Field ID	Field Name	Encounter Usage	Encounter Value	Field Size	Record Position	Proprietary Field Name	Proprietary Position
880-K4	Text Indicator			Not used		NA	N/A
701	Segment Identifier	Required	00	X(2)	1-2	Record Type	79-80 (T0 record)
880-K6	Transmission Type	Required	T	X(1)	3-3	NA	N/A
880-K1	Sender ID	Required	Consists of 3 byte acronym assigned by AHCCCS followed by submitter's tax ID, Health Plan ID and TSN	X(24)	4-27	Contractor ID & TSN	07-15 (T0 record)
806-5C	Batch Number	Required	Must be unique for each transmission	9(5)	28-32	NA	N/A
880-K2	Creation Date	Required	CCYYMMDD	9(8)	33-40	NA	N/A
880-K3	Creation Time	Required	HHMM	9(4)	41-44	NA	N/A
702	File Type	Required	P or T	X(1)	45-45	NA	N/A
102-A2	Version/Release Number	Required	10	X(2)	46-47	NA	N/A
880-K4	Text Indicator			Not used		NA	N/A