Arizona Health Care Cost Containment System

JULY-AUGUST, 2004

ENCOUNTER KEYS

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UPDATES

Provider Type 10 (Podiatrist)

Effective with dates of service on and after 01/01/2003 the following CPT codes can be reported by provider type 10 (Podiatrist).

- 27650 (Repair, Primary, Open Or Percutaneous, Ruptured Achilles);
- 27652 (Repair, Primary, Open Or Percutaneous, Ruptured Achilles);
- 27654 (Repair, Secondary, Achilles Tendon, With Or Without Graft)

Place of Service (POS)

Effective with dates of service on and after 01/01/2003 the CPT code 94010 (Spirometry, Including Graphic Record, Total And Timed) can be reported with the following POS:

- 21 (Inpatient Hospital),
- 22 (Outpatient Hospital)
- 23 (Emergency Room – Hospital)

Effective with dates of service on and after 01/01/2004 the following HCPCS codes can be reported with POS 65 (End Stage Renal Disease (ESRD) Treatment Facility):

- G0327 (End stage renal disease related services for Home Dialysis (Less Than Full Month), Per Day; For Patients 20 Years Of Age And Over);
- G0323 (ESRD Related Services Home Dialysis Patients Per Month >20 and Older)

Limit Changes

The age limit minimum has been changed to 000 for the following HCPCS codes:

- A0200 (Non-Emergency Transportation: Ancillary: Lodging Escort)
- A0210 (Non-Emergency Transportation: Ancillary: Meals-Escort)

PROPRIETRY PEND FILE LAYOUT

It was requested that the Pend/Correction file be modified to return to the Health Plan CRN. This was to improve Contractors' ability to match encounters being returned for additional work.

The claim type location was eliminated and locations shifted to the left 1 byte through position 49. The Patient Acct # and Filler locations were combined and expanded to form the 30 byte Health Plan CRN location.

The system will now look for a Health Plan CRN on the record, if found the system will populate with the Health Plan CRN, if no Health Plan CRN is present the location will be populated with the Patient Acct #.

(ORIGINAL) PEND FILE LAYOUT

Data Name	Picture	Positions	Remarks
CRN	9(14)	1 - 14	
Invoice Number	9(06)	15 – 20	
Claim Type	X (01)	21– 21	
Form Type	X(01)	22- 22	
Date Create	9(06)	23- 28	yymmdd
Contractor ID	9(06)	29-34	
AHCCCS Member ID	X(09)	35-43	
Service Provider Number	9(06)	44-49	
Patient Acct Number	X(20)	50-69	
Filler	X(09)	70-78	
Record Type	X(02)	79-80	

(NEW) PEND FILE LAYOUT

Data Name	Picture	Positions	Remarks
CRN	9(14)	1 - 14	
Invoice Number	9(06)	15– 20	
Form Type	X (01)	21– 21	
Date Create	9(06)	22- 27	yymmdd
Contractor ID	9(06)	28-33	
AHCCCS Member ID	X(09)	34-42	
Service Provider Number	9(06)	43-48	
Plan Claim Number (HP CRN)	X(30)	49-78	
Record Type	X(02)	79-80	

DILEMMAS

For the months of July and August, the following error code conditions are not subject to sanction when conditions listed are met:

- F100 - Procedure Code Missing or Invalid (AHCCCS coding needs to include new format of NNNNA)
- P340 - Provider Specific Rate Not On File For DOS (Only for Nursing homes billing therapy services)
- S385 - Service Units Exceed Maximum Allowed for **8XXXX** series CPT codes
- S386 - Maximum Anesthesia Units Exceeded (Service units less than or equal to twice the limit)
- V398 - Procedure Code Must Be A Valid HCPCS Format of NNNNA (AHCCCS coding needs to include new format of NNNNA)

HIPAA Transaction

The admit date and admit hour are not reported for outpatient institutional services transmitted via an 837I (HIPAA X12N) transaction. HIPAA transaction encounter edits requiring admit date and admit hour for outpatient institutional services is set to 'soft' effective 10/1/03.

System Issues

A few processing issues have been identified during the July or August cycle:

- Void transactions submitted for the July cycle were not reported on the adjudicated file. These transactions were not processed to 31/78 (history). Also, void transactions were in the adjudicated files as pended encounters. The issue has been resolved and a new adjudicated file, loaded into plan folders (AD071004).

- A logic error has been identified with moving the Patient Account Number to the Health Plan Medical Record Number field when the Health Plan Medical Record Number is not available. The logic error has been corrected for the August cycle.

- All pend correction transactions may not have updated during the July cycle. A ticket has been generated. As soon as a response has been received, you will be notified.

- Please do not work pended encounters with dates of service prior to July 1, 2004, for error codes Z220 (prescribing provider ID missing or invalid) or Z221 (prescribing provider ID must be greater than zero). AHCCCS will clear both errors for pended encounters with dates of service prior to July 1, 2004.

- Please do not correct or work the encounter pend error, N200 (Provider Not Licensed at Drug DEA Level). This pend error has an improper data read. AHCCCS will resolve these errors during September processing.

PROPOSED NEW REPORTS & FILES

Proposed new reports and files are attached for your Contractors' review. These changes were due to Plan input. Any comments should be addressed to the AHCCCS Encounter website: AHCCCSEncounters@ahcccs.state.az.us

The new reports and files can be viewed on the following pages:

HEALTH PLAN: 010199
TAPE SUPPLIER: 62
AGING CATEGORY: OVER 360 DAYS

FRM TYP	CRN	PATIENT ACCOUNT NUM	PLAN CRN	SERVICE PROVIDER ID	SERVICE PROVIDER NAME	SERVICE PROVIDER TYPE	BEG DOS	END DOS	PROCESS DATE	PROC / NDC	PEND DAYS
A	03022000100801	00000000035389601	TEST123456TEST	108688	ROSENWAND/RON	08	02/02/01	02/02/01	01/22/03	99213	40
		ERRORS: H360 R295									
A	03022000100501	00000000035389301	TEST123456TEST	610873	CUCHER/BLED H.	08	01/03/01	01/03/01	01/22/03	93010	40
		ERRORS: H360 R600									
A	03022000100201	00000000035389001	TEST123456TEST	322927	ABC USA, INC.	30	07/12/00	07/12/00	01/22/03	E1399	40
		ERRORS: H360 S385 S426									
A	03022000100901	00000000035389701	TEST123456TEST	723260	SWUP/MONTE R.	08	02/14/01	02/14/01	01/22/03	59410	40
		ERRORS: H360									
A	03022000100301	00000000035389101	TEST123456TEST	328294	PATOL/SHANTILAL	08	11/15/00	11/15/00	01/22/03	01830	40
		ERRORS: H360 R295									
A	03022000100601	00000000035389401	TEST123456TEST	555643	MACELWEE/MARK M.	08	01/03/01	01/03/01	01/22/03	99212	40
		ERRORS: H360									
A	03022000100701	00000000035389501	TEST123456TEST	765921	VITUS/SANDI M.	19	01/17/01	01/17/01	01/22/03	54150	40
		ERRORS: H360									
A	03022000100102	00000000035434201	TEST123456TEST	147480	WOODS C.REBECCA	08	07/08/00	07/08/00	02/03/03	99283	28
		ERRORS: H360									
A	03034000200101	00000000035434201	TEST123456TEST	147487	WOODIN C.CALVIN	08	07/08/00	07/08/00	02/03/03	99283	28
		ERRORS: Z415									

TOTALS: 33 ENCOUNTERS FOR HEALTH PLAN 010199, TRANSMISSION SUPPLIER NUMBER 62 PENDED OVER 360 DAYS
76 ERRORS

TOTALS: 33 ENCOUNTERS FOR HEALTH PLAN 010199, TRANSMISSION SUPPLIER NUMBER 62
76 ERRORS

Layout of Data File DETLAGIN

Description	Columns	Length
Health Plan Id	001-006	6
Transmission Supplier Number	007-008	2
Aging Category	009	1
Form Type	010	1
CRN	011-024	14
Plan CRN	025-044	20
Patient Account Number	045-064	20
Service Provider Id	065-070	6
Service Provider Name	071-095	25
Provider Type	096-097	2
Beginning Date of Service	098-105	8
Ending Date of Service	106-113	8
Status Effective Date	114-121	8
HCPCS Procedure Code	122-126	5
HCPCS Procedure Mod	127-128	2
Days Pended	129-132	4
Error Code 01	133-136	4
Error Code 02	137-140	4
Error Code 03	141-144	4
Error Code 04	145-148	4
Error Code 05	149-152	4
Error Code 06	153-156	4
Error Code 07	157-160	4
Error Code 08	161-164	4
Error Code 09	165-168	4
Error Code 10	169-172	4
Error Code 11	173-176	4
Error Code 12	177-180	4
Error Code 13	181-184	4
Error Code 14	185-188	4
Error Code 15	189-192	4

Report EC97R179 Layout

```
REPORT ID: EC97R179                      ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                              PAGE:      1
PROGRAM #: EC97L179                              DUPLICATE CRN BY ERROR CODE                                       RUN:VW/XY/ZA
                                                       AS OF PQ/RS/TU                                                     DE:FG
                                                 ZABCDEFGHIJKLMNOPQRSTUVWXYZ

TRANSMISSION SUPPLIER NUMBER: KL                                                          2ND LINE: IN-PROCESS DATA / 3RD LINE: HISTORICAL DATA
  HEALTH PLAN ID: JKLMNO                                                        ***************************************************

ERROR CODE AND MESSAGE
-------------------------------------------------------------------------------
           CRN            HP CLAIM NUMBER                PATIENT ACCOUNT NO   HP ID  BEGIN DATE  END DATE  F PROVDR AHCCCS ID
           -------------- ------------------------------ -------------------- ------ ---------- ---------- - ------ ---------
EFGH  TUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRS
           OPQRSTUVWXYZAB RSTUVWXYZABCDEFGHIJK           MNOPQRSTUVWXYZABCDEF CDEFGH IJ/EF/YZAB QR/BC/BCDE V RSTUVW HIJKLMNOP
           NOPQRSTUVWXYZA KLMNOPQRSTUVWXYZABCD           GHIJKLMNOPQRSTUVWXYZ JKLMNO NO/IJ/QRST DE/QR/WXYZ D MNOPQR WXYZABCDE

WXYZ  WXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUV
           BCDEFGHIJKLMNO TUVWXYZABCDEFGHIJKLM           STUVWXYZABCDEFGHIJKL JKLMNO OP/UV/MNOP OP/IJ/EFGH Z EFGHIJ OPQRSTUVW
           MNOPQRSTUVWXYZ PQRSTUVWXYZABCDEFGHI           QRSTUVWXYZABCDEFGHIJ IJKLMN CD/XY/HIJK GH/UV/GHIJ J QRSTUV RSTUVWXYZ

HIJK  UVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRST
           QRSTUVWXYZABCD UVWXYZABCDEFGHIJKLMN           EFGHIJKLMNOPQRSTUVWX PQRSTU RS/UV/XYZA HI/GH/WXYZ B TUVWXY TUVWXYZAB
           MNOPQRSTUVWXYZ IJKLMNOPQRSTUVWXYZAB           FGHIJKLMNOPQRSTUVWXY MNOPQR CD/GH/PQRS DE/ZA/KLMN J NOPQRS KLMNOPQRS

CDEF  IJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGH
           YZABCDEFGHIJKL QRSTUVWXYZABCDEFGHIJ           BCDEFGHIJKLMNOPQRSTU BCDEFG VW/RS/HIJK NO/KL/GHIJ J NOPQRS IJKLMNOPQ
           QRSTUVWXYZABCD DEFGHIJKLMNOPQRSTUVW           QRSTUVWXYZABCDEFGHIJ WXYZAB DE/MN/WXYZ VW/KL/DEFG F LMNOPQ RSTUVWXYZ

JKLM  OPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMN
           MNOPQRSTUVWXYZ OPQRSTUVWXYZABCDEFGH           IJKLMNOPQRSTUVWXYZAB EFGHIJ ZA/EF/OPQR MN/PQ/QRST I CDEFGH XYZABCDEF
           HIJKLMNOPQRSTU GHIJKLMNOPQRSTUVWXYZ           UVWXYZABCDEFGHIJKLMN GHIJKL JK/QR/RSTU NO/NO/HIJK H GHIJKL UVWXYZABC

PQRS  RSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQ
           XYZABCDEFGHIJK HIJKLMNOPQRSTUVWXYZA           GHIJKLMNOPQRSTUVWXYZ WXYZAB BC/TU/TUVW MN/IJ/FGHI M CDEFGH GHIJKLMNO
           PQRSTUVWXYZABC DEFGHIJKLMNOPQRSTUVW           ZABCDEFGHIJKLMNOPQRS KLMNOP JK/NO/KLMN EF/TU/ZABC O RSTUVW MNOPQRSTU

BCDE  VWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTU
           HIJKLMNOPQRSTU NOPQRSTUVWXYZABCDEFG           KLMNOPQRSTUVWXYZABCD GHIJKL JK/NO/IJKL QR/DE/QRST W DEFGHI MNOPQRSTU
           WXYZABCDEFGHIJ VWXYZABCDEFGHIJKLMNO           KLMNOPQRSTUVWXYZABCD DEFGHI FG/LM/RSTU WX/WX/CDEF B TUVWXY STUVWXYZA

EFGH  ZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXY
           OPQRSTUVWXYZAB MNOPQRSTUVWXYZABCDEF           PQRSTUVWXYZABCDEFGHI QRSTUV IJ/CD/XYZA HI/GH/UVWX G JKLMNO QRSTUVWXY
           RSTUVWXYZABCDE NOPQRSTUVWXYZABCDEFG           NOPQRSTUVWXYZABCDEFG HIJKLM HI/GH/UVWX HI/UV/YZAB Q UVWXYZ EFGHIJKLM

WXYZ  BCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZA
           TUVWXYZABCDEFG MNOPQRSTUVWXYZABCDEF           IJKLMNOPQRSTUVWXYZAB FGHIJK MN/CD/GHIJ PQ/DE/ZABC K JKLMNO NOPQRSTUV
           KLMNOPQRSTUVWX EFGHIJKLMNOPQRSTUVWX           TUVWXYZABCDEFGHIJKLM ZABCDE OP/RS/MNOP CD/IJ/EFGH Y QRSTUV BCDEFGHIJ

GHIJ  JKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGHI
           IJKLMNOPQRSTUV QRSTUVWXYZABCDEFGHIJ           DEFGHIJKLMNOPQRSTUVW QRSTUV WX/DE/MNOP WX/VW/KLMN D FGHIJK LMNOPQRST
           RSTUVWXYZABCDE WXYZABCDEFGHIJKLMNOP           WXYZABCDEFGHIJKLMNOP CDEFGH BC/TU/STUV JK/OP/UVWX M OPQRST IJKLMNOPQ

QRST  IJKLMNOPQRSTUVWXYZABCDEFGHIJKLMNOPQRSTUVWXYZABCDEFGH
           XYZABCDEFGHIJK HIJKLMNOPQRSTUVWXYZA           GHIJKLMNOPQRSTUVWXYZ UVWXYZ GH/JK/QRST RS/NO/NOPQ H HIJKLM GHIJKLMNO
           UVWXYZABCDEFGH HIJKLMNOPQRSTUVWXYZA           UVWXYZABCDEFGHIJKLMN YZABCD QR/UV/EFGH PQ/RS/UVWX X HIJKLM GHIJKLMNO
```

Layout of Data File DUPECRN

Description	Columns	Length
Health Plan	001-006	6
Transmission Supplier Number	007-008	2
Error Code	009-012	4
Error Message	013-082	70
CRN	083-096	14
Patient Account Number	097-116	20
Plan CRN	117-136	20
Starting Date of Service	137-144	8
Ending Date of Service	145-152	8
Form Type	153	1
Service Provider Id	154-159	6
AHCCCS Id	160-168	9
Duplicate Health Plan	169-174	6
Duplicate CRN	175-188	14
Duplicate Patient Account Number	189-208	20
Duplicate Plan CRN	209-228	20
Duplicate Starting Date of Service	229-236	8
Duplicate Ending Date of Service	237-244	8
Duplicate Form Type	245	1
Duplicate Service Provider Id	246-251	6
Duplicate AHCCCS Id	252-260	9
Reserved	261-280	20

Report EC91R901 Layout

```
1REPORT ID: EC91R901                                    ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM                                    PAGE:     18
 PROGRAM #: EC91L901                                         SHOW ACTION TAKEN - DETAIL                                             RUN: 04/05/04
                                                                      AS OF 04/05/04                                                        16:35
 FILE NAME IS    : PN030104.401.ZIP
 TRANMISSION SUPPLIER NO. 92
 HEALTH PLAN ID  : 110077
-ACT ACT ERR        ACTION        INT      EXT FLD           OLD              NEW                          PATIENT                                                          FRM PROVDR
 REQ DON CODE     DESCRIPTION     FLD#   DESCRIPTION        VALUE            VALUE           CRN         ACCOUNT NUMBER      HEALTH PLAN CLAIM NUMBER   BEGIN DATE  END DATE  TYP   ID   AHCCCS ID
 --- --- ---- ------------------ ---- --------------- ---------------- ---------------- -------------- -------------------- ------------------------------ ---------- ---------- --- ------ ---------
0 C   R  9009 ENC NOT IN CCL LOC   125 PATIENT STATUS                   __               04029012503600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   159 SVC BEGIN DATE  20031027        ________         04029012503600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   160 SVC END DATE    20031027        ________         04029012503600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   161 SVC PROV ID     446246          ______           04029012503600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   190 FORM TYPE       O                                04029012503600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012504406 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125044
  A   R  9009 ENC NOT IN CCL LOC   021 TYPE OF BILL    133             ___              04029012505600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   125 PATIENT STATUS                   __               04029012505600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   159 SVC BEGIN DATE  20031121        ________         04029012505600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   160 SVC END DATE    20031124        ________         04029012505600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   161 SVC PROV ID     020462          ______           04029012505600 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  92588           92700            04029012507302 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125073
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  99141           99199            04029012510303 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125103
  A   R  9009 ENC NOT IN CCL LOC   010 AHCCCS ID       A37591924                        04029012513100 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   125 PATIENT STATUS                   __               04029012513100 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   159 SVC BEGIN DATE  20031130        ________         04029012513100 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   160 SVC END DATE    20031130        ________         04029012513100 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  A   R  9009 ENC NOT IN CCL LOC   161 SVC PROV ID     020462          ______           04029012513100 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
  C   R  9009 ENC NOT IN CCL LOC   031 RECIPIENT ID    A27335625       99199____        04029012518312 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125183
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  92587           92700            04029012519101 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125191
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012519822 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125198
 NO EC-FACL-CLM FOR EC-NUM 040290125198
  C   R  9009 ENC NOT IN CCL LOC   045 DISCHARGE HOUR                   00               04029012521000 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125210
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012525004 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125250
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012525302 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125253
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012526115 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125261
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012526505 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125265
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012529006 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125290
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012529111 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125291
  C   R  9009 ENC NOT IN CCL LOC   063 PROCEDURE CODE  36415           G0001            04029012529207 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
 NO EC-FACL-CLM FOR EC-NUM 040290125292
  D   R  9009 ENC NOT IN CCL LOC   010 AHCCCS ID       A17920549                        04029012534500 TEST012345TEST567890 00000123456TEST67890           02/25/2004 02/28/2004  A  212334 A12123489
```

Layout of Data File ACTNTKN

Description	Columns	Length
Health Plan Id	001-006	6
Transmission Supplier No.	007-008	2
Action-Request	009	1
Action-Done	010	1
Error Code	011-014	4
Error Description	015-034	20
Field Number	035-037	3
Field Description	038-052	15
Old Value	053-069	17
New Value	070-086	17
CRN	087-100	14
Patient Account Number	101-120	20
Plan CRN	121-140	20
Starting Date of Service	141-148	8
Ending Date of Service	149-156	8
Form Type	157	1
Service Provider Id	158-163	6
AHCCCS Id	164-172	9
Reserved	173-182	10