

**ARIZONA**  
**HEALTH CARE COST**  
CONTAINMENT SYSTEM

**ARIZONA HEALTH CARE COST CONTAINMENT**

**SYSTEM 835 SUPPLEMENTAL  
STANDARD COMPANION GUIDE  
TRANSACTION INFORMATION**

**COMPANION GUIDE  
VERSION NUMBER: 5.0  
JUNE 2026**

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## 835 SUPPLEMENTAL FILE SUMMARY

A basic purpose of all claim remittance advices, including the 835 Transaction, is to communicate to claim submitters the reasons why billed services are paid or denied. Both the current paper Remittance Advice (RA) used by AHCCCS and the 835/Electronic Remittance Advice Transaction have many adjudication code values and messages that serve this purpose.

Frequently, however, HIPAA offers no reasonable translation for detailed AHCCCS Pricing, Edit, and Reason Codes. For this reason, AHCCCS has created an 835 Remittance Advice Supplemental File to accompany each 835 Transaction. The Supplemental File supplies all of the claim or service line pricing and adjudication codes that are generated by the adjudication system prior to translation and that are included on paper RAs. The file is available to 835 receivers that request it.

In terms of claim level and line level information, the 835 Supplemental File follows the structure of the AHCCCS 835 Transaction. Claims are defined as multi-line invoices for Institutional claims and single services for Professional and Dental claims.

Institutional claims have only claim header data on the Supplemental File because that is the level at which adjudication messages are generated by the adjudication system. This is the case even when the 835 includes line level pricing and adjustment data for outpatient institutional claims and inpatient claims paid on a cost-to-charge basis. Professional and Dental claims have both header and line data on the Supplemental File.

The 835 Supplemental File is a fixed-length sequential file with 200 bytes per record. It has four record types:

- A single Header Record with identification information on the payer and billing provider
- Multiple Claim Report Records with Patient Account Numbers, AHCCCS Claim Reference Numbers (CRN's), and adjudication system codes within each Comment Type
- A single Processing Notes Record with the adjudication code descriptions for all adjudication codes generated for claims submitted by a billing provider
- A single Trailer Record with a control count

A single Header and Trailer Record appear at the beginning and end of each 835 Supplemental File. A Claim Report Record appears for each Institutional invoice or Professional/Dental service. A Processing Notes Record is created for each billing provider. It provides messages associated with the adjudication codes on the billing provider's Claim Report Records.

Data element level information on the 835 Supplemental File appears in the 835 Supplemental File Specifications.

**AHCCCS 835 SUPPLEMENTAL STANDARD COMPANION GUIDE TRANSACTION INFORMATION**

<b>835 SUPPLEMENTAL FILE SPECIFICATIONS</b>				
<b>Record Type</b>	<b>Field Name</b>	<b>Field Description</b>	<b>Field Length</b>	<b>Comments</b>
<b>HEADER RECORD – 1 record per 835 Transaction</b>				
Header	Record Type	A code for one of the four Record Types on the 835 Supplemental File	2/AN	“HR” = Header Record
Header	File Name	A descriptive name for the file	35/AN	“REMITTANCE ADVICE SUPPLEMENTAL FILE”
Header	Payer Name	The name of the claim payer	50/AN	“ARIZONA”
Header	Payer’s Tax ID	The Federal Tax ID of the claim payer	20/AN	“866004791”
Header	Billing Provider ID	The AHCCCS Identification Number assigned to the Billing Provider	8/AN	
Header	Billing Provider Name	The name of the Billing Provider	25/AN	The full name of the billing provider with intervening spaces between name components
Header	Billing Provider Tax ID	The Federal Tax ID of the Billing Provider	20/AN	
Header	Filler		37/AN	Filled with spaces
<b>CLAIM REPORT RECORD – 1 or more records per 835 Transaction</b>				
Claim Report	Record Type	A code for one of the four Record Types on the 835 Supplemental File	2/AN	“S1” = Claim Report Record
Claim Report	Patient Account Number	The claim submitter’s ID Number for the patient	20/AN	
Claim Report	AHCCCS Claim Number	The Claim Reference Number (CRN) or Service Line Reference Number assigned by AHCCCS	15/AN	For institutional claims reported at the claim level, the final three characters are zeros. For professional and dental service lines, the final two characters carry the Line Number with a value of more than zero.
Claim Report	Recipient ID	The AHCCCS ID Number for the recipient	10/AN	The nine-character AHCCCS Recipient ID
Claim Report	Claim Status Code	The claim or line level status code	1/AN	For institutional claims, this Status Code is always at the claim level. For professional and dental claims, it is at the service line level without an equivalent claim level code on the 835. Valid values are: “1” = Paid “2” = Adjusted “3” = Voided “4” = Denied “5” = Claim Pended

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Record Type	Field Name	Field Description	Field Length	Comments
Claim Report	Claim Status Date	The date on which the adjudication system Status Code from which the Claim Status Code is derived was assigned.	8/AN	Format is CCYYMMDD. Code "5" only - Date is blank.
Claim Report	Comment Type	An AHCCCS code for the type of comment in the Comment Text field.	2/AN	Code values correspond to the four Comment Type descriptions identified below. Code "5" only – "R" followed by blank character.
Claim Report	Comment Text	A field defined separately for each type of Comment generated by the adjudication system.	140/AN	A description of the adjudication system Comment Type appears at the beginning of each comment. Comment Types identified by descriptions are: <b>PRICE EXPL</b> – An explanation of the pricing methodology used to price the claim or service line. For example, "APD" for Ancillary Per Discharge Rate on an inpatient claim. <b>REASON CDS</b> – Claim Reason or Edit/Result Codes generated by the adjudication system to explain denials and payment cut-backs. For example, "H129.2" for Primary Diagnosis Code is Invalid for Recipient Age. <b>TIER DATA</b> – The pricing tier or tiers at which an inpatient claim is paid. For example, "SUR" for Surgery Tier. <b>COMMENTS</b> – Additional comments entered by reviewers. For example, "OUTLIER REQUESTED, NOT QUALIFIED".  Descriptions of all codes used on an 835 Transaction appear in the Processing Notes Record.  Code "5" only - "Claim Pended" followed by blanks.  Layout for the comment text field follows:

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Record Type	Field Name	Field Description	Field Length	Comments
				<p><b>NOTE:</b> The Comment Text field contains different formats, depending on the Comment Type.</p> <p><b>Comment Type 'A':</b> There are three different formats for this type:</p> <p>(1) Price Explanation Code            3 characters            10 Occurrences of X(14)                      Price Explanation Reason            2 characters                      Filler                                        9 characters</p> <p>(2) Price Explanation Ind.                1 character            10 Occurrences of X(14)                      Price Explanation Rate                3 characters                      Filler                                        10 characters</p> <p>(3) Filler                                        1 character            10 Occurrences of X(14)                      Price Expl. Type Ind.                    1 character                      Price Explanation Type                 3 characters                      characters Filler                         9 characters</p> <p><b>Comment Type 'R':</b> There is one format for this type:</p> <p>(1) Reason Code                            6 characters            17 Occurrences of X(8)                      Filler                                        2 characters</p> <p><b>Comment Type 'T':</b> <b>There is one format for this type:</b></p> <p>(1) Tier 1                                        5 characters            1 Occurrence of X(140)                      Filler                                        51 characters                      Reason 1                                       5 characters                      Filler                                        8 characters                      Tier 2                                         3 characters                      Filler                                        53 characters                      Reason 2                                       5 characters                      Filler                                        10 characters</p> <p><b>Comment Type 'X':</b> Used to indicate free form. There is no format for this type.</p>
Claim Report	Filler		2	
<b>PROCESSING NOTES RECORD – 1 record per 835 Transaction</b>				
Notes	Record Type	A code for one of the Record Types on the 835 Supplemental File	2/AN	"S2" = Processing Notes Record

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<b>Record Type</b>	<b>Field Name</b>	<b>Field Description</b>	<b>Field Length</b>	<b>Comments</b>
Notes	Processing Note Code	An AHCCCS Adjudication Code that appears in the Comment Text Field on Claim Records.	6/AN	A claim or service line adjudication code that appears in the Comment Text field of a Claim Report Record for a billing provider.
Notes	Processing Note Description	The message associated with the AHCCCS Adjudication Code.	140/AN	A description of the claim or service line adjudication code. Code values generated for all claims for a billing provider are unduplicated.
Notes	Filler		49	
<b>TRAILER RECORD – 1 record per 835 Transaction</b>				
Trailer	Record Type	A code for one of the Record Types on the 835 Supplemental File	2/AN	“TR” = Trailer Record
Trailer	Trailer Record Count	The number of records in the 835 Supplemental File, including the Header and Trailer Records.	9/N	
Trailer	Filler		186	

**CHANGE SUMMARY**

#	Location & Section	Revision	Revision Date
2.1		Final	October 2012
3.0	Cover Page	Added cover page using the AHCCCS Template and updated versioning number	November 2017
3.0	Change Summary	New page with new revision numbering sequence	November 2017
3.0	Supplemental File Specifications	Updated Claim Report section (CRN and filler)	November 2017
4.0		Updated the Template	February 2023
5.0	Cover Page & Header	Updated Transaction to read Transaction, and on the headers.	June 2026
5.0	Supplemental File Specifications	Added "Code 5" with verbiage to pages 4-6 for sections 1/AN, 8/AN, 2/AN, and 140/AN. Review service now ticket #CS0010116.	June 2026
5.0	Footer	Updated footer to read JUNE 2026/REV: 5.0.	June 2026
5.0	Change Summary	Updated Header to read "AHCCCS 835 Supplemental Standard Companion Guide Transaction Information". Added the changes that were made to the document per request received via service now ticket #CS0010116.	June 2026