

- Pending Encounter Duplicate CRN 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	
Error Code	X(04)	009	012	
Error Message	X(70)	013	082	
AHCCCS Control	X(15)	083	097	Increased from 14 to 15
Patient Account Number	X(20)	098	117	Provider Patient Account Number
Plan Claim Reference Number	X(20)	118	137	Plan Claim Reference Number
Beginning Date of Service	X(08)	138	145	CCYYMMDD
Ending Date of Service	X(08)	146	153	CCYYMMDD
Form Type	X(01)	154	154	
Service Provider Identifier	X(10)	155	164	
Member Identifier	X(09)	165	173	AHCCCS Member ID
Duplicate Contractor Identifier	X(06)	174	179	Other Health Plan ID
Duplicate Control Reference Number	X(15)	180	194	Other AHCCCS CRN (Increased from 14 to 15)
Duplicate Patient Account	X(20)	195	214	Other Provider Patient Account
Duplicate Plan Claim Reference	X(20)	215	234	Other Plan Claim Reference Number
Duplicate Beginning Date of	X(08)	235	242	CCYYMMDD
Duplicate Ending Date of Service	X(08)	243	250	CCYYMMDD
Duplicate Form Type	X(01)	251	251	
Duplicate Service Provider	X(10)	252	261	
Duplicate Member Identifier	X(09)	262	270	Other AHCCCS Member ID
Reserved	X(10)	271	280	