

- Dex Supplemental File

File Layout

Field Name	Type	Size	Start	End	
HEADER RECORD					
REC-ID	X	1	1	1	Record Identifier - 'H'
FILE-DATE	X	8	2	9	File Date – Format YEARMMD
RCVD-CONTR-ID	X	6	10	15	Receiving Entity ID
RCVD-CONTR-NAME	X	25	16	40	Receiving Entity Name
FILLER	X	20	41	60	blank
DETAIL RECORD					
REC-ID	X	1	1	1	Record Identifier - 'S'
RECIPIENT AHCCCS ID	X	9	2	10	Recipient AHCCCS Identifier
CLM-NO	X	12	11	22	Claim Number (CRN – Claim Reference Number)
LN-NO	X	3	23	25	Claim Line Number
ADJU-STA	X	2	26	27	Adjudication Status 31 ADJUDICATED/APPROVED 33 ADJUDICATED/REPLACED ORIGINAL 41 ADJUDICATED/DENIED BY AHCCCS 42 ADJUDICATED/WITHDRAWN BY PLAN 43 ADJUDICATED/DENIED BY PLAN
REV-CD	X	4	28	31	Revenue Code
HCPCS	X	5	32	36	HCPCS/CPT Procedure Code
MOD1	X	2	37	38	Modifier - 1: If Applicable
MOD2	X	2	39	40	Modifier – 2: If Applicable
MOD3	X	2	41	42	Modifier – 3: If Applicable
MOD4	X	2	43	44	Modifier – 4: If Applicable
FILLER	X	16	45	60	blank
TRAILER RECORD					
REC-ID	X	1	1	1	'T'
FILE-DATE	X	8	2	9	File Date – Format YEARMMD
TOTAL RECORDS	N	12	10	21	Total records on file
TOTAL HEADER	N	12	22	33	Total Header records on file – REC-ID = 'H'
TOTAL DETAIL	N	12	34	45	Total Supplemental Detail Records – REC-ID = 'S'
TOTAL TRAILER	N	12	46	57	Total Trailer Records on file – REC-ID = 'T'
FILLER	X	3	58	60	blank