Existing Adjudicated Encounter File Record Layout						277U		
Data Field Name	**Picture**	**Actual Positions**		**Remarks**		**Loop**	**Element**	**Description**
CRN	9(14)	01	14			2200D	REF02	Payers Claim Control Number
RI Number	X(10)	15	24					
Invoice Number	9(6)	25	30					
Contractor ID	9(6)	31	36			2100B	NM109	Info Receiver ID
Contractor Service Area	9(2)	37	38					
CRN Status	X(2)	39	40	AP = Adjudicated/Approved AV = Adjudicated/Void DE = Voluntary Plan Deletion DN = Auto Deny PE = Pended		2200D	STC01-1	Health Care Claim Status Category Code (507)
Form Type	X(1)	41	41					
Member ID	X(9)	42	50			2100D	NM109	Subscriber ID
Service Provider ID	9(6)	51	56			2100C	NM109	Service Provider Number
Provider Location Code	9(2)	57	58			2100C	NM109	Service Provider Number
Primary Diagnosis Code	X(6)	59	64					

Existing Adjudicated Encounter File Record Layout						277U		
Data Field Name	**Picture**	**Actual Positions**		**Remarks**		**Loop**	**Element**	**Description**
Category of Service	X(2)	65	66					
Begin DOS	9(8)	67	74	YYYYMMDD		2200D	DTP03	Claim Service Date
End DOS	9(8)	75	82	YYYYMMDD		2200D	DTP03	Claim Service Date
Procedure Code	X(11)	83	93			2200D	SVC01 - 2	Procedure Code
Procedure Modifier	X(2)	94	95			2200D	SVC01 – 3	Procedure Modifier
Charged Amount	9(9)V99	96	107	Includes Decimal		2200D	STC04	Amt of Original Submitted Charges
Denial Reason	X(4)	108	111			2200D	STC01 – 2	Health Care Claim Status Code (508)
Patient Account Number	X(20)	112	131			2200D	TRN02	Patient Account Number
Record Type	X(2)	132	133	Value “E1”				