

- Encounter Monthly Extract (Magic File)

File Layout

Field	Start	End	Length	Description/Notes
HP ID	1-6	6	6	
Contract Year	7	12	6	CCYYMM Format
Form Type	13	13	1	A – Form 1500 I, O, L – UB C – RX D – Dental
HP Claim No	14	43	30	
Patient Account No	44	63	20	
Adjudication Status	64	65	2	
Service Begin Date	66	73	8	CCYYMMDD Format
Service End Date	74	81	8	CCYYMMDD Format
AHCCCS ID	82	90	9	
Provider ID	91	96	6	
CRN	97	111	15	
HP Paid Amount	112	124	13	
HP Allowed Amount	125	137	13	
MDC Paid Amount	138	150	13	Medicare Paid Amount
INS Paid Amount	151	163	13	Other Coverage Payment Amount
Bill Amount	164	176	13	BILL-AMT (FACL – TOT-BILL-AMT)
TSN	177	179	3	Tape Supplier Number
Diagnosis 1	180	187	8	
Diagnosis 2	188	195	8	
Diagnosis 3	196	203	8	
Diagnosis 4	204	211	8	
Contract Type (CN1 Code)	212	213	2	Does not apply to Drug
AHCCCS Allowed Amount	214	226	13	State Allowed Amount
HP Approved Amount	227	239	13	
VBP-Contract-ID	240	269	30	Value Based Payment Contract ID