

Pended Encounter Detail Aging File

File Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
Contractor Identifier	X(06)	001	006	Health Plan ID
Transmission Submitter Number	X(02)	007	008	
Aging Category	X(01)	009	009	
Form Type	X(01)	010	010	
AHCCCS CRN	X(15)	011	025	Increased from 14 to 15
Patient Account Number	X(20)	026	045	Provider Patient Account Number
Plan Claim Reference Number	X(20)	046	065	Plan Claim Reference Number
Service Provider Identifier	X(10)	066	075	
Service Provider Name	X(25)	076	100	
Provider Type	X(02)	101	102	
Beginning Date of Service	X(08)	103	110	CCYYMMDD
Ending Date of Service	X(08)	111	118	CCYYMMDD
Status Effective Date	X(08)	119	126	CCYYMMDD
HCPCS Procedure Code	X(05)	127	131	
HCPCS Procedure Modifier	X(02)	132	133	
HP Paid Amount	N(11)	134	144	Numeric Signed field
Days Pended	X(04)	145	148	
Error Code 01	X(04)	149	152	
Error Code 02	X(04)	153	156	
Error Code 03	X(04)	157	160	
Error Code 04	X(04)	161	164	
Error Code 05	X(04)	165	168	
Error Code 06	X(04)	169	172	
Error Code 07	X(04)	173	176	
Error Code 08	X(04)	177	180	
Error Code 09	X(04)	181	184	
Error Code 10	X(04)	185	188	
Error Code 11	X(04)	189	192	
Error Code 12	X(04)	193	196	
Error Code 13	X(04)	197	200	
Error Code 14	X(04)	201	204	
Error Code 15	X(04)	203	208	
FILLER	X(28)	209	236	