

- 277S Supplemental File

### File Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
<b>Header Record</b>				
Contractor ID	X(6)	001	006	Health Plan ID
Transmission Submitter Number (TSN)	X(3)	007	009	TSN
Process Date	X(8)	010	017	CCYYMMDD
File Type Code	X(2)	018	019	Value 'SU' – Adjudicated Encounter Supplemental File
Filler	X(179)	020	198	
Record Type	X(02)	199	200	"T0"
<b>Detail Record</b>				
AHCCCS CRN	X(15)	001	015	Increased from 14 to 15
RI Number	X(10)	016	025	
Filler	X(13)	026	038	Decreased from 14 to 13
AHCCCS CRN Status	X(2)	039	040	
Form Type	X(1)	041	041	
Filler	X(17)	042	058	
Primary Diagnosis Code	X(7)	059	065	
Category of Service	X(2)	066	067	
Filler	X(17)	068	084	
HP Paid Amt	X(12)	085	096	

Data Name	Picture	Actual Positions		Remarks
		From	To	
HP Allowed/Approved Amt	X(12)	097	108	
Denial Reason	X(4)	109	112	
Patient Account #	X(30)	113	142	
VBP Contract ID	X(30)	143	172	
Filler	X(26)	173	198	
Record Type	X(2)	199	200	"C1"
<b>Trailer Record</b>				
Filler	X(9)	001	009	
Transmission Submitter Number (TSN)	X(3)	010	012	
Filler	X(6)	013	018	
Current Year	X(2)	019	020	YY
Current Julian Date	X(3)	021	023	DDD
File Type Code	X(2)	024	025	Value 'AE' = Adjudicated/Finalized Encounters
# of C1 Records on File	X(8)	026	033	
Filler	X(165)	034	198	
Record Type	X(2)	199	200	"T9"

Data Name	Picture	Actual Positions		Remarks
		From	To	