(5)				
	INITIAL-LIEN-AMT	S9(7)V99				
	INTERMED-PROV-NUM	9(10)				
	INTM-CORRESP-IND	X(1)				
	INTM-TAPE-BPI	X(1)				
	INTM-TAPE-RECFM	X(1)				
	LAST-CLAIM-PAID-DAT	9(5)				
	LIEN-AMOUNT	S9(7)V99				
	LIEN-HOLDER-PROV-NU	9(10)				
	MCARE-EDT-BYPASS-IN	X(1)				
	NABP-PROV-NUMBER	9(7)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Prov-File	NEW-PROV-NUMBER	9(10)				
	NUM-CAT-SVC-DATA	9(3)				
	NUM-CLASS-GRP-CODES	9(1)				
	NUM-CLASSIF-CODES	9(3)				
	NUM-CLIA-CERT-DATA	9(3)				
	NUM-DISP-SHARE	9(3)				
	NUM-HOLD-REVIEW-DAT	9(3)				
	NUM-HOSP-DATA	9(3)				
	NUM-LIEN-HOLDER	9(3)				
	NUM-OF-TOTAL-ENTRIE	S9(3)				
	NUM-PROV-GROUPS	9(3)				
	NUM-PROV-IN-GROUP	9(3)				
	NUM-XREF-PROVS	9(3)				
	OUT-OF-STATE-PROV-C	X(1)				
	PAYMENT-LISTING-IND	X(01)				
	PCOP-MAX-ACCEPTED	9(05)				
	PCOP-NUM-ENROLLED	9(05)				
	PCOP-TYPE	X(01)				
	PHARM-DISP-FEE-TYPE	X(1)				
	PHRM-DISP-FEE-EFF-D	9(5)				
	PREV-PROV-NUMBER	9(10)				
	PROV-ADDRESS-CODE	9(1)				
	PROV-ADDR-LINE-1	X(26)				
	PROV-ADDR-LINE-2	X(26)				
	PROV-APPL-DATE	9(5)				
	PROV-BEGIN-SVC-DATE	9(05)				
	PROV-CAT-OF-SVC-COD	X(2)				
	PROV-CITY	X(18)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Prov-File	PROV-CITY-CODE	X(3)				
	PROV-CLASSIF-BEG-DT	9(5)				
	PROV-CLASSIF-CD	X(3)				
	PROV-CLASSIF-END-DT	9(5)				
	PROV-CORRESP-MEDIA	X(1)				
	PROV-COUNTY-CODE	X(2)				
	PROV-EMPLR-IDENT-NU	X(10)				
	PROV-END-SVC-DATE	9(05)				
	PROV-ENROL-PERIODS	9(1)				
	PROV-ENROL-STAT-CD	X(1)				
	PROV-ENROL-STAT-DAT	9(5)				
	PROV-EXCEP-INDIC	X(2)				
	PROV-GROUP	9(10)				
	PROV-LIC-BOARD-CODE	X(1)				
	PROV-LICENSE-DATE	9(5)				
	PROV-LICENSE-NUM	X(8)				
	PROV-MEMBER-NUM	9(10)				
	PROV-NAME	X(31)				
	PROV-NUMBER	9(10)				
	PROV-RECERT-DATE	9(5)				
	PROV-REMIT-MEDIA	X(1)				
	PROV-REMIT-SEQ	X(1)				
	PROV-RPT-CNTRL-DATE	X(06)				
	PROV-SORT-NAME	X(31)				
	PROV-SPEC-CERT-DATE	9(5)				
	PROV-SPEC-CODE	X(2)				
	PROV-SPLIT-BILL-IND	X(1)				
	PROV-SSN-IRS-NUM-IN	X(1)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Prov-File	PROV-SS-NUM	X(9)				
	PROV-STATE	X(02)				
	PROV-TAX-CODE	X(2)				
	PROV-TELE-NUM	9(10)				
	PROV-TYPE	X(2)				
	PROV-TYPE-PRAC-ORGA	X(01)				
	PROV-WARRANT-MEDIA	X(1)				
	PROV-XREF-NUM	9(10)				
	PROV-YEAR-END-DATE	9(4)				
	PROV-ZIP-CODE	9(9)				
	RECEIVE-CORRESPOND	X(1)				
	RECORD-CODE	X(2)				
	RECORD-COUNT	9(7)				
	TAPE-BILL-IND	X(1)				
	TERM-ADDRESS	S9(5)				
	TERM-DECEASED	S9(5)				
	TERM-LIC-EXPIRED	S9(5)				
	TERM-LIC-REVOKED	S9(5)				
	TERM-MED-AUTHORITY	S9(5)				
	TERM-NO-CORE-AGMNT	S9(5)				
	TERM-OTHER-INVOL	S9(5)				
	TERM-PROV-NUM-CHG	S9(5)				
	TERM-VOLUNTARY	S9(5)				
	TOTAL-ADDS	S9(7)				
	TOTAL-CHANGES	S9(7)				
	TOTAL-CURRENT	S9(7)				
	TOTAL-DELETES	S9(7)				
	TOTAL-MONTH-BEGIN	S9(7)				

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File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
Prov-File	TPL-LISTING-IND	X(01)				
	TRANSIT-ROUTING-NUM	X(9)				
	UD-INDICATOR	X(1)				
	UTIL-REPORT-IND	X(01)				

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Column Heading Legend:

"DT" = Data Type