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I.   INTRODUCTION

Throughout this manual, you will find links to online resource information necessary or helpful to the understanding of requirements and processes related to the Arizona Health Care Cost Containment System (AHCCCS) encounter reporting and error resolution. Most of this information is available in various site locations on the AHCCCS website at https://www.azahcccs.gov/.

General Information:

AHCCCS Provider Registration:
https://www.azahcccs.gov/PlansProviders/APEP/ProviderEnrollment.html

AHCCCS Capitation Information:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ManagedCare/capitation.html

AHCCCS Fee-For-Service Fee Schedules:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/

AHCCCS Fee-For-Service Provider Manual:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html

AHCCCS Transition to DRG-based Payment:
https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ManagedCare/DRGbasedpayments.html

AHCCCS Medical Policy Manual (AMPM):
https://www.azahcccs.gov/shared/MedicalPolicyManual/

AHCCCS Solicitations, Contracts & Purchasing:
https://www.azahcccs.gov/PlansProviders/HealthPlans/purchasing.html

HIPAA Technical Resources:

Electronic Data Interchange (EDI) Technical Documents:
https://www.azahcccs.gov/Resources/EDI/EDITechnicalDocuments.html

HIPAA 5010 Consortia and Documentation:
https://www.azahcccs.gov/Resources/EDI/consortium.html

X-12 reports/code sets:
www.wpc-edi.com

AHCCCS Technical Interface Guidelines (TIG):
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/

Encounter Specific:

AHCCCS Data Access and Forms:
https://www.azahcccs.gov/PlansProviders/ISDresources.html

AHCCCS Encounter Resources:
https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html

PMMIS Training Manual – Introduction to Encounter Processing:
https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/adjudication/DeskLevelInstructionsForAccessingPMMIS.pdf

AHCCCS Encounter Data Validation Technical Document:
https://www.azahcccs.gov/PlansProviders/Downloads/Encounters/EncounterValidationTechnicalDocument.pdf

National Correct Coding Initiative (NCCI):
https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare

II.   CN1 TO SUBCAP CODE CROSSWALK

CN101 Contract Type Code	Description	Sub Cap Code	Description
01	Diagnosis Related Group (DRG)	00 *	**Fee-For- Service Arrangement:** Used to report services paid under a DRG arrangement.
02	Per Diem	00 *	**Fee-For- Service Arrangement:** Used to report services paid under a Per Diem arrangement.
03	Variable Per Diem	00 *	**Fee-For- Service Arrangement:** Used to report services paid under a Variable Per Diem arrangement.
04	Flat	00 *	**Fee-For- Service Arrangement:** Used to report services paid under a Flat Fee arrangement.
05	Capitated	01 *	**Sub-Capitation/Contractual Arrangement:** Used to report services provided under a sub-capitated/contractual arrangement.
06	Percent	00 *	**Fee-For- Service Arrangement:** Used to report services paid under a Percent arrangement.
09	Other	08	**Negotiated Settlement:** Used to report services that are included in a negotiated settlement. For example, claims paid as part of a grievance settlement.
09	Other	04	**Contracted Transplant Service:** Used to report covered transplant services paid via catastrophic reinsurance. *Member must be identified as a Transplant Recipient (Member Exception code = '25').*
* 01, 02, 03, 04, 05, 06		05	**Non-Transplant Service for Transplant Recipient:** Used to report services provided when a member is a Transplant Recipient (Member Exception code = '25').
		06	**Denied Service:** Used to report valid AHCCCS services that are denied. For example, if a claim was denied for untimely submission.
Blank		00	**Fee-For-Service Arrangement:** Used to report services paid under a Fee-For-Service arrangement.

III.   COUNTY CODES

The two-digit codes used for reporting the Arizona County in which the recipient is enrolled are listed in the following table.

County Codes			
Code	County	Code	County
01	APACHE	21	PINAL
03	COCHISE	23	SANTA CRUZ
05	COCONINO	25	YAVAPAI
07	GILA	27	YUMA
09	GRAHAM	29	LA PAZ
11	GREENLEE	31	OUT OF STATE
13	MARICOPA	33	OUT OF COUNTRY
15	MOHAVE	35	UNKNOWN
17	NAVAJO	99	STATEWIDE (FOR PRICING)
19	PIMA		

IV.   CATEGORY OF SERVICE (COS)

AHCCCS has developed a two-digit coding definition called a Category Of Service (COS). Contractors do not provide the COS, and it cannot be changed on the pended encounter correction file. All "Mandatory" COS are assigned automatically, and "Optional" COS are only assigned during the registration process if the "Optional" COS doesn't require additional license/certification. The COS is determined by AHCCCS.

The COS is determined based on an encounter's:

- Procedure code,
- Bill type,
- Revenue code, or
- Pharmacy National Drug Code (NDC).

For professional and dental encounters, the COS assignment is determined by the range or description of each HCPCS procedure code. For example, AHCCCS assigns COS 12 (pathology & laboratory) to HCPCS procedure code G0001 (Routine venipuncture of finger/heel/ear for collection of specimen/s). For institutional encounters, the COS assignment is based on the bill type and revenue codes used on the individual encounter. For pharmacy encounters, the COS is based on the NDC. A current list of the AHCCCS assigned COS is summarized in the following tables.

COS Code	COS Description
PM	Performance Measure
01	Medicine
02	Surgery
03	Respiratory Therapy
05	Occupational Therapy
06	Physical Therapy
07	Speech/Hearing Therapy
08	EPSDT
09	Pharmacy
10	Inpatient Hospital (Room & Board and ancillary)
11	Dental
12	Pathology & Laboratory
13	Radiology
14	Emergency Transportation
15	DME and Appliances
16	Out-Patient Facility Fees
17	ICF
18	SNF
19	ICF/MR
20	Hospice Inpatient Care
21	Hospice Home Care
22	Home Delivered Meals
23	Homemaker Service
24	Adult Day Health Service
25	Personal Emergency Response system

COS Code	COS Description
26	Respite Care Services
27	IHS Outpatient Services
28	Attendant Care
29	Home Health Aid Service
30	Home Health Nurse Service
31	Non-Emergency Transportation
32	Habilitation
33	E-Arch
34	Non-Medical Transportation
35	Adult Foster Care
36	Assisted Living
37	Chiropractic Services
38	Crisis Shelter
39	Personal Care Services
40	Medical Supplies
41	Outreach
42	DD Programs (DD Day Care Programs)
43	Specialized Services
44	Home & Community Based Services (Other)
45	Rehabilitation
46	Environmental
47	Mental Health Services
48	Licensed Midwife
49	Specialized Medical Equipment
98	Case Manager

Note that there are relational edits and audits for the appropriateness of the service code reported relative to the provider type. A mismatch between provider type and COS may cause an encounter to pend. The AHCCCS Provider Registration Unit assigns a provider's provider type based on information submitted by the prospective provider regarding the services to be offered and licensing/certification requirements. The absence of licenses or certifications may limit the COS assignments for a specific provider, regardless of the typical range of services available to that provider type. The provider will be given the option when completing the application to add the "Optional" COS associated with the provider type; whichever COS is chosen, the provider will be prompted to upload the associated license/certification to the COS.

V. AHCCCS COVERAGE CODES

The AHCCCS Coverage Code describes the coverage parameters determined by AHCCCS for each procedure code.

AHCCCS Coverage Codes		
01	Covered service/Code available	Service as described by code is covered and appropriate for reporting.
02	Not covered service/Code available	Service as described by code is not covered or used by AHCCCS but may be allowed on an exception/contract basis by MCO's (related encounters will deny for this reason but be captured for utilization purposes).
03	Covered service/Use other code	Service as described by code is covered; however, another code is more appropriate for reporting.
04	Not covered service/Code not available	Service as described by code is neither covered nor appropriate for reporting.
05	Outpatient hospital services	Service as described by code is covered and appropriate for outpatient hospital reporting.
06	Not covered service/Header record	ICD 10 structure header and detail standards define when it is okay to use the header level value with or without the detail. Refer to CMS ICD10 Guidelines.
08	Covered service/Code replaced	Service as described by code is covered; however, it has been replaced by another code
09	Medicare only	Service as described by code is not covered, but it is appropriate for reporting when Medicare is primary.
10	Non pay Category II Codes	Regardless of coverage determination, allows plans to report performance measurement codes.

VI. JULIAN CALENDAR

The attached matrices show the three-digit Julian date for each day of the year. Matrices are provided for both regular and leap years. In addition, the Julian date of receipt of a New Day Encounter File is incorporated into the Control Reference Number (CRN) assigned to each encounter record.

JULIAN CALENDAR

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1	001	032	060	091	121	152	182	213	244	274	305	335
2	002	033	061	092	122	153	183	214	245	275	306	336
3	003	034	062	093	123	154	184	215	246	276	307	337
4	004	035	063	094	124	155	185	216	247	277	308	338
5	005	036	064	095	125	156	186	217	248	278	309	339
6	006	037	065	096	126	157	187	218	249	279	310	340
7	007	038	066	097	127	158	188	219	250	280	311	341
8	008	039	067	098	128	159	189	220	251	281	312	342
9	009	040	068	099	129	160	190	221	252	282	313	343
10	010	041	069	100	130	161	191	222	253	283	314	344
11	011	042	070	101	131	162	192	223	254	284	315	345
12	012	043	071	102	132	163	193	224	255	285	316	346
13	013	044	072	103	133	164	194	225	256	286	317	347
14	014	045	073	104	134	165	195	226	257	287	318	348
15	015	046	074	105	135	166	196	227	258	288	319	349
16	016	047	075	106	136	167	197	228	259	289	320	350
17	017	048	076	107	137	168	198	229	260	290	321	351
18	018	049	077	108	138	169	199	230	261	291	322	352
19	019	050	078	109	139	170	200	231	262	292	323	353
20	020	051	079	110	140	171	201	232	263	293	324	354
21	021	052	080	111	141	172	202	233	264	294	325	355
22	022	053	081	112	142	173	203	234	265	295	326	356
23	023	054	082	113	143	174	204	235	266	296	327	357
24	024	055	083	114	144	175	205	236	267	297	328	358
25	025	056	084	115	145	176	206	237	268	298	329	359
26	026	057	085	116	146	177	207	238	269	299	330	360
27	027	058	086	117	147	178	208	239	270	300	331	361
28	028	059	087	118	148	179	209	240	271	301	332	362
29	029		088	119	149	180	210	241	272	302	333	363
30	030		089	120	150	181	211	242	273	303	334	364
31	031		090		151		212	243		304		365

JULIAN CALENDAR (LEAP YEAR)

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC
1	001	032	061	092	122	153	183	214	245	275	306	336
2	002	033	062	093	123	154	184	215	246	276	307	337
3	003	034	063	094	124	155	185	216	247	277	308	338
4	004	035	064	095	125	156	186	217	248	278	309	339
5	005	036	065	096	126	157	187	218	249	279	310	340
6	006	037	066	097	127	158	188	219	250	280	311	341
7	007	038	067	098	128	159	189	220	251	281	312	342
8	008	039	068	099	129	160	190	221	252	282	313	343
9	009	040	069	100	130	161	191	222	253	283	314	344
10	010	041	070	101	131	162	192	223	254	284	315	345
11	011	042	071	102	132	163	193	224	255	285	316	346
12	012	043	072	103	133	164	194	225	256	286	317	347
13	013	044	073	104	134	165	195	226	257	287	318	348
14	014	045	074	105	135	166	196	227	258	288	319	349
15	015	046	075	106	136	167	197	228	259	289	320	350
16	016	047	076	107	137	168	198	229	260	290	321	351
17	017	048	077	108	138	169	199	230	261	291	322	352
18	018	049	078	109	139	170	200	231	262	292	323	353
19	019	050	079	110	140	171	201	232	263	293	324	354
20	020	051	080	111	141	172	202	233	264	294	325	355
21	021	052	081	112	142	173	203	234	265	295	326	356
22	022	053	082	113	143	174	204	235	266	296	327	357
23	023	054	083	114	144	175	205	236	267	297	328	358
24	024	055	084	115	145	176	206	237	268	298	329	359
25	025	056	085	116	146	177	207	238	269	299	330	360
26	026	057	086	117	147	178	208	239	270	300	331	361
27	027	058	087	118	148	179	209	240	271	301	332	362
28	028	059	088	119	149	180	210	241	272	302	333	363
29	029	060	089	120	150	181	211	242	273	303	334	364
30	030		090	121	151	182	212	243	274	304	335	365
31	031		091		152		213	244		305		366

VII. **PMMIS INTERNAL ENCOUNTER/CLAIMS LOCATIONS**

Upon completion of the PMMIS encounter cycle, encounters are assigned or abended to a location. Each encounter has a location within PMMIS, which can change as the encounter moves through the edit and audit process or is manually adjudicated by a User. RF711 defines the Encounter/Claim Location.

The Encounter Department/ISD Date Management & Oversight Department utilizes the following internal locations for specific oversight of encounter edits. The encounters' location may or may not be recycled based on the location. All pending encounters have an adjudication status of **11- In Process.**

- 30 MMIS UNIT – INTERNAL LOCATION (Does not recycle)
- 55 OMC – DATA GATHERED FIELD ERRORS (Recycles)
- 59 RESERVED – INTERNAL LOCATION (Recycles)
- 99 CONTACT MMIS – INTERNAL LOCATION (Recycles)

Encounters located in internal locations will not be returned on the Encounter response files outlined in Chapter 4 of this manual.

VIII. **ENCOUNTER MANUAL REVISION HISTORY**

Date	Author	Chapter	Description
10/1/24	G. Aker	All	Remove EncounterTI email from document, obsolete due to new EDI Portal contact requirements.
10/1/24	G. Aker	All	Replace all references to TI Portal to EDI Portal.
10/1/24	T. Garcia	All	Removed DHCM and CMDP from Table of contents and definitions. Added DMCS, DMCO, ISD, DCS CHP, and TCU. Updated page numbers.
10/1/24	T. Garcia	All	Changed AHCCCS branding color.
10/1/24	T. Garcia	2	Revised on information from TI Portal to AHCCCS new vendor EDI Solutions Portal and how to gain access.
10/1/24	G. Aker	3	Revised updated section VIII to reflect new EDI Web Portal file validation process.
10/1/23	G. Aker	7	Added section VII PMMIS Internal Encounter/Claims Locations
10/1/22	G. Aker and updated by L. Peary	2	Removed footer and header on Exhibits 2A and 2B for Contractors to be able to print and submit the forms.
10/1/22	G. Aker and updated by L. Peary	3	1.) Added sub-bullets with scenarios (provider's failure to supply requested supporting documentation) under Section V – Contractor Administrative Denials/Zero Payment Encounter Submissions. 2.) Removed Encounter Submission and Revision Tracking Reports (ESTR) section.
10/1/22	G. Aker and updated by L. Peary	4	1.) Added Automation of Batch Pend and Denial Override Process under Section X. 2.) Added Pended Encounters Requiring AHCCCS Intervention under Section XI.
10/1/22	G. Aker and updated by L. Peary	5	1.) Added TIG link to Reference Files 01 and 02. 2.) Added N4 Record Update (RF724) to Reference File 01. 3.) Added M7 Evaluation and Management Process Codes

			(M7)(RF7B7) to Reference File 07. 4.) Added Reference File 09 to include C1 – EVV Provider Key Contact Data, S1 – School CTDS Information, and R1 – ROPA Exceptions.
10/1/22	G. Aker and updated by L. Peary	6	1.) Removed Inpatient Hospital DRG Encounter Editing section. 2.) Removed Implant Carve Out Encounters Consideration for Reinsurance section. 3.) Added Encounters Edit Status H140 and H141 as Section XIV.
10/1/22	G. Aker and updated by L. Peary	All Chapters	1.) Updated FTP to SFTP. 2.) Added TOC to chapters (for individual publishing).