

- Duplicate CRN by Error Code File

File Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
Transmission Submitter Number	X(02)	001	002	
Error Code	X(04)	003	006	
Error Message	X(70)	007	076	
Health Plan ID	X(06)	077	082	
Control Reference Number	X(15)	083	097	
Patient Account Number	X(20)	098	117	
Plan Claim Reference Number	X(20)	118	137	
Service Begin Date	X(10)	138	147	CCYYMMDD
Service End Date	X(10)	148	157	CCYYMMDD
Form Type	X(01)	158	158	
Service Provider Identifier	X(10)	159	168	
AHCCCS Member Identifier	X(09)	169	177	
Matched Health Plan ID	X(06)	178	183	
Matched Control Reference Number	X(15)	184	198	
Matched Patient Account Number	X(20)	199	218	
Matched Plan Claim Reference	X(20)	219	238	
Matched Service Begin Date	X(10)	239	248	CCYYMMDD
Matched Service End Date	X(10)	249	258	CCYYMMDD
Matched Form Type	X(01)	259	259	
Matched Service Provider Identifier	X(10)	260	269	
Matched AHCCCS Member	X(09)	270	278	