



PMMIS TRAINING INTRODUCTION TO ENCOUNTER PROCESSING

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Contractor User Guide

I. INTRODUCTION

This User Guide is designed as a reference tool when utilizing the Arizona Health Care Cost Containment System (AHCCCS) information system called Prepaid Medical Management Information System (PMMIS). This guide provides information on the following:

- Registering with AHCCCS to be a PMMIS user,
- Password and login processes,
- Screen navigation tools,
- Commonly used screens, and
- How to perform basic tasks.

In addition, Contractors can utilize PMMIS to find AHCCCS information regarding member enrollment and eligibility, registered providers, medical, dental, and pharmacy claims coding requirements, encounter status, and the online encounter pend correction process.

II. CONTACT INFORMATION

For additional information, assistance, or training, please contact AHCCCS:

- Submit questions regarding the validator or Technical Interface Portal (TIP) to AHCCCSSTIencounters@azahcccs.gov.
- All other encounter questions, including those concerning PMMIS Mainframe access or utilization, submit to AHCCCSencounters@azahcccs.gov.

III. OBJECTIVES

By the end of this session, you will be able to:

- Understand the login process for PMMIS,
- Describe the three (3) methods to navigate through PMMIS Menus,
- Locate Provider-specific information,
- Investigate recipient data,
- Validate information/coding utilizing the reference screens, and
- Research an encounter to resolve pended errors.

Accessing PMMIS

I. INTRODUCTION

This section describes the PMMIS login process, the main screen, how to navigate and understand PMMIS.

II. GAINING ACCESS

User identification and a password are necessary to log in to PMMIS. Email a copy of the required **User Access Request Form** and **External User Affirmation Statement** to the AHCCCS Encounters mailbox at AHCCSEncounters@azahcccs.gov to obtain both. The forms are located on the AHCCCS website at <https://www.azahcccs.gov/PlansProviders/ISDresources.html>.



The screenshot shows the AHCCCS website interface. At the top, there is a navigation bar with links for HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. Below the navigation bar, the breadcrumb trail reads: Home / Plans & Providers / This Page.

The main content area is titled "Data Access" and contains several sections:

- AHCCCS Online** (with an external link icon)
- Health Plans** (dropdown menu)
- AHCCCS Provider Enrollment Portal (APEP)** (dropdown menu)
- Other Provider Programs and Initiatives** (dropdown menu)
- Data Access** (dropdown menu)
 - Forms
 - Downtime
 - Month End File
- EHR Incentive Program** (now called Promoting Interoperability Program) (dropdown menu)
- Guides - Manuals - Policies** (dropdown menu)
- Rates and Billing** (dropdown menu)
- Pharmacy** (dropdown menu)
- Medical Coding Resources** (dropdown menu)
- Demographics, Social Determinants and Outcomes** (dropdown menu)

The "Data Access" section is expanded, showing:

- AHCCCS Data Access Forms** (dropdown menu)
- Electronic Data Exchange Request Form**
 - The *Electronic Data Exchange Request Form* is intended for use by providers and vendors who need to request an electronic data exchange account for the AHCCCS Secure File Transfer Protocol (SFTP). If requesting a new account, this form must be accompanied by a signed External User Affirmation Statement.
 - NOTE:** If you are a provider going through a clearinghouse for your 835, 837, 270, 275 or 276 files, you do not need to complete this Electronic Data Exchange Request Form.
 - [Electronic Data Exchange Request Form](#)
- External User Affirmation Statement**
 - The *External User Affirmation Statement* is an agreement signed by external users who have access to the AHCCCS computer network and data. Users who sign this statement are agreeing to abide by all applicable laws, rules and AHCCCS directives.
 - [External User Affirmation Statement](#)
- User Access Request Form**
 - The *User Access Request Form* is used by ISD Data Security to gather the information and authorization necessary to grant external users access to data on the AHCCCS computer systems. If requesting a new account, this form must be accompanied by a signed External User Affirmation Statement.
 - [External User Access Request Form](#)
- AHCCCS Mainframe/LAN Scheduled Downtime** (dropdown menu)
- AHCCCS Month End File Availability** (dropdown menu)

III. PASSWORDS

After the first login to PMMIS, there will be a prompt to change the password. The new password must meet the following criteria:

- Must be 6 - 8 characters in length,
- Must begin with an alpha character, and
- Must contain at least one numeric character.

NOTE: Passwords are not case-sensitive. Using the names of family members or important dates is not recommended, as these can more easily be compromised. An example of a password that meets the security criteria is pmmis01.

IV. CHANGING THE PASSWORD

Passwords must be changed every 30 days.

- There will be a system prompt to change the password five (5) days before the required change date.
- Each new password must be unique from the previous 31 passwords.
- Three invalid login attempts in a row or not logging on for 30 days will inactivate the ID.
- AHCCCS ISD Customer Support Desk at (602) 417-4451 completes all business hours password resets. AHCCCS ISD Computer Operations at (602) 417-4804 and (602) 417-4705 completes after-hours password resets.

NOTE: No login for 90 days will revoke the ID, and a new User Request Form will be required to receive a new login.

Signing into PMMIS

I. STEPS FOR SIGNING INTO PMMIS

1. After connecting, the following screen will be displayed. Enter the application request by typing **cicsacp** in the **PLEASE ENTER APPLICATION REQUEST** field and press **Enter**.

NOTE: Entries on PMMIS are not case-sensitive.

```

A D O A   D A T A   C E N T E R
I N F O R M A T I O N   S E R V I C E S   D I V I S I O N           L U =
*****
* YOU ARE ACCESSING THE STATE OF ARIZONA LOCAL/WIDE AREA NETWORK AND SYSTEMS *
* CONTAINING STATE OF ARIZONA AND US GOVERNMENT INFORMATION. THIS SYSTEM IS *
* FOR AUTHORIZED USERS ONLY. ALL EQUIPMENT, SYSTEMS, SERVICES, AND SOFTWARE *
* CONNECTED TO THIS NETWORK ARE INTENDED ONLY FOR THE OFFICIAL BUSINESS USE *
* OF, AND ARE THE PROPERTY OF, THE STATE OF ARIZONA. THE STATE OF ARIZONA *
* RESERVES THE RIGHT TO AUDIT, INSPECT, AND DISCLOSE ALL TRANSACTIONS AND *
* DATA SENT OVER THIS MEDIUM IN A MANNER CONSISTENT WITH STATE AND FEDERAL *
* LAWS. USERS SHOULD HAVE NO EXPECTATION OF PRIVACY AS TO ANY COMMUNICATION *
* ON OR INFORMATION STORED WITHIN THE SYSTEM. BY USING THIS SYSTEM, YOU *
* EXPRESSLY CONSENT TO ALL SUCH AUDITING, INSPECTION AND DISCLOSURE. ONLY *
* SOFTWARE APPROVED, SCANNED FOR VIRUS, AND LICENSED FOR STATE OF ARIZONA *
* USE WILL BE PERMITTED ON THIS NETWORK. DATA ACCESSIBLE VIA STATE SYSTEMS *
* CANNOT BE USED FOR PERSONAL OR COMMERCIAL USE UNLESS SPECIFICALLY *
* AUTHORIZED IN WRITING BY THE STATE OF ARIZONA. ANY ILLEGAL OR UNAUTHORIZED *
* USE OF STATE OF ARIZONA EQUIPMENT, SYSTEMS, OR SOFTWARE BY ANY PERSON(S) *
* MAY BE SUBJECT TO CIVIL OR CRIMINAL PROSECUTION UNDER STATE AND FEDERAL *
* LAWS, AND MAY ALSO RESULT IN DISCIPLINARY ACTION WHERE APPROPRIATE. *
*****
PLEASE ENTER APPLICATION REQUEST:  cicsacp
** IP ADDR = 159.87.17.227   - IP PORT = 24121   - HELP DESK (602) 364-4444 **

```

2. Type the **User ID** and **Password** and Press **Enter**.

```

          Signon to CICS                                     APPLID CICSACP
DFHZC2312 *** WELCOME TO CICS ***

Type your userid and password, then press ENTER:

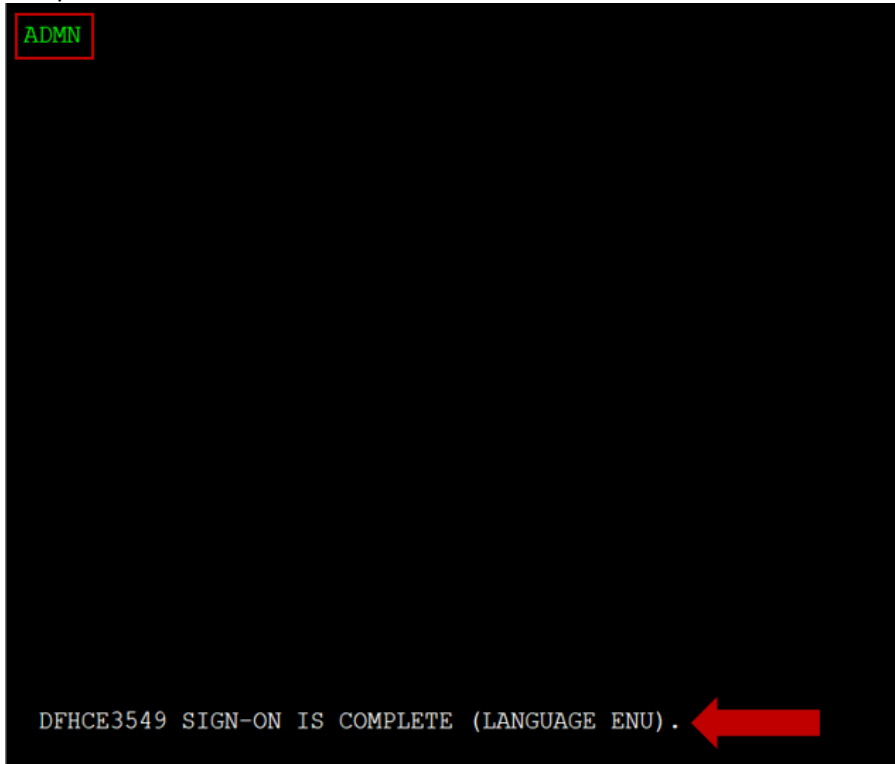
  Userid . . . . _____
  Password . . . . _____
  Language . . . . ____

New Password . . .

DFHCE3520 PLEASE TYPE YOUR USERID.
F3=Exit

```

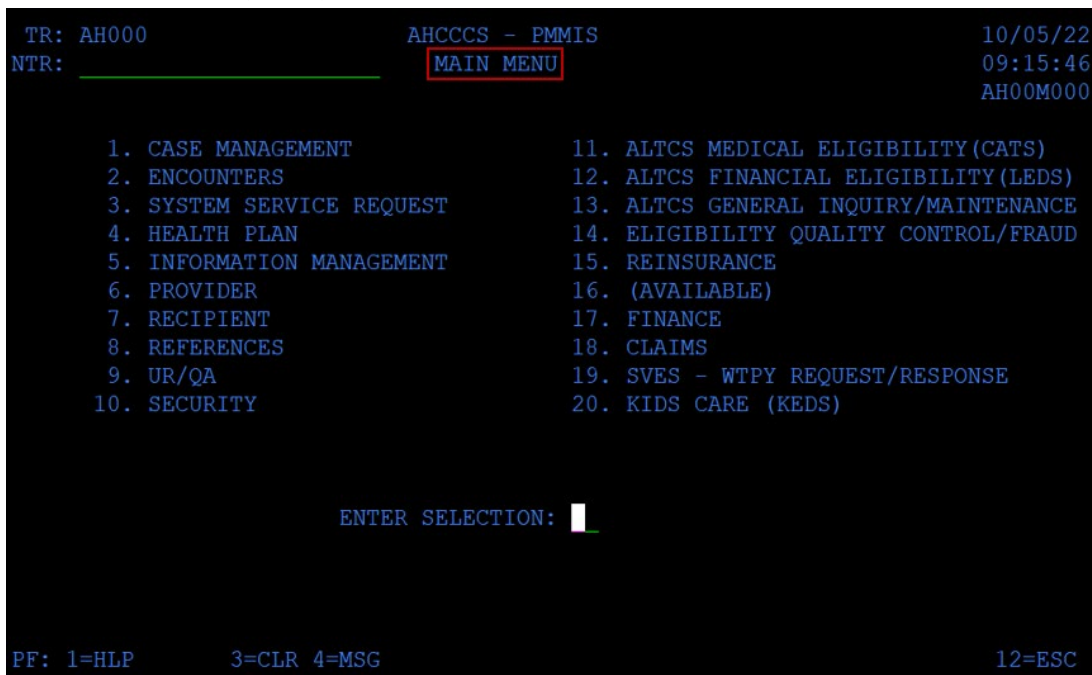

3. A blank screen will appear with the message **DFHCE3549 SIGN-ON IS COMPLETE (LANGUAGE ENU)** at the bottom of the screen. Type **ADMN** where the cursor appears (on the top left of the screen), and press **Enter**.



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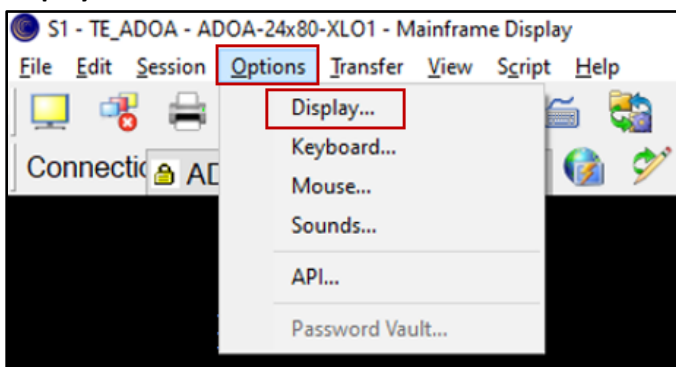
4. The **MAIN MENU** allows navigation throughout PMMIS. The **NTR** (next transaction) key code to the main subsystems is a two (2) digit alpha followed by three (3) zeros. The following NTR codes are specific to encounters.

- Encounters (EC000)
- Provider (PR000)
- Recipient (RP000)
- References (RF000)
- Case Management (CM000)
- ALTCS Medical Eligibility (CATS) (CA000)
- ALTCS Financial Eligibility (LEDS) (LE000)
- ALTCS General Inquiry/Maintenance (LT000)
- Reinsurance (RI000)

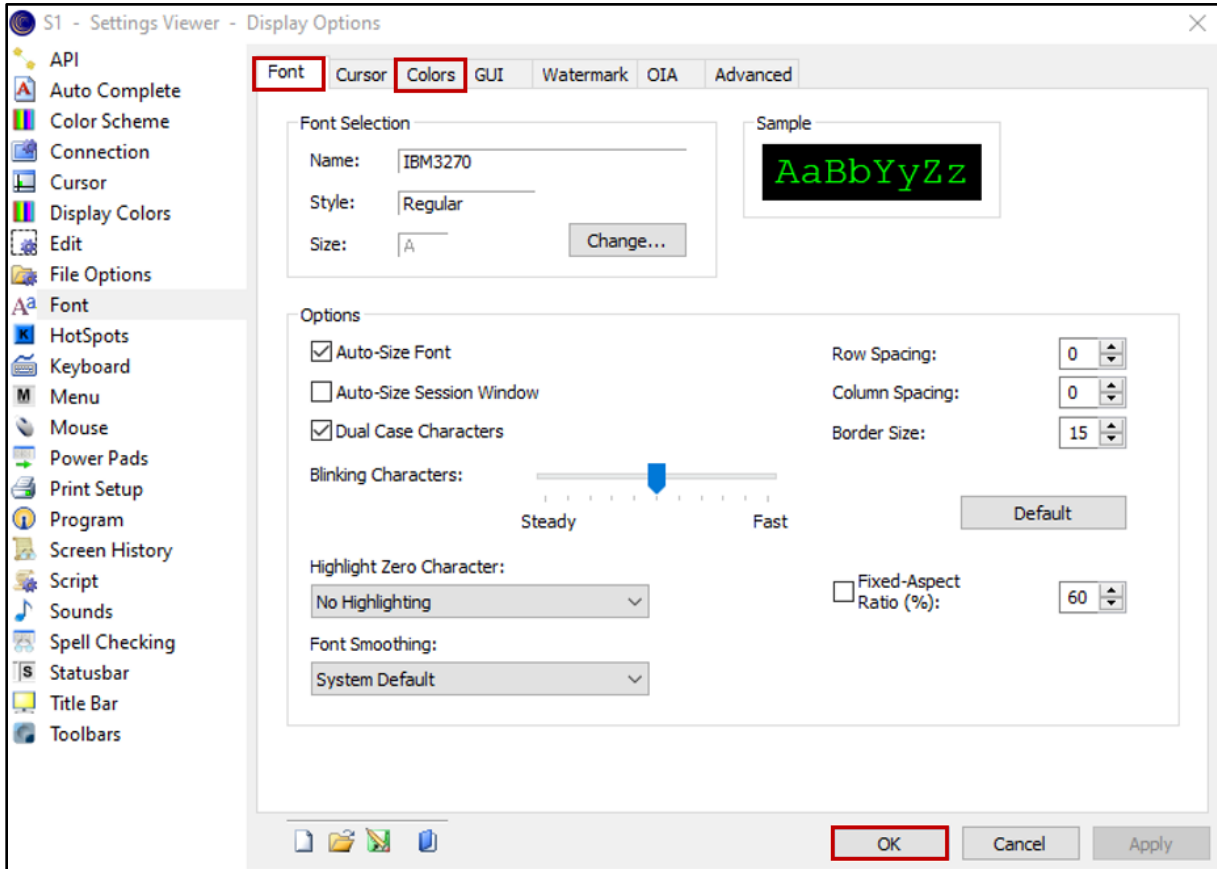


II. SCREEN DISPLAY OPTIONS:

To change the background and foreground (font color), click **Options** within the menu bar and select **Display**.

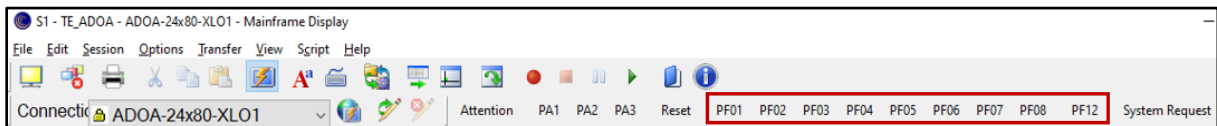


The **Display Options** screen will appear. Once the preferred **Font** and **Color** options are selected, click **OK** to apply and exit the **Display Options** screen.



III. MENUS AND TOOLBAR INSTRUCTIONS

The menus and toolbar instructions may differ with the various Windows releases/versions. PMMIS routinely uses function (F or PF) keys **01, 02, 03, 04, 05, 06, 07, 08, and 12**. Therefore, you must ensure that at least the PF function keys 1-12 are mapped within the top menu bar.



IV. NAVIGATING PMMIS

There are two ways to navigate through PMMIS. The first way is to enter the desired selection number from the menu in the **ENTER SELECTION** field.

TR: AH000	AHCCCS - PMMIS	10/11/22
NTR: _____	MAIN MENU	08:31:40
		AH00M000
1. CASE MANAGEMENT	11. ALTCS MEDICAL ELIGIBILITY (CATS)	
2. ENCOUNTERS	12. ALTCS FINANCIAL ELIGIBILITY (LEDS)	
3. SYSTEM SERVICE REQUEST	13. ALTCS GENERAL INQUIRY/MAINTENANCE	
4. HEALTH PLAN	14. ELIGIBILITY QUALITY CONTROL/FRAUD	
5. INFORMATION MANAGEMENT	15. REINSURANCE	
6. PROVIDER	16. (AVAILABLE)	
7. RECIPIENT	17. FINANCE	
8. REFERENCES	18. CLAIMS	
9. UR/QA	19. SVES - WTPY REQUEST/RESPONSE	
10. SECURITY	20. KIDS CARE (KEDS)	
ENTER SELECTION: <input style="width: 50px;" type="text"/>		
PF: 1=HLP	3=CLR 4=MSG	12=ESC

The second way to navigate through PMMIS is to utilize the **NTR** field at the top left of the screen. This allows users to enter a transaction number to travel directly to a specific screen rather than navigating through the menu structure; this is called transaction traveling.

TR: AH000	AHCCCS - PMMIS	10/11/22
NTR: <input style="width: 150px;" type="text"/>	MAIN MENU	08:31:40
		AH00M000
1. CASE MANAGEMENT	11. ALTCS MEDICAL ELIGIBILITY (CATS)	
2. ENCOUNTERS	12. ALTCS FINANCIAL ELIGIBILITY (LEDS)	
3. SYSTEM SERVICE REQUEST	13. ALTCS GENERAL INQUIRY/MAINTENANCE	
4. HEALTH PLAN	14. ELIGIBILITY QUALITY CONTROL/FRAUD	
5. INFORMATION MANAGEMENT	15. REINSURANCE	
6. PROVIDER	16. (AVAILABLE)	
7. RECIPIENT	17. FINANCE	
8. REFERENCES	18. CLAIMS	
9. UR/QA	19. SVES - WTPY REQUEST/RESPONSE	
10. SECURITY	20. KIDS CARE (KEDS)	
ENTER SELECTION: <input style="width: 50px;" type="text"/>		
PF: 1=HLP	3=CLR 4=MSG	12=ESC

NOTE: By pressing the **Home** key on the keyboard, the cursor will return to the **NTR** field from anywhere on the screen.

V. FUNCTION KEYS

Additional information may be available for each screen using the function (F or PF) keys. The function keys may vary by screen. The table below provides a list of the most used function keys.

Common PF Keys	Description
PF1 = HLP	Contextual help. Returns one of the following two types of information: <ul style="list-style-type: none"> • Specific values allowed for one screen field from the Reference tables. • General information about a screen. Current help screen information is not always present or accurate. This training manual should be used instead.
PF2 = RTN	Return to the previous screen. Returns to one of the following two places: <ul style="list-style-type: none"> • If the current screen displayed was called from another program or menu, the user is returned to the calling program or menu. • The Tracking Main Menu
PF3 = CLR	Clear Screen – Resets the entire screen to the initial information shown when the user first entered the screen.
PF4 = MSG	Views the descriptions for each of the error message codes displayed.
PF5 = PREV	Previous page in the list.
PF6 = NXT	Next page in the list.
PF7 = UP	Scrolls up through the list.
PF8 = DWN	Scrolls down through the list.
PF10 = TOP	Scrolls to the top of the list.
PF11 = DWN	Scrolls down to the bottom of the list.
PF12 = ESC	Escape – Returns to the PMMIS Main Menu.

Provider Main Menu

I. INTRODUCTION

This section documents some of the most frequently used Provider screens. All Provider subsystem screens begin with **PR**.

To access the **PROVIDER MAIN MENU** from the **PMMIS MAIN MENU**, type a **6** in the **ENTER SELECTION** field or **PR000** in the **NTR** field and press **ENTER**. Press **PF6** to see additional screens listed.

TR: PR000	AHCCCS - PROVIDER	10/11/22
NTR: _____	MAIN MENU	09:43:46
		PR01M000
1. REGISTER A NEW PROVIDER (PR999A)	18. EXCEPTIONS (PR055_)	
2. PROVIDER SEARCH (PR005I)	19. CORRESPONDENCE HISTORY (PR065_)	
3. ENROLLMENT INFORMATION (PR010_)	20. PROVIDER TO HLTH PLAN AFFIL (PR040I)	
4. PROVIDER ADDRESSES (PR015_)	21. PROVIDER PROFILE INQUIRY (PR090I)	
5. REIMBURSEMENT TYPES (PR072_)	22. OWNERSHIP-PERSONNEL SEARCH (PR002I)	
6. LICENSES/CERTIFICATIONS (PR020_)	23. KEY FIELD VERIFICATION (PR069I)	
7. DEA LEVELS (PR085_)	24. FFS PROVIDER LIST (PR086I)	
8. CATEGORIES OF SERVICE (PR035_)	25. TAX ID OWNERSHP (PR018I)	
9. DECERTIFICATIONS (PR025_)	26. SEARCH PROVIDER EXCEPTIONS (PR056_)	
10. SPECIALTIES (PR030_)	27. LINK REPLACED PROVIDERS (PR001I)	
11. BED COUNT DATA (PR080_)	28. ALTERNATE ID (PR082_)	
12. RATE SCHEDULES (PR050_)	29. CONTRACT MONITORING (PR038_)	
13. RATE THRESHOLDS (PR052_)	30. TAX ID BRAND (PR016_)	
14. ENROLLMENT STATUS (PR070_)	31. PROVIDER TO COS/AGENCY (PR607_)	
15. AUTHORIZED SIGNATURES (PR062_)	32. OWNERSHIP-PERSONNEL (PR012_)	
16. GROUP ASSOCIATIONS (PR045_)	33. PROVIDER COMMENTS (PR200_)	
17. MEDICARE DATA (PR060_)	34. XPROVIDER (PR076I)	
ENTER SELECTION: █ ACT: _ PROVIDER NUM: _____ OR ALT. ID/NPI: _____		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=NXT 12=ESC		

NOTE: If you do not have access to a particular subsystem screen, the following message will appear on the top left of the screen **ACCESS TO THE REQUESTED TRANSACTION IS DENIED**.

3008	ACCESS TO THE REQUESTED TRANSACTION IS DENIED		
TR: PR005 I	AHCCCS - PROVIDER	USER ID:	10/12/22
NTR: 105338/	PROVIDER SEARCH		12:17:45
			PR01L005

II. PROVIDER SEARCH

The **PROVIDER SEARCH (PR005I or SELECTION 2)** screen is used to find a Provider's AHCCCS identification number. This number is used for all other transactions in the Provider subsystem.

```

9050 PLACE 'S' BESIDE DESIRED PROVIDER AND PRESS ENTER
TR: PR005 I                AHCCCS - PROVIDER                USER ID: 8SE                10/11/22
NTR: _____          PROVIDER SEARCH                    11:24:00
                                                                PR01L005

  █
SEL PROVIDER NAME          PRV ID  STATUS      TAX ID  SSN      TYPE  ST
MEDICARE ID: _____  NPI: _____

-  @ HOME HEALTH CARE      616482  T 96                40  AZ
-  A + AMBULANCE, INC.     401802  T 31                06  WA
-  A & A ADULT CARE HOME SER 512344  T 31                36  AZ
-  A & A FAMILY CARE ELDERLY 520676  T 56                36  AZ
-  A & A FAMILY DENTISTRY    325269  A 01                01  AZ
                               1891878765
-  A & B MEDICAL SUPPLIES    250250  T 31                30  MO
                               1427126242
-  A & D ADULT AND YOUTH CEN 098106  T 52                05  AZ

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC
  
```

To perform a Provider search, enter the Provider's name (partial name acceptable), the National Provider Identification Number (NPI), or AHCCCS "legacy" ID (**PRV ID**).

```

9050 PLACE 'S' BESIDE DESIRED PROVIDER AND PRESS ENTER
TR: PR005 I                AHCCCS - PROVIDER                USER ID:                    10/14/22
NTR: █ _____          PROVIDER SEARCH                    18:27:38
                                                                PR01L005

  █
SEL PROVIDER NAME          PRV ID  STATUS      TAX ID  SSN      TYPE  ST
MEDICARE ID: _____  NPI: _____

-  @ HOME HEALTH CARE      616482  T 96                40  AZ
-  A + AMBULANCE, INC.     401802  T 31                06  WA
-  A & A ADULT CARE HOME SER 512344  T 31                36  AZ
-  A & A FAMILY CARE ELDERLY 520676  T 56                36  AZ
-  A & A FAMILY DENTISTRY    325269  A 01                01  AZ
                               1891878765
-  A & B MEDICAL SUPPLIES    250250  T 31                30  MO
                               1427126242
-  A & D ADULT AND YOUTH CEN 098106  T 52                05  AZ

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC
  
```

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In addition to searching by the Provider's full or partial name, you can filter the results by adding the provider type. If the provider type is unknown, move the cursor to the **TYPE** field and press **F1**.

```

9050 PLACE 'S' BESIDE DESIRED PROVIDER AND PRESS ENTER
TR: PR005 I          AHCCCS - PROVIDER          USER ID: 8SE          10/12/22
NTR: _____    PROVIDER SEARCH              11:58:21
                                                    PR01L005

SEL _____    PRV ID _____    STATUS _____    TAX ID _____    SSN _____    TYPE _____ ST
MEDICARE ID: _____    NPI: _____
  
```

The **PROVIDER TYPE CODE** screen populates with the Provider type selection. To select a Provider type, type an **S** in the **SEL** field and press **Enter.**, which navigates to the **PROVIDER ADDRESSES ALL** screen.

```

TR:          ACT:          AHCCCS - INFORMATION REFERENCING          10/12/22
                                PROVIDER TYPE CODE          12:04:22
                                AH01L100

START AT CODE: █ _____

SEL CODE      DESCRIPTION                                BEG-DATE      END-DATE
s      A1       LEVEL II BEHAV HTH RESID (17+BEDS) (IMD 10/03/2001 10/03/2001
-      A2       LEVEL III BEHAVIORAL HTH RESIDENTIAL 10/03/2001 09/30/2013
-      A3       COMMUNITY SERVICE AGENCY 10/03/2001 99/99/9999
-      A4       LIC INDEP SUBSTANCE ABUSE COUNS (LISAC) 07/01/2004 99/99/9999
-      A5       BEHAVIORAL HEALTH THERAPEUTIC HOME 10/03/2001 99/99/9999
-      A6       RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY 10/03/2001 99/99/9999
-      A7       RESPITE 10/01/1982 99/99/9999
-      A8       IHR-INDIVIDUAL HOME RESPITE 07/01/2014 99/99/9999
-      BC       BOARD CERTIFIED BEHAVIOR ANALYST 10/01/2016 99/99/9999
-      B1       RESID TRTMNT CTR-SECURE (17+BEDS) (IMD) 10/03/2001 99/99/9999
-      B2       RESID TRTMNT CTR-NON-SECURE (1-16 BEDS 10/03/2001 99/99/9999
-      B3       RESID TRTM CTR-NON-SECURE (17+BEDS) (IMD 10/03/2001 99/99/9999

PF:          2=RTN          7=UP 8=DWN          10=TOP 11=BOT
  
```


III. PROVIDER ADDRESSES

The **PROVIDER ADDRESSES ALL (PR015 or SELECTION 4)** screen indicates the three (3) different provider address types:

- C = Correspondence,
- P = Pay to, and
- S = Servicing.

Press **F8** and **F7** to scroll through the different addresses. This screen can also be used to view the NPI number used by the provider.

TR: PR015 ACT: I	AHCCCS - PROVIDER	10/12/22
NTR: █	PROVIDER ADDRESSES ALL	13:31:32
		PR01L015
PROVIDER NUMBER: 726747 KANE/SEAN M.		SSN:
NATIONAL PROVIDER ID: 1053389973		
PROVIDER TYPE: 19	REGISTERED NURSE PRACTITIONER	
CURRENT ENRLMT STATUS: 01	ACTIVE	
START AT ADDRESS TYPE (C,P,S): C	EFFECTIVE BEGIN DATE: 10/07/2002	
ADDRESS LOCATION CODE: 01	EFFECTIVE END DATE:	
	SYSTEM BEGIN DATE: 01/02/2018	
	SYSTEM END DATE:	
ATTENTION TO: MRS KAZ TYSIAC ADMIN		
STREET LINE 1: SUITE C		
STREET LINE 2: 13949 WEST MEEKER BLVD		
CITY/STATE/ZIP: SUN CITY WEST	AZ 85375 - 4436	
COUNTY: 13 MARICOPA	COUNTRY: 01 UNITED STATES	
BUSINESS PHONE: (623) 975 - 1660	EMERGENCY PHONE: (623) 975 - 1660	
FAX PHONE: () -	FAX BACK VERIFICATIONS?: (Y/N)	
E-MAIL/IND:		Y
WEB MOD USER:		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=ACT 6=HST 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC		

IV. ENROLLMENT INFORMATION

The **ENROLLMENT INFORMATION (PR010 or SELECTION 3)** screen is the resource for detailed provider enrollment information such as:

- Enrollments begin and end date,
- Provider type, and
- Current enrollment status.

TR: PR010 ACT: I	AHCCCS - PROVIDER	10/13/22
NTR: █	ENROLLMENT INFORMATION	07:52:28
		PR01L010
PROVIDER NUMBER: 726747	NAME: KANE/SEAN M.	SSN:
NATIONAL PROVIDER ID: 1053389973		
CURRENT ENRLMT STATUS:	01 ACTIVE	
RISK LEVEL:	LMT LIMITED	
ENROLLMENT BEGIN DATE:	10/07/2002	
ENROLLMENT END DATE:		
PROVIDER TYPE:	19 REGISTERED NURSE PRACTITIONER	
FEE-FOR-SERVICE TYPE: 02	NOTIFIED	
ORGANIZATION TYPE:		
TYPE OF UR SYSTEM:		
NPI IND: Y	GENDER: M	DOB: 08/11/1967
CAN BE A PCP: N	APPLICATION DATE: 09/23/2002	
IHS IND: N	AUDIT DATE:	
DEGREE:	VERIFICATION DATE: 11/07/2002	
ELECTRONIC REMITS?: N	ADJUDICATION DATE: 12/22/2019	
HOSPITAL CLASS LEVEL:		
SEARCH LIC NUMBER:		
3 HISTORY RECORDS	ACTIVE 12/22/2019 TO PRESENT	BY BAT UNKNOWN USER
340B PROVIDER: N	17+ BEDS?	VBP IND: Y
PF: 1=HLP 2=RTN 3=CLR 4=MSG	6=HST	12=ESC

V. PROVIDER ALTERNATE ID

The **PROVIDER ALTERNATE ID (PR082 or SELECTION 28)** screen provides other ID numbers associated with the Provider, including the NPI and end dated AHCCCS provider ID numbers.

3011 BOTTOM OF LIST							
TR: PR082 ACT: I		AHCCCS - PROVIDER				10/13/22	
NTR: _____		PROVIDER ALTERNATE ID				08:33:35	
						PR01L082	
PROVIDER NUMBER: 726747 KANE/SEAN M.							
PROVIDER TYPE: 19 REGISTERED NURSE PRACTITIONER							
CURRENT ENRLMT STATUS: 01 ACTIVE							
ALTERNATE ID	ID TYPE	ID DESCRIPTION	SRC	BEGIN DATE	END DATE	LAST MOD DATE	USR
Z142317	MB	MEDICARE B	OL	06/13/2010		01/02/2018	
1053389973	NP	NATIONAL PROVIDER	OL	10/07/2002		11/14/2011	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC							

NOTE: Contractors might use the PR010, PR015, and PR082 screens to address Encounter Pend Error Codes associated with Provider, including:

- H030 – Referring provider NPI is Invalid
- P295 – Service Provider Terminated
- Z165 – Service Provider ID Not on File

VI. ENROLLMENT STATUS

The **ENROLLMENT STATUS (PR070 or SELECTION 14)** screen contains track changes in a Provider's enrollment status.

NOTE: This screen is helpful for pends related to providers not enrolled on the date of service (DOS).

TR: PR070 ACT: I	AHCCCS - PROVIDER	10/14/22
NTR: █	ENROLLMENT STATUS	10:30:36
		PR01L070
PROVIDER NUMBER: 726747	KANE/SEAN M.	
NATIONAL PROVIDER ID: 1053389973		
PROVIDER TYPE: 19	REGISTERED NURSE PRACTITIONER	
CURRENT ENRLMT STATUS: 01	ACTIVE	

ENR STA TYP	ENR COD	DESCRIPTION	REPL PRVD ID	REC STA	BEGIN DATE	END DATE	SYSTEM BEG DATE	SYSTEM END DATE	USER ID
A	01	ACTIVE		A	10/07/02		09/27/16		

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

VII. BILLING ASSOCIATIONS BY PROVIDER

The **BILLING ASSOCIATIONS BY PROVIDER (PR045 or SELECTION 16)** screen displays all affiliations listed for a specific provider and the date ranges of those affiliations. Affiliations include groups, hospitals, clinics, etc., that are permitted to bill and be reimbursed for the service provider.

TR: PR045 ACT: I	AHCCCS - PROVIDER	10/14/22			
NTR: _____	BILLING ASSOCIATIONS BY PROVIDER	13:24:23			
		PR01L045			
PROVIDER NUMBER: 726747	KANE/SEAN M.				
NATIONAL PROVIDER ID: 1053389973					
PROVIDER TYPE: 19	REGISTERED NURSE PRACTITIONER				
CURRENT ENRLMT STATUS: 01	ACTIVE				
GROUP ID	PR TYP NPI	GROUP NAME	BEGIN DATE	END DATE	MOD USR
011045	01 1376952820	SCOTTSDALE HEALTHCARE PRI	07/01/2016		
011098	01 1821494204	SCOTTSDALE HEALTHCARE PRI	07/01/2016		
014538	01 1497163166	SCOTTSDALE HEALTHCARE PRI	07/01/2016		
050006	01 1447635164	PRIMARY CARE 92ND STREET	07/01/2016		
076542	01 1407228760	HONORHEALTH	07/01/2016		
127229	01 1649630583	JOHN C. LINCOLN, LLC	07/01/2016		
290272	01 1932191715	DEER VALLEY FMLY PRACTICE	07/01/2016		
318027	01 1851336432	SAGUARO FAMILY PRACTICE	07/01/2016		
319197	01 1730365958	ARIZONA EAR NOSE & THROAT	11/20/2017		
326831	01 1760441141	INTEGRATED MEDICAL SERVIC	10/31/2011	09/01/2019	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=RPT 7=UP 8=DWN 9=046 10=TOP 11=BOT 12=ESC					

VIII. CATEGORY OF SERVICE

All procedure codes billable to AHCCCS are classified into a specific Category of Service (COS). The **CATEGORY OF SERVICE (PR035 or SELECTION 8)** screen lists all the service categories available to the provider. Providers must have the corresponding Category of Service code(s) on their file to bill for the service.

TR: PR035 ACT: I	AHCCCS - PROVIDER	10/14/22
NTR: █	CATEGORIES OF SERVICE	13:56:13
		PR01L035
PROVIDER NUMBER: 726747 KANE/SEAN M. NPI: 1053389973 PROVIDER TYPE: 19 REGISTERED NURSE PRACTITIONER CURRENT ENRLMT STATUS: 01 ACTIVE		
	638	USR
CODE	DESCRIPTION	BRAND BEGIN DATE END DATE
01	MEDICINE	10/07/2002
02	SURGERY	10/07/2002
03	RESPIRATORY THERAPY	10/07/2002
05	OCCUPATIONAL THERAPY	10/07/2002
06	PHYSICAL THERAPY	10/07/2002
07	SPEECH/HEARING THERAPY	10/07/2002
08	EPSDT	10/07/2002
13	RADIOLOGY	10/07/2002
15	DME AND APPLIANCES	10/07/2002
30	HOME HEALTH NURSE SERVICE	10/07/2002
32	HABILITATION	10/07/2002
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC		

IX. MAINTAIN EXCEPTION GROUP

From time to time, restrictions (on a procedure-by-procedure basis) can be placed on a Provider. The **MAINTAIN EXCEPTION GROUP (PR055 or SELECTION 18)** screen lists the restrictions that a Provider may have been placed on. For example, **EXCEPTION TYPE: 01, PROVIDER PROHIBITED – FAIL EDIT COND** could be due to the provider’s education level or the Medical Board of Examiners placing restrictions on a provider due to complaints, etc. There are also instances when exceptions can be added for a particular provider rather than add to an entire provider type. Press the **F6** key to view all exceptions for this Provider. The following are the four (4) Provider Exception types (RF610):

- **01** Provider Prohibited – Fail Edit Condition is used when a Provider is on review or if specific codes cannot be billed.
- **02** OMD Review Required – Fail Edit Condition.
- **03** PA Required – Fail Edit Condition.
- **04** Allowed Service – Bypass Provider Edits is used when an individual provider can provide and bill for services that are typically not permitted for their Provider Type.

TR: PR055 ACT: I	AHCCCS - PROVIDER	10/14/22				
NTR: █	MAINTAIN EXCEPTION GROUP	14:52:18				
		PR01L255				
PROVIDER NUMBER: 726747	KANE/SEAN M.					
PROVIDER TYPE: 19	REGISTERED NURSE PRACTITIONER					
CURRENT ENRLMT STATUS: 01	ACTIVE					
GROUP ID: 0001						
EXCEPTION TYPE: 01 PROVIDER PROHIBITED-FAIL EDIT COND						
EFFECTIVE DATE: 10/07/2002	EXPIRATION DATE:					
GROUP SET DATE: 11/08/2002						
AGENCY: 999	MISCELLANEOUS OR OUT-OF-STATE AGENC					
REASON: RESTRICTED CODES						
SERV TYPE	SERVICE FROM	SERVICE TO	MOD	POS	LAST UPDATE	USER
H	56405	56405			11/08/2002	
H	56605	56606			11/08/2002	
H	57452	57452			11/08/2002	
H	57454	57454			11/08/2002	
H	57500	57500			11/08/2002	
H	57505	57505			11/08/2002	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRV 6=NXT 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC						

NOTE: Researching for restrictions can assist in resolving encounter pends such as Provider not eligible for COS on date of service P330.

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TR: PR055 ACT: I	AHCCCS - PROVIDER	10/14/22																																			
NTR: █	MAINTAIN EXCEPTION GROUP	17:50:42																																			
		PR01L255																																			
PROVIDER NUMBER: 726747 KANE/SEAN M.																																					
PROVIDER TYPE: 19 REGISTERED NURSE PRACTITIONER																																					
CURRENT ENRLMT STATUS: 01 ACTIVE																																					
GROUP ID: 0003																																					
EXCEPTION TYPE: 04 ALLOWED SERVICE - BYPASS PROVIDER																																					
EFFECTIVE DATE: 01/01/2012 EXPIRATION DATE:																																					
GROUP SET DATE: 07/01/2013																																					
AGENCY: 999 MISCELLANEOUS OR OUT-OF-STATE AGENC																																					
REASON: APPROVED CODES																																					
<table border="0"> <thead> <tr> <th>SERV TYPE</th> <th>SERVICE FROM</th> <th>SERVICE TO</th> <th>MOD</th> <th>POS</th> <th>LAST UPDATE</th> <th>USER</th> </tr> </thead> <tbody> <tr> <td>H</td> <td>31231</td> <td>31231</td> <td></td> <td></td> <td>07/01/2013</td> <td></td> </tr> <tr> <td>H</td> <td>31237</td> <td>31237</td> <td></td> <td></td> <td>10/23/2013</td> <td></td> </tr> <tr> <td>H</td> <td>31575</td> <td>31575</td> <td></td> <td></td> <td>07/01/2013</td> <td></td> </tr> <tr> <td>H</td> <td>42808</td> <td>42808</td> <td></td> <td></td> <td>07/01/2013</td> <td></td> </tr> </tbody> </table>			SERV TYPE	SERVICE FROM	SERVICE TO	MOD	POS	LAST UPDATE	USER	H	31231	31231			07/01/2013		H	31237	31237			10/23/2013		H	31575	31575			07/01/2013		H	42808	42808			07/01/2013	
SERV TYPE	SERVICE FROM	SERVICE TO	MOD	POS	LAST UPDATE	USER																															
H	31231	31231			07/01/2013																																
H	31237	31237			10/23/2013																																
H	31575	31575			07/01/2013																																
H	42808	42808			07/01/2013																																
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRV 6=NXT 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC																																					

NOTE: Contractors must provide AHCCCS with documentation for review by AHCCCS Medical Management justifying additional codes.

X. LICENSES/CERTIFICATIONS

The **LICENSES/CERTIFICATIONS (PR020 or SELECTION 6)** screen identifies any licenses and certifications held by the Provider, including the **ISSUE DATE** and **END DATE**. It also describes the license and the date AHCCCS verified it.

TR: PR020 ACT: I	AHCCCS - PROVIDER	10/14/22
NTR: _____	LICENSES/CERTIFICATIONS	18:15:53
		PR01L020
PROVIDER NUMBER: 726747	KANE/SEAN M.	
PROVIDER TYPE: 19	REGISTERED NURSE PRACTITIONER	
CURRENT ENRLMT STATUS: 01	ACTIVE	

AGY	DESCRIPTION	LIC/ CERT	LICENSE NUMBER	ISSUE DATE	END DATE	VERIFY DATE
003	AZ STATE BOARD OF N L	AP1494		04/15/2002		06/13/2018
	NEXT RENEWAL DATE: 04/10/2022 REASON:					USR:
003	AZ STATE BOARD OF N L	RN117591		02/08/2002		06/13/2018
	NEXT RENEWAL DATE: 04/10/2022 REASON:					USR:
017	DRUG ENFORCEMENT AG L	MK0821454		11/13/2010		01/22/2014
	NEXT RENEWAL DATE: 01/10/2017 REASON:					USR:

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

Recipient Main Menu

I. INTRODUCTION

Recipient is the term used in PMMIS for those individuals who have been enrolled or are currently Title XIX – Grants to States for Medical Assistance Programs and Title XXI – State Children’s Health Insurance Program eligible. Recipients may also be known as members.

To access the **RECIPIENT MAIN MENU** from the **MAIN MENU**, type **7** in the **ENTER SELECTION** field or **RP000** in the **NTR** field and press **Enter**. Press **PF6** to see additional screens listed.

TR: RP000 I	AHCCCS - RECIPIENT	10/16/22
NTR: _____	MAIN MENU	12:46:29
		RP01M000
1. ELIGIBILITY (RP145)	13. SPECIAL PROGRAMS (RP210)	
2. ENROLLMENT (RP160)	14. LINKED RECIPIENTS (RP260)	
3. COMBINED MENU (RP001)	15. NON-DUPLICATES (RP265)	
4. BATCH INTERFACE MENU (RP002)	16. EXCEPTION (RP320)	
5. CONTROLLED FUNC MENU (RP500)	17. ALTERNATE ID (RP185)	
6. NAME SEARCH (RP290)	18. NEWBORN/MOTHER (RP003)	
7. CASE (RP315)	19. NEWBORN (RP015)	
8. CORRESPONDENCE (RP205)	20. PAYMENT HISTORY (RP250)	
9. DEMOGRAPHICS (RP135)	21. RECIPIENT ADD (RP010)	
10. MEDICAL CONDITION (RP140)	22. CHANGE CORR CASE DETAIL (RP207)	
11. THIRD PARTY COVERAGE (RP155)	23. DES APPLICATION (RP690)	
12. MEDICARE COVERAGE (RP150)	24. FYI MENU (RP005)	
ENTER SELECTION: ___ ACT: ___ <MORE>		
AHCCCS ID _____ OR ALTERNATE ID: _____		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=NXT		12=ESC

The Recipient section includes all AHCCCS recipients, past and present. These screens provide additional details regarding the recipient. The most used recipient screens are:

- Name Search (RP290)
- Demographics (RP135)
- Combined Eligibility/Enrollment (RP285)
- Eligibility (RP145)
- Enrollment (RP160)
- CRS Enrollment (RP215)
- BHS Enrollment (RP216)
- Third-Party Coverage (RP155)
- Medicare Coverage (RP150)

NOTE: Data in the following sections will be presented to specific plans in training and represent their enrolled members.

II. NAME SEARCH

Recipient searches can only be conducted using the first name, last name, or date of birth (DOB). In the **INQUIRE NAME SEARCH (RP290 or SELECTION 6)** screen, the recipient's name is entered to obtain the AHCCCS ID number. The recipient's AHCCCS ID number is used throughout the recipient PMMIS screens to access information.

TR: RP290 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/16/22
NTR: █	INQUIRE NAME SEARCH		13:20:15
			RP02L090
NAME: _____	DOB: _____	SEX: _	COUNTY: _
SEL	NAME	AHCCCS ID	CASE ID BIRTHDATE SEX CTY
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=EOM 7=UP 8=DWN 9=CNF 10=TOP 11=BOT 12=ESC			

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Enter the recipient's last name in the **NAME** field, press **Tab**, and enter the recipient's first name (or first initial if the full name is unknown). To decrease the number of search results, enter a date of birth, gender, and/or county of residence.

TR: RP290 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/16/22
NTR: █	INQUIRE NAME SEARCH		13:20:15
			RP02L090
NAME: _____ DOB: _____ SEX: _ COUNTY: _			
SEL	NAME	AHCCCS ID	CASE ID BIRTHDATE SEX CTY
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=EOM 7=UP 8=DWN 9=CNF 10=TOP 11=BOT 12=ESC			

If unsure of the spelling of the last name, a partial last name may be entered with a wildcard (*). For example, if unsure if the name is Frankenstein or Frankentien, enter **Frankenst***, and the system will list all recipients whose last names begin with Frankenst and include either spelling. The wildcard (*) may not be used on the first name.

TR: RP290 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/16/22
NTR: _____	INQUIRE NAME SEARCH		14:50:35
			RP02L090
NAME: Frankenst* _____ DOB: _____ SEX: _ COUNTY: _			

If the search returns several recipients that meet the search criteria, type **S** in the **SEL** field and press **F9** to view the selected recipient's demographics. If **F9** is not available, press **Enter** and go to **RP135** (see DEMOGRAPHICS section). Then press **F2** to return to the **RP290** screen.

TR: RP290 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/16/22
NTR: █	INQUIRE NAME SEARCH		15:09:04
			RP02L090
NAME: FRANKENST* _____ DOB: _____ SEX: _ COUNTY: _			
SEL	NAME	AHCCCS ID	CASE ID BIRTHDATE SEX CTY
s	FRANKENSTEIN		
-	FRANKENSTEIN		
-	FRANKENSTEIN		

III. DEMOGRAPHICS

The **DEMOGRAPHIC INQUIRE (RP135 or SELECTION 9)** screen provides the following information:

- Recipient Address
- Household information
- Background

TR: RP135 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/16/22
NTR: _____	DEMOGRAPHIC INQUIRE		15:22:15
			RP01L035
FRANKENSTEIN	SEX	DOB	DOD
HOME ADDRESS	RES CTY:	HEAD OF HOUSE?:	
	FIS CTY:	ON RESERVATION?:	
	SSN:		
	CASE ID:	OTHER RECORDS?	
	RACE:	SPECIAL PGMS:	
MAILING ADDRESS	TRIBE ID:	MEDICARE:	
	MAR STA:	THIRD PTY CHG:	
	LANG:	ALTERNATE ID:	
	LANG SRC:		
	CITIZEN:	MEDICAL COND:	
	CITIZEN SRC:	CORRESPONDENCE:	
	CARE LVL:		
	FACILITY:	CO-PAY:	
HOME PH: () -	ATTN:		
EMG PH: () -	EMAIL SRC:	VA:	
E-MAIL:			
PF: 1=HLP 2=RTN 3=CLR 4=MSG			12=ESC
	16=ALT	18=COR	

IV. COMBINED ELIGIBILITY AND ENROLLMENT

The **INQUIRE ELIGIBILITY AND ENROLLMENT (RP285 or SELECTION 3)** screen displays AHCCCS eligibility and enrollment for the recipient. Function keys **F7** and **F8** scroll forward and back through the eligibility segments. Function keys **F10** and **F11** scroll forward and backward through the enrollment segments.

TR: RP285 ACT: I	AHCCCS - RECIPIENT USER-ID:			10/16/22	
NTR: _____	INQUIRE ELIGIBILITY AND ENROLLMENT			16:13:28	
RP02L085					
A00000000 FRANKENSTEIN	SEX	DOB	DOD		
	ELG	COMB BEG	COMB END		
	KEY	DATE	DATE		
	332	10/01/2001			
HEALTH PLAN/ CSA/CTRT TYP	ENROLLMENT BEGIN DATE	ENROLLMENT END DATE	RATE CODE	ENRL TYP	STA
010158 25 A	08/01/2001		1012	RE	A
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=RP286 7=UP 8=DWN 10=UP 11=DWN 12=ESC					

The eligibility information available on this screen includes the following:

- Eligibility Key Code (RF534)
- AHCCCS Eligible Begin Date
- AHCCCS Eligible End Date

TR: RP285 ACT: I	AHCCCS - RECIPIENT USER-ID:			10/16/22	
NTR: _____	INQUIRE ELIGIBILITY AND ENROLLMENT			16:13:28	
RP02L085					
A00000000 FRANKENSTEIN	SEX	DOB	DOD		
	ELG	COMB BEG	COMB END		
	KEY	DATE	DATE		
	332	10/01/2001			

The enrollment information includes:

- Health Plan Number (RF770)
- Contract Service Area (CSA), also known as Geographic Service Area (GSA) (RF019)
- Contract Type (RF410)
- Health Plan Enrollment Begin Date
- Health Plan Enrollment End Date
- Rate Code (RF412)
- Enrollment Type (RF513)

TR: RP285 ACT: I	AHCCCS - RECIPIENT USER-ID:			10/16/22	
NTR: _____	INQUIRE ELIGIBILITY AND ENROLLMENT			16:13:28	
				RP02L085	
A00000000 FRANKENSTEIN	SEX	DOB	DOD		
	ELG	COMB BEG	COMB END		
	KEY	DATE	DATE		
	332	10/01/2001			
HEALTH PLAN/ CSA/CTR TYP	ENROLLMENT BEGIN DATE	ENROLLMENT END DATE	RATE CODE	ENRL TYP	STA
010158 25 A	08/01/2001		1012	RE	A

V. ELIGIBILITY

The **INQUIRE ELIGIBILITY SUMMARY (RP145 or SELECTION 1)** screen displays all eligibility segments for a selected recipient. Type in the recipient's AHCCCS ID and press Enter. The **F6** key will remove the inactive segments and only display the active segments. To scroll through the segments, press **F8** to scroll down and **F7** to scroll up.

```

0235 AHCCCS ID IS A MANDATORY FIELD
TR: RP145 ACT: I                AHCCCS - RECIPIENT  USER-ID:      10/17/22
NTR: █                          INQUIRE ELIGIBILITY SUMMARY  10:12:37
                                   RP01L045

A00000000                                SEX  DOB          DOD

S      ELG                                ORIGINAL      ORIGINAL      DATE          USER
E      KEY  BEGIN      END            END           CHG  POSTING     LAST          LAST  ELG
L STA CD  DATE        DATE          DATE          RSN  DATE        MODIFIED     MOD   SRC

PF: 1=HLP 2=RTN 3=CLR 4=MSG           6=DSP 7=UP 8=DWN           10=TOP 11=BOT 12=ESC
                                       15=DEM 17=MEDI 18=TPL 19=ENR 20=SPG
  
```

Additional information includes:

- Status A = Active, T = Terminated
- Eligibility Key Code (RF538)
- AHCCCS Eligibility Begin Date
- AHCCCS Eligibility End Date
- Change Reason (RF525)

NOTE: Two active segments may cover the same dates and have two different eligibility key codes. When this occurs, the reference screen (RP285) will indicate which key code takes precedence.

```

TR: RP145 ACT: I                AHCCCS - RECIPIENT  USER-ID:      10/17/22
NTR: █                          INQUIRE ELIGIBILITY SUMMARY  10:26:04
                                   RP01L045

A00000000 FRANKENSTEIN            SEX  DOB          DOD

S      ELG                                ORIGINAL      ORIGINAL      DATE          USER
E      KEY  BEGIN      END            END           CHG  POSTING     LAST          LAST  ELG
L STA CD  DATE        DATE          DATE          RSN  DATE        MODIFIED     MOD   SRC

_   A 332 10/01/2001 10/31/2001 03/31/2002 OS 09/14/2001 09/25/2001      AZ
  
```


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Type **S** in the **SEL** field and press **Enter** to view detailed information about a selected eligibility segment. Then press **F2** to return to the **RP145** screen.

TR: RP145 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
NTR: █	RE ELIGIBILITY SUMMARY		10:38:29
			RP01L045
A00000000 FRANKENSTEIN	SEX	DOB	DOD
S ELG	ORIGINAL	ORIGINAL	DATE
E KEY BEGIN	END	CHG POSTING	LAST
L STA CD	DATE	DATE	DATE
	DATE	RSN	DATE
			MODIFIED
			USER
			ELG
			SRC
	A 332	10/01/2001	10/31/2001
	03/31/2002	OS	09/14/2001
	09/25/2001		
	AZ		
s	A 231	08/01/2001	09/30/2001
	TE	07/13/2001	09/14/2001
			AZ

The following information is included in the detailed information:

- Eligibility Key Code/Description (RF538)
- Eligibility Category (RF509)
- Eligibility Type (RF537)
- Eligibility Qualifier (RF510)
- Status A = Active, T = Terminated

TR: RP145 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
	INQUIRE ELIGIBILITY DETAIL		10:56:32
			RP02L045
A00000000 FRANKENSTEIN	SEX	DOB	DOD
ELG KEY CODE: 231 A AF MAO 1931	ELG TYPE: A ACC		
ELG CATEGORY: AF AFDC	ELG QUAL: MA MAO (MEDICAL ASSISTA		
BEN CATEGORY:	BEN QUAL: 31 1931 ELIGIBLE		
BEN CONTINUE:	SRC: AZ HEAPLUS 10/1/13-AZTE		
APPLICATION DATE:	ELG BEGIN DATE: 08/01/2001	STATUS: A	
ELG END DATE:	ORIGINAL END DATE:		
AGENCY END DATE:			
DISC MAIL DATE:	ELG WORKER ID:		
LAST CHANGED ON: 09/14/2001	ELG SITE:		
DES INELG DATE:	CHANGE REASON:	ELIG FOR TMA 1ST EXT	
ORIG POST DATE: 07/13/2001			
	INCOME LIMIT: 0		
	ANNUAL GROSS INC: 0		
	DATE AMT REACHED:		
PF: 1=HLP	2=RTN		12=ESC

VI. ENROLLMENT

The **RECIPIENT INQUIRE ENROLLMENT (RP160 or SELECTION 2)** screen displays what health plan the recipient is or was enrolled in. The following health plan information is displayed:

- Health Plan (RF770),
- Enrollment Type (RF513),
- Status (ST):
 - A=Active, T=Terminated,
- Health Plan Enrollment Begin Date,
- Health Plan Enrollment End Date,
- Change Reason (RF525),
- Original Posting Date,
- Rate Code (RF412), and
- Last Modified Date.

TR: RP160 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
NTR: █	INQUIRE ENROLLMENT		11:30:25
			RP01L060
A00000000 FRANKENSTEIN	SEX	DOB	DOD
EN S	BEGIN	END	CHANGE
HEALTH PLAN TP T	DATE	DATE	REASON
			ORIGINAL RATE RISK
			POSTING CODE CAT
			LAST
			LAST
			MODIFIED
			USR
PF: 1=HLP 2=RTN 3=CLR 4=MSG			
6=DSP 7=UP 8=DWN			
10=TOP 11=BOT 12=ESC			
15=DEM 16=ELG 17=MEDI 18=TPL 20=SPG			

VII. MEDICARE COVERAGE

The **INQUIRE MEDICARE COVERAGE (RP150 or SELECTION 12)** is used to research the recipient's Medicare medical enrollment status. Coverage through AHCCCS is secondary to Medicare coverage. If a recipient has Medicare, claims must be submitted to Medicare first. After Medicare has done its part, the encounter can be submitted to AHCCCS along with the Medicare payment information.

TR: RP150 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
NTR: [REDACTED]	INQUIRE MEDICARE COVERAGE		12:03:50
			RP01L050
A00000000 FRANKENSTEIN	SEX	DOB	DOD
MEDICARE	PAYER	BEGIN	END
PART CLAIM NO.	ID	DATE	DATE
			CHG TERM DATE
			LAST MOD
			DATE
			USR
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP 8=DWN	10=TOP 11=BOT 12=ESC
		15=DEM 17=ELG	18=TPL 19=ENR 20=SPG

The Medicare details to be aware of are the following:

- Medicare Part A – (Hospital Insurance):
 - If the recipient has Medicare Part A, Professional and Outpatient Hospital encounters/claims submitted to AHCCCS for dates of service covered must include Medicare payment information. Part A covers Inpatient - IP services (IP Hospital, SNF, Home Health, and Hospice) only.
- Medicare Part B – (Medical Insurance):
 - If the recipient has Medicare Part B, Outpatient-OP Hospital encounters/claims submitted to AHCCCS for dates of service covered must include Medicare payment information. Part B covers doctors, OP Hospital, preventive care, DME, lab, radiology, ambulance, etc.
- Medicare Part C – (Medicare Advantage Plan [MAP-D]):
 - MAP-D is available in many areas. People with Medicare Parts A and B can receive all their healthcare services through a Medicare-licensed provider organization. This includes the Medicare Drug benefit.
- Medicare Part D – (Prescription drug coverage only):
 - If the recipient has Medicare Part D, Pharmacy encounters/claims submitted to AHCCCS for dates of service covered must include Medicare payment information.

NOTE: Encounter Pend Error Code R600 – Medicare coverage indicated but not billed.

VIII. THIRD-PARTY COVERAGE

The **INQUIRE THIRD PARTY COVERAGE SUMMARY (RP155 or SELECTION 11)** screen indicates if the recipient has any other coverage from a third party (i.e., commercial insurance, including commercial Medicare Supplemental policies). If a carrier listed on this screen, encounters/claims submitted to AHCCCS for covered dates of service must include the third party's payment information.

TR: RP155 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
NTR: █	INQUIRE THIRD PARTY COVERAGE SUMMARY		13:01:55
			RP01L055
A00000000 FRANKENSTEIN	SEX	DOB	DOD
CARRIER			COV CHG
SEQ NUM	NAME	POLICY NUMBER	BEGIN DATE END DATE TYP RSN
PF: 1=HLP 2=RTN 3=CLR 4=MSG	7=UP 8=DWN	12=ESC	
		15=DEM 16=ELG 17=MEDI 19=ENR 20=SPG	

If the recipient has third-party insurance, the following information will display:

- Carrier Name
- Policy Number
- Coverage Begin Date
- Coverage End Date

TR: RP155 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/17/22
NTR: █	INQUIRE THIRD PARTY COVERAGE SUMMARY		13:01:55
			RP01L055
A00000000 FRANKENSTEIN	SEX	DOB	DOD
CARRIER			COV CHG
SEQ NUM	NAME	POLICY NUMBER	BEGIN DATE END DATE TYP RSN

NOTE: Encounter Pend Error Code A580 – The recipient has other coverage that must be billed first.

IX. INQUIRE FYI DATA

The **INQUIRE FYI DATA (RP215)** screen indicates if the recipient has Children's Rehabilitative Services (CRS) and Arizona Early Intervention Program (AZEIP) enrollment.

TR: RP215 ACT: I	AHCCCS - RECIPIENT	USER-ID:	10/27/22					
NTR: ████████████████████	INQUIRE FYI DATA		10:28:32					
(PRIMARY)			RP02L015					
A00000000 FRANKENSTEIN	SEX	DOB	DOD					
TYPE FILTER: _____								
CRS CLIENT ID: _____	TSC CLIENT ID:							
AZEIP CLIENT ID:								
TYPE		S CHG				LAST MOD		
ID	TYPE	BEGIN DATE	END DATE	T RSN	SITE CAT	DATE ADDED	DATE	USR
010115	CRS	09/28/2018	09/30/2018	A IE		09/27/2018	09/28/2018	BAT
010306	DDDS	10/12/2016	09/27/2018	A IE		10/17/2016	10/08/2018	BAT
010306	DDDS	09/26/2016	10/11/2016	A IE		09/23/2021	09/23/2021	CV*
010306	DDDS	09/23/2016	09/25/2016	A IE		09/23/2021	09/23/2021	CV*
999125	CRS	05/16/2016	09/27/2018	A		05/16/2016	09/27/2018	BAT
010306	DDDS	04/22/2016	09/22/2016	A IE		04/25/2016	09/26/2016	BAT
010254	DDDS	04/21/2016	04/21/2016	A IE		04/25/2016	04/25/2016	BAT
999555	AEIP	01/19/2016	01/18/2019	A		12/05/2016	07/21/2017	BAT
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=DSP 7=UP 8=DWN 10=TOP 11=BOT 12=ESC								

X. INQUIRE BHS/FYI DATA

The **INQUIRE BHS/FYI DATA (RP216)** screen indicates the recipient's BHS/FYI enrollment.

TR: RP216 ACT: I	AHCCCS - RECIPIENT		USER-ID:	10/27/22
NTR: ████████████████████	INQUIRE BHS/FYI DATA			11:10:59
				RP04L016
A00000000 FRANKENSTEIN	SEX	DOB	DOD	
TYPE	BEGIN	END	S CHG	SI ACTV
ID	DATE	DATE	T RSN	TE C IND CIS ID
010254	10/01/22		A	50 S N
010497	10/01/18	09/30/22	A DX	52 S N
010715	03/24/18	09/30/18	A AO	78 S N
010705	03/23/18	03/23/18	A DX	38 S N
010314	07/01/16	03/22/18	A DX	57 G N
079999	10/01/15	06/30/16	A DX	38 G N 0408200030
079999	08/20/15	09/30/15	A ID	15 G N 0408200030
079999	08/01/14		I DX	15 G N
079999	07/31/14	08/19/15	A DX	15 G Y 0408200030
079999	10/01/13	07/30/14	A DX	15 C N
079999	02/06/12	09/30/13	A	15 C N 0408200030
079999	09/24/10		I	15 Z 0408200030
079999	09/23/10	02/05/12	A	15 C 0408200030
079999			A	15 C 0408200030
PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=DSP 7=UP 8=DWN 10=TOP 11=BOT 12=ESC				

Reference Section

I. INTRODUCTION

The reference subsystem provides coding information (e.g., procedure and diagnosis pharmacy National Drug Code [NDC] and provider-specific). These code reference tables contain values, indicators, and descriptions used to validate accurate coding and verify coding relationships. There are three (3) kinds of tables:

- Point in Time – If a change is made, it affects all dates retroactively.
- Date of service – Information is maintained for date ranges.
- Interrelated – Different tables on different screens have a connection.

This section will review some of the most used reference screens and their applicable information. To access the **REFERENCE MENU** from the **MAIN MENU**, type **8** in the **ENTER SELECTION** field or **RF000** in the **NTR** field. The following are the most used reference menus:

- (1) Procedure,
- (2) Diagnosis,
- (6) Provider,
- (3) Pharmacy Item, and
- (7) Encounter / Claims.

NOTE: See the [Reference Subsystem Codes & Values](#) document on the AHCCCS website for a list of PMMIS subsystem codes and values.

TR: RF000	AHCCCS - REFERENCE	10/27/22
NTR: █	REFERENCE MAIN MENU	11:50:59
		RF00M000
	1. PROCEDURE MENU	
	2. DIAGNOSIS MENU	
	3. PHARMACY ITEM MENU	
	4. HEALTH PLAN MENU	
	5. RECIPIENT MENU	
	6. PROVIDER MENU	
	7. ENCOUNTER/CLAIMS MENU	
	8. CASE MANAGEMENT MENU	
	9. UR/QA AND INFORMATION MANAGEMENT MENU	
	10. MISCELLANEOUS MENU	
	11. REPORTS/MAILING LABELS MENU	
	12. SSR MAINTENANCE MENU	
	13. IRF HELP MAINTENANCE MENU	
	14. SVES-WTPY MENU	
	15. KIDSCARE-QC MENU	
	ENTER SELECTION: ___	
PF: 1=HLP 2=RTN 3=CLR 4=MSG		12=ESC

II. PROCEDURE MENU

The **PROCEDURE MENU (RF100)** screen provides 55 selections. Press the **F6** key to scroll through all the menu options. The following screens are the most used:

- (40) Procedure – Indicators and Values (RF113),
- (35) Procedure – AHCCCS Coverage (RF123),
- (53) Procedure – Prior Authorization (RF124),
- (39) Procedure – FFS Valid Modifiers (RF122),
- (26) Modifiers (RF114),
- (27) Modifiers Amount/Percent (RF119),
- (30) MUE Units of Service
- (52) Procedure – Place of Service (RF115),
- (33) Place of Service (RF107),
- (38) Procedure – FFS Maximum Allowable Charge (RF112),
- (43) Procedure – MCO Valid Modifiers (RF132)
- (45) Procedure – OPFS Indicators and Values (RF127),
- (49) Procedure – OPFS Valid Modifiers (RF121),
- (46) Procedure – OPFS Price (RF126),
- (17) ICD-10 Procedure Code (RF161),
- (15) ICD-10 Procedure AHCCCS Coverage (RF163), and
- (6) Correct Coding (RF128)

TR: RF100	AHCCCS - REFERENCE	10/27/22
NTR: _____	PROCEDURE MENU	12:07:18
		RF01M000
1. AHCCCS COVERAGE	(RF102) T2	CVGCD
2. BH SERVICE CATEGORY	(RF172) D3	RF172
3. BH SERVICE CLASSIFICATIONS	(RF171)	
4. BH SERVICE SUB CATEGORY	(RF173) D4	RF173
5. CODING METHOD	(RF111) D1	PRCMT
6. CORRECT CODING	(RF128)	
7. CORRECT CODING EDIT TYPE	(RF135) D3	RF135
8. CORRECT CODING SOURCE CODE	(RF134) D3	RF134
9. DENTAL ORAL CAVITY	(RF104) T2	QUAD
10. DENTAL PROCEDURE - INDICATORS AND VALUES	(RF130)	
11. DENTAL SURFACE	(RF105) T1	SRF
12. DENTAL TOOTH CODE	(RF106) T2	TTH
13. HCPCS CODE LONG DESCRIPTION INQUIRY	(RF118)	
14. HCPCS MODIFIER LONG DESCRIPTION INQUIRY	(RF120)	
15. ICD-10 PROCEDURE AHCCCS COVERAGE	(RF163) XX	
ENTER SELECTION: ____ ACT: _ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT	9=SRT	12=ESC

III. PROCEDURE AHCCCS COVERAGE

The **PROCEDURE AHCCCS COVERAGE (RF123 or SELECTION 35)** screen indicates how AHCCCS covers a particular HCPCS/CPT code in the **PROCEDURE CODE** field.

```

3011 BOTTOM OF LIST
TR: RF123 ACT: I                AHCCCS - REFERENCE                10/27/22
NTR: █                          PROCEDURE AHCCCS COVERAGE          13:03:13
                                   RF01L012

PROCEDURE CODE: E0962 BEG DAT: 03/01/1989 END DAT: 99/99/9999 STATUS: C
PROCEDURE DESCRIPTION: 1" CUSHION, FOR WHEELCHAIR

START AT CODE:  ___ BEG DAT:  _____ END DAT:  _____

COVERAGE   COVERAGE           REPLACEMENT   EFFECTIVE     EFFECTIVE
CODE       DESCRIPTION          PROC CODE     BEGINNING    ENDING
          DATE              DATE          DATE         DATE

01   COVERED SERVICE/CODE AVAILABLE           03/01/1989   09/30/2004
04   NOT COVERED SERVICE/CODE NOT A          10/01/2004   99/99/9999

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN                10=TOP 11=BOT 12=ESC
  
```

The **AHCCCS COVERAGE (RF102)** screen provides the coverage codes and descriptions. Codes **01** through **04** have the following two parts:

- Coverage as AHCCCS service
- Availability for encounter reporting.

Codes **05** through **10** indicate the special code purpose.

```

3011 BOTTOM OF LIST
TR: RF102 ACT: I                AHCCCS - REFERENCE   USER ID:                10/27/22
NTR: █                          AHCCCS COVERAGE     RF00L212                13:07:13

SORTED BY CODE

CODE  DESCRIPTION                               LAST MOD USR
01   COVERED SERVICE/CODE AVAILABLE           04/10/02
02   NOT COVERED SERVICE/CODE AVAILABLE       04/10/02
03   COVERED SERVICE/USE OTHER CODE          04/10/02
04   NOT COVERED SERVICE/CODE NOT AVAILABLE   05/30/02
05   OUTPATIENT HOSPITAL SERVICES            01/07/05
06   NOT COVERED SERVICE/HEADER RECORD       03/01/13
08   COVERED SERVICE/CODE REPLACED           04/10/02
09   MEDICARE ONLY                           01/07/05
10   NON PAY CATEGORY 2 CODES                 01/07/05
  
```


PMMIS ENCOUNTER TRAINING

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

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.

NOTE: Related encounter edits S345 (the procedure is not available on DOS), S350 (the procedure is not covered by AHCCCS on DOS), and S354 (the procedure is Medicare only).

IV. PROCEDURE PLACE OF SERVICE

The **PROCEDURE PLACE OF SERVICE (RF115 or SELECTION 52)** screen identifies the valid places of service for a specific CPT/HCPCS procedure code. Additional fields displayed on the screen are:

- Place of Service Description
- Effective Beginning Date
- Effective Ending Date

TR: RF115 ACT: I	AHCCCS - REFERENCE	10/27/22		
NTR: █	PROCEDURE PLACE OF SERVICE	13:58:13		
		RF01L007		
PROCEDURE CODE: E0962 BEG DAT: 03/01/1989 END DAT: 99/99/9999 STATUS: C				
PROCEDURE DESCRIPTION: 1" CUSHION, FOR WHEELCHAIR				
START AT CODE: __ BEG DAT: _____ END DAT: _____				
PLACE OF SERVICE CODE	PLACE OF SERVICE DESCRIPTION	ALLOW IND	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE
05	INDIAN HEALTH SERVICE FREE-STANDIN		03/01/1989	06/01/2022
07	TRIBAL 638 FREE-STANDING FACILITY		03/01/1989	06/01/2022
11	OFFICE		03/01/1989	06/01/2022
12	HOME		01/01/1994	99/99/9999
20	URGENT CARE FACILITY		03/01/1989	06/01/2022
31	SKILLED NURSING FACILITY		01/01/1994	99/99/9999
32	NURSING FACILITY		01/01/1994	99/99/9999
33	CUSTODIAL CARE FACILITY		01/01/1994	99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC				

NOTE: Encounter Pend Error Code S430 – Place of service is invalid for specified procedure.

V. PLACE OF SERVICE

The **PLACE OF SERVICE (RF107 or SELECTION 33)** screen describes the place of service (POS) codes currently valid at AHCCCS. To see if a specific place of service code is valid for a procedure code, access the **PROCEDURE PLACE OF SERVICE** screen (**RF115**). Press the **F8** key to scroll through the different places of service.

TR: RF107 ACT: I	AHCCCS - REFERENCE	USER ID:	10/27/22
NTR: _____	PLACE OF SERVICE		14:12:02
			RF00L212
SORTED BY CODE			
<u>CODE</u>	<u>DESCRIPTION</u>	<u>LAST MOD</u>	<u>USR</u>
A	INDEPENDENT LABORATORY	01/26/95	
B	AMBULATORY SURGICAL CENTER	01/26/95	
C	RESIDENTIAL TREATMENT CENTER	01/26/95	
D	COMPREHENSIVE TREATMENT FACILITY	04/09/04	
E	COMPREHENSIVE OUTPATIENT REHAB FACILITY	01/26/95	
F	INDEPENDENT KIDNEY DISEASE TREAT CENTER	01/26/95	
ZZ	DOC - DIALYSIS	10/18/04	
0	OTHER LOCATION	01/26/95	
01	PHARMACY	05/17/05	
02	TELEHEALTH PROVIDED OTHER THAN IN PATIEN	11/23/21	
03	SCHOOL	06/12/03	
04	HOMELESS SHELTER	06/12/03	
05	INDIAN HEALTH SERVICE FREE-STANDING FAC	06/12/03	
06	INDIAN HEALTH SERVICE PROVIDER-BASED FAC	06/12/03	
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP	8=DWN 9=RPT 10=TOP 11=BOT 12=ESC

VI. PROCEDURE CODE INDICATORS AND VALUES

The **PROCEDURE CODE INDICATORS AND VALUES (RF113 or SELECTION 40)** screen displays detailed information about specified procedure codes. The following important information is located on this screen:

- Procedure Daily Maximum
- Minimum Age/Maximum Age
- Frequency Limits
- Medicare Coverage

```

TR: RF113 ACT: I                                AHCCCS - REFERENCE 10/28/22
NTR: █                                           PROCEDURE CODE INDICATORS AND VALUES 11:46:41
                                                RF01L004
START AT PROC: _____ BEG DAT: _____ END DAT: _____ ADD: 09/04/2013

PROCEDURE CODE: E0962 BEG DAT: 03/01/1989 END DAT: 99/99/9999 STATUS: C REUS: N
PROCEDURE DESCRIPTION: 1" CUSHION, FOR WHEELCHAIR

    MANUAL PRICING: N                                RELATIVE VALUE: .00
    MEDICARE COVERAGE: Y                            MEDICARE COVERAGE MAXIMUM AMOUNT: .00
THIRD PARTY LIABILITY: N                            ANESTHESIA BASIC VALUE: .0
    SEX:                                             ANESTHESIA UNIT MAXIMUM: 0000
CONFIDENTIAL SERVICES: N                            PROCEDURE DAILY MAXIMUM: 000001
    FAMILY PLANNING: N                                FOLLOW UP DAYS: 000
    STERILIZATION: N                                PREVIOUS OPERATION DAYS: 000
    ABORTION: N                                     ORDERING/REFERRING PROVIDER: Y
    EPSDT: N                                         MINIMUM AGE: 005 Y
    LABORATORY:                                     MAXIMUM AGE: 999 Y
    LIMIT 1:                                         FREQUENCY 1:
    LIMIT 2:                                         FREQUENCY 2:

PF: 1=HLP 2=RTN 3=CLR 4=MSG                        7=UP 8=DWN 10=TOP 11=BOT 12=ESC
    
```

NOTE: The RF113 screen has RF127 (PROCEDURE OPFS INDICATORS AND VALUES) as a corresponding screen.

```

TR: RF127 ACT: I                                AHCCCS - REFERENCE 10/28/22
NTR: █                                           PROCEDURE OPFS INDICATORS AND VALUES 12:08:19
                                                RF01L027
START AT PROC: _____ BEG DAT: _____ END DAT: _____ ADD: 06/02/2005

PROCEDURE CODE: E0962 BEG DAT: 03/01/1989 END DAT: 99/99/9999 STATUS: C
PROCEDURE DESCRIPTION: 1" CUSHION, FOR WHEELCHAIR

    MEDICARE COVERAGE: Y
THIRD PARTY LIABILITY: N
    SEX:
CONFIDENTIAL SERVICES: N                            PROCEDURE DAILY MAXIMUM: 000001
    FAMILY PLANNING: N
    STERILIZATION: N
    ABORTION: N
    EPSDT: N                                         MINIMUM AGE: 005 Y
                                                MAXIMUM AGE: 999 Y
    LIMIT 1:                                         FREQUENCY 1:
    LIMIT 2:                                         FREQUENCY 2:
    
```

VII. LABORATORY INDICATOR

The **LABORATORY INDICATOR (RF156)** screen displays detailed information about a specified CLIA code for laboratory tests.

3011 BOTTOM OF LIST		AHCCCS - REFERENCE	USER ID:	10/31/22
TR:	RF156 ACT: I			09:08:01
NTR:	█	LABORATORY INDICATOR		RF00L211
SORTED BY CODE				
CODE	DESCRIPTION	LAST MOD USR		
C	CLIA CERTIFIED	09/22/92		
M	CLIA MICROSCOPY	12/29/94		
P	CLIA CERTIFIED IF CLAIM HAS PC MODIFIER	07/27/93		
T	CLIA CERTIFIED IF CLAIM HAS TC MODIFIER	07/27/93		
W	CLIA WAIVED	09/22/92		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC				

VIII. FFS PROCEDURE MAXIMUM ALLOWABLE CHARGE

The **FFS PROCEDURE MAXIMUM ALLOWABLE CHARGE (RF112 or SELECTION 38)** screen displays the AHCCCS allowable charge by entering a specific CPT/HCPCS code in the **PROCEDURE CODE** field.

TR: RF112 ACT: I	AHCCCS - REFERENCE	10/31/22			
NTR: █	FFS PROCEDURE MAXIMUM ALLOWABLE CHARGE	09:30:04 RF01L006			
PROCEDURE CODE: 71010 BEG DAT: 10/01/1982 END DAT: 99/99/9999 STATUS: C					
PROCEDURE DESCRIPTION: RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL					
START AT CODE: ___ REC DAT: _____ BEG DAT: _____ END DAT: _____					
CTY	PLC	RECEIPT	MAXIMUM	BEGINNING	ENDING
CODE	COUNTY	DESCRIPTION	SER	DATE	DATE
99	STATEWIDE	(FOR PRICIN		10/01/2017	99/99/9999
99	STATEWIDE	(FOR PRICIN		10/01/2016	09/30/2017
99	STATEWIDE	(FOR PRICIN		10/01/2015	09/30/2016
99	STATEWIDE	(FOR PRICIN		10/01/2014	09/30/2015
99	STATEWIDE	(FOR PRICIN		10/01/2013	09/30/2014
99	STATEWIDE	(FOR PRICIN		10/01/2012	09/30/2013
99	STATEWIDE	(FOR PRICIN		10/01/2011	09/30/2012
99	STATEWIDE	(FOR PRICIN		04/01/2011	09/30/2011
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC					

NOTE: The RF112 screen has **RF126 (PROCEDURE OPFS PRICE)** as a corresponding screen.

TR: RF126 ACT: I	AHCCCS - REFERENCE	10/31/22		
NTR: _____	PROCEDURE OPFS PRICE	09:33:08 RF01L026		
PROCEDURE CODE: 71010 BEG DAT: 10/01/1982 END DAT: 99/99/9999 STATUS: C				
PROCEDURE DESCRIPTION: RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL				
START AT CODE: ___ REC DAT: _____ BEG DAT: _____ END DAT: _____				
CTY	RECEIPT	OPFS	BEGINNING	ENDING
CODE	DATE	AMOUNT	DATE	DATE
99	STATEWIDE	(FOR PRICING)	10/01/2017	99/99/9999
99	STATEWIDE	(FOR PRICING)	10/01/2016	09/30/2017
99	STATEWIDE	(FOR PRICING)	10/01/2015	09/30/2016
99	STATEWIDE	(FOR PRICING)	10/01/2013	09/30/2015
99	STATEWIDE	(FOR PRICING)	10/01/2012	09/30/2013
99	STATEWIDE	(FOR PRICING)	10/01/2011	09/30/2012
99	STATEWIDE	(FOR PRICING)	04/01/2011	09/30/2011
99	STATEWIDE	(FOR PRICING)	10/01/2010	03/31/2011

IX. VALID PROCEDURE MODIFIERS

The **FFS VALID PROCEDURE MODIFIERS (RF122 or SELECTION 39)** screen identifies the valid modifiers for a specific CPT/HCPCS procedure. In addition, the following fields are also displayed:

- Modifier Description,
- Amount/Percentage,
- Claim Receipt Date, and
- Date Range.

TR: RF122 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: _____	FFS VALID PROCEDURE MODIFIERS	09:47:16 RF01L011
PROCEDURE CODE: 71010 BEG DAT: 10/01/1982 END DAT: 99/99/9999 STATUS: C PROCEDURE DESCRIPTION: RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL		
START AT CODE: __ REC DAT: _____ BEG DAT: _____ END DAT: _____		
VALID PROC MOD	PLC AP SER IND	AMOUNT/ PERCENT
MODIFIER DESCRIPTION		CLAIM RECEIPT DATE
		BEGINNING DATE OF SERVICE
		ENDING DATE OF SERVICE
AQ PHYSICIAN SERVICE HPS	P	1.0000 01/01/2006 01/01/2006 99/99/9999
CR CATASTROPHE/DISASTER	P	1.0000 08/21/2005 08/21/2005 99/99/9999
ET EMERGENCY TREATMENT	P	1.0000 07/01/2005 07/01/2005 99/99/9999
FX X-RAY TAKEN USING FIL	P	0.8000 12/01/1990 01/01/2017 99/99/9999
GA REQ LIABILITY NOTICE	P	1.0000 01/01/2006 01/01/2006 99/99/9999
GB DISTINCT PROCEDURAL S	P	1.0000 12/01/1990 01/01/1997 03/31/1997
GC TEACHING PHYSICIAN SE	P	1.0000 12/01/1990 01/01/1997 99/99/9999
GJ "OPT OUT" PHYS OR PRA	P	1.0000 07/01/2005 07/01/2005 99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC		

NOTE: The RF122 screen has **RF121 (VALID OPFS PROCEDURE MODIFIERS)** and **RF132 (MCO VALID PROCEDURE MODIFIERS)** as corresponding screens.

TR: RF121 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: █ _____	VALID OPFS PROCEDURE MODIFIERS	10: RF01L021

TR: RF132 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: █ _____	MCO VALID PROCEDURE MODIFIERS	10:05:44 RF01L032

NOTE: Encounter Pend Error Code S445 – Procedure modifier invalid for the procedure on date of service.

X. PROCEDURE MODIFIER

The **PROCEDURE MODIFIER (RF114 or SELECTION 26)** screen provides a list of all the valid modifiers, their description, and effective dates. Not all modifiers are not valid for every CPT/HCPCS code. To determine if a specific modifier is valid for an identified CPT/HCPCS code, access **THE FFS VALID PROCEDURE MODIFIERS (RF122)** screen. Press the **F8** key to scroll through the different modifiers.

TR: RF114 ACT: I	AHCCCS - REFERENCE	USER ID:	10/31/22		
NTR: _____	PROCEDURE MODIFIER		10:17:38		
			RF01L256		
SORTED BY CODE					
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD	USR
AA	ANESTHESIA PERF BY ANESGST	10/01/82	99/99/99	02/17/05	
AB	4 OR LESS CONCURRENT SERV BY CRNA/AA EMP	10/01/82	99/99/99	02/13/92	
AC	4 OR LESS CONCURRENT SVC BY CRNA NOT EMP	10/01/82	99/99/99	02/13/92	
AD	SUPERVISION > 4 CONCURRENT ANESTH SERV	10/01/82	99/99/99	02/13/92	
AE	REGISTERED DIETICIAN	01/01/05	99/99/99	03/01/05	
AF	SPECIALTY PHYSICIAN	01/01/05	99/99/99	08/24/11	
AG	PRIMARY PHYSICIAN	10/01/82	99/99/99	03/01/05	
AH	CLINICAL PSYCHOLOGIST	10/01/82	99/99/99	02/13/92	
AI	PRINCIPAL PHYSICIAN OF RECORD	01/01/10	99/99/99	12/09/09	
AJ	CLINICAL SOCIAL WORKER	10/01/82	99/99/99	02/13/92	
AK	NON PARTICIPATING PHYSICIAN	10/01/82	99/99/99	03/01/05	
AM	PHYSICIAN, TEAM MEMBER SVC	10/01/82	99/99/99	02/17/05	
AN	PA SVCS OTHER THAN ASSISTANT/AT SURGERY	10/01/82	08/01/99	07/22/99	
AO	PROV DECLINED ALT PMT METHOD	10/01/13	99/99/99	12/10/13	
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

XI. ICD-10 PROCEDURE AHCCCS COVERAGE

The (International Classification of Diseases, 10th Revision) **ICD-10 PROCEDURE AHCCCS COVERAGE (RF163 or SELECTION 15)** screen is used to verify if AHCCCS covers a particular ICD-10 Procedure Code.

TR: RF163 ACT: I	AHCCCS - REFERENCE	10/31/22	
NTR: _____	ICD-10 PROCEDURE AHCCCS COVERAGE	10:26:27	
		RF01L063	
ICD-10 PROCEDURE CODE: _____	BEG DAT: _____	END DAT: _____	STAT: _____
PROCEDURE DESCRIPTION:			
HEADER/DETAIL:			
START AT CODE: ___	BEG DAT: _____	END DAT: _____	
COVERAGE		EFFECTIVE	EFFECTIVE
CODE	AHCCCS COVERAGE DESCRIPTION	BEGINNING	ENDING
		DATE	DATE

XII. ICD-10 PROCEDURE CODE

The **ICD-10 PROCEDURE CODE (RF161 or SELECTION 17)** screen provides descriptions, indicators, and values for ICD-10 Procedure codes. ICD-10 procedure codes are used to bill inpatient services that are reimbursed using Diagnosis Related Groups (DRG).

TR: RF161 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: █	ICD-10 PROCEDURE CODE	10:35:14
		RF01L061
START AT CODE: _____	BEG DAT: _____	END DAT: _____
	DESCRIPTION	
HEADER/DETAIL: 0	HEADER	
ICD-10 PROC (GENERAL): BB0	IMAGING, RESPIRATORY SYSTEM, PLAIN RADIOGRAPH	
EFFECTIVE BEGIN DATE: 10/01/2015	EFFECTIVE ENDING DATE: 99/99/9999	STATUS: C
(TECHNICAL):	IMAGING, RESPIRATORY SYSTEM, PLAIN RADIOGRAPHY	
PROCEDURE CODING MTHD: 7	ICD-10 PROCEDURES	
CLASSIFICATION: B00	IMAGING	
ICD-10 PROC VALUES	ICD-10 PROC INDICATORS	
MINIMUM AGE: 000 Y YEAR	SEX:	FAMILY PLANNING: N
MAXIMUM AGE: 999 Y YEAR	ABORTION: N	THIRD PARTY LIABILITY: N
	STERILIZATION: N	CONFIDENTIAL SERVICES: N
PF: 1=HLP 2=RTN 3=CLR 4=MSG	7=UP 8=DWN	10=TOP 11=BOT 12=ESC

XIII. CORRECT CODING

The **CORRECT CODING (RF128 or SELECTION 6)** screen provides the following modifier indicators:

- 1 = allowed if modifiers are needed and submitted and
- 0 = not allowed.

The Correct Coding Initiative (CCI) edits are used to verify that multiple procedure codes on a single claim are permitted and if a modifier is required for them to be on the same claim.

TR: RF128 ACT: I	AHCCCS - REFERENCE		USER ID:	10/31/22
NTR: _____	CORRECT CODING			11:09:17
				RF01L228
START:				
<u>COL-1</u>	<u>COL-2</u>	<u>MOD</u>		
CODE	CODE	IND	SRC	TYP
			BEG DATE	END DATE
				LAST MOD
				USR
A0080	S0215	1	MCD	OPH
			04/01/2013	99/99/9999
				10/31/17
A0080	S0215	1	MCD	PRA
			04/01/2013	99/99/9999
				10/31/17
A0090	S0215	1	MCD	OPH
			04/01/2013	99/99/9999
				10/31/17
A0090	S0215	1	MCD	PRA
			04/01/2013	99/99/9999
				10/31/17
A4230	A4231	0	MCD	OPH
			10/01/2017	99/99/9999
				11/02/17
A4230	A4231	0	MCD	PRA
			10/01/2017	99/99/9999
				11/02/17
A4234	A4233	0	MCD	OPH
			01/01/2014	99/99/9999
				10/31/17
A4234	A4233	0	MCD	PRA
			01/01/2014	99/99/9999
				10/31/17
A4234	A4235	0	MCD	OPH
			01/01/2014	99/99/9999
				10/31/17
A4234	A4235	0	MCD	PRA
			01/01/2014	99/99/9999
				10/31/17
A4234	A4236	0	MCD	OPH
			01/01/2014	99/99/9999
				10/31/17
A4234	A4236	0	MCD	PRA
			01/01/2014	99/99/9999
				10/31/17
A4235	A4233	0	MCD	OPH
			01/01/2014	99/99/9999
				10/31/17
A4235	A4233	0	MCD	PRA
			01/01/2014	99/99/9999
				10/31/17
PF: 1=HLP 2=RTN 3=CLR 4=MSG				
7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC				

Diagnosis Menu

I. INTRODUCTION

The **DIAGNOSIS MENU (RF200)** screen provides information about AHCCCS's valid and allowable diagnosis codes. The most used screens are:

- ICD-10 Diagnosis AHCCCS Coverage (RF221)
- ICD-10 Diagnosis Code (RF223)

```

TR: RF200                                AHCCCS - REFERENCE                10/31/22
NTR: _____                          DIAGNOSIS MENU                    11:39:55
                                           RF02M000

1. DIAGNOSIS LENGTH OF STAY              (RF205)  XX
2. ICD-10 DIAGNOSIS ADD LOOP              (RF201)
3. ICD-10 DIAGNOSIS AHCCCS COVERAGE      (RF221)  XX
4. ICD-10 DIAGNOSIS CLASSIFICATION        (RF207)  D3   RF207
5. ICD-10 DIAGNOSIS CODE                  (RF223)  XX   AH05L132
6. ICD-10 DIAGNOSIS CODING METHOD          (RF224)  D1   RF224
7. ICD-10 DIAGNOSIS PRIOR AUTHORIZATION   (RF222)  XX
8. ICD-9 DIAGNOSIS AHCCCS COVERAGE       (RF211)  XX
9. ICD-9 DIAGNOSIS CLASSIFICATION         (RF202)  T2   DGCLS
10. ICD-9 DIAGNOSIS CODE                   (RF203)  XX   AH05L032
11. ICD-9 DIAGNOSIS CODING METHOD          (RF204)  D1   DGCMT
12. ICD-9 DIAGNOSIS PRIOR AUTHORIZATION   (RF212)  XX
13. SPECIAL POPULATION DIAGNOSIS          (RF260)
14. SURGERY/DIAGNOSIS                     (RF210)  T1   SRGDG

                ENTER SELECTION:  ___  ACT:  _  <END>

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT          9=SRT          12=ESC
  
```

II. ICD-9 DIAGNOSIS AHCCCS COVERAGE

The **ICD-9 DIAGNOSIS AHCCCS COVERAGE (RF211 or SELECTION 8)** screen indicates whether AHCCCS covers a diagnosis code entered in the **DIGANOSIS CODE** field with its effective dates.

```

3011 BOTTOM OF LIST
TR: RF211 ACT: I
NTR: █
                                AHCCCS - REFERENCE
                                ICD-9 DIAGNOSIS AHCCCS COVERAGE
                                10/31/22
                                11:49:49
                                RF02L005

DIAGNOSIS CODE: V70 . 0  BEG DAT 10/01/1982 END DAT: 99/99/9999 STATUS: C
DIAGNOSIS DESCRIPTION: ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALT

START AT CODE:  __  BEG DAT:  _____  END DAT:  _____

                                EFFECTIVE          EFFECTIVE
                                BEGINNING          ENDING
                                DATE                DATE

COVERAGE
CODE      AHCCCS COVERAGE DESCRIPTION          10/01/1982          99/99/9999

01      COVERED SERVICE/CODE AVAILABLE
    
```

PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

III. ICD-9 DIAGNOSIS CODE

The **ICD-9 DIAGNOSIS CODE (RF203 or SELECTION 10)** screen displays miscellaneous information about a specified diagnosis code. The most important information shown is the minimum and maximum age allowed.

NOTE: A space must be entered before the diagnosis code.

TR: RF203 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: █	ICD-9 DIAGNOSIS CODE	12:13:04
		RF02L001
START AT CODE: <input type="text" value="v70 . 0"/>	BEG DAT: _____	END DAT: _____
CODE	DESCRIPTION	
DIAGNOSIS (GENERAL): V70 . 0	ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALT	
EFFECT BEGIN DATE: 10/01/1982	EFFECT ENDING DATE: 99/99/9999	STATUS: C
(TECHNICAL):	ROUTINE GENERAL MEDICAL EXAMINATION AT A HEALT	
DIAGNOSIS CODING MTHD: 4	ICD-9-CM CLASSIFICATION	
CLASSIFICATION: 21	SUPP CLASS/DESC PT STATUS/OTH HLTH SVS	
PAS GROUP: 398		
DL TYPE: NA	NOT APPLICABLE	
RI TYPE: NA	NOT APPLICABLE	
RI COVERAGE: 4	NO COVERAGE RESTRICTIONS FOR RI	
DIAGNOSIS VALUES	DIAGNOSIS INDICATORS	
MINIMUM AGE: <input type="text" value="000"/> Y YEAR	SEX: _____	FAMILY PLANNING: N
MAXIMUM AGE: <input type="text" value="999"/> Y YEAR	ABORTION: N	THIRD PARTY LIABILITY: Y
	STERILIZATION: N	CONFIDENTIAL SERVICES: N
PF: 1=HLP 2=RTN 3=CLR 4=MSG	7=UP 8=DWN	10=TOP 11=BOT 12=ESC

Pharmacy Item Menu

I. INTRODUCTION

The **PHARMACY ITEM MENU (RF300) SCREEN** provides 32 selections. Press the **F6** key to scroll through the different options. The most used screens are:

- Pharmacy Item Indicators and Values (RF312),
- Pharmacy Item Coverage (RF319), and
- Alternate NDC (RF333).

TR: RF300	AHCCCS - REFERENCE	10/31/22
NTR: █	PHARMACY ITEM MENU	12:24:39
		RF03M000
1. ALTERNATIVE NDC	(RF333)	
2. DOSAGE FORM DESCRIPTION	(RF341)	
3. DRUG CANCELLATION REASON	(RF303)	D1 CNLRN
4. DRUG CATEGORY CODE	(RF306)	T1 DCC
5. DRUG ENFORCEMENT AGENCY	(RF304)	D1 DEAID
6. DRUG FORM	(RF305)	D1 DRGFM
7. DRUG STRENGTH COMPONENT	(RF345)	
8. GENERIC CODE NUMBER SEQ #	(RF346)	
9. HIERARCHICAL INGREDIENT CODES	(RF342)	
10. HIV INHIBITOR	(RF348)	XX AH05L020
11. HIV PHARMACY GROUPS	(RF349)	T1 RF349
12. LABELER (MANUFACTURER) ID DESC	(RF344)	
13. MANUAL REVIEW	(RF308)	D1 MANRV
14. MEDICAID COVERED THERAPEUTIC CLASSES	(RF347)	D6 RF347
15. MEDICARE PART B THERAPEUTIC CLASSES	(RF350)	D6 RF350
ENTER SELECTION: ___ ACT: _ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC		

II. PHARMACY ITEM COVERAGE

The **PHARMACY ITEM COVERAGE (RF319 or SELECTION 21)** screen indicates if the pharmacy code is covered by AHCCCS and its effective dates.

```

3011 BOTTOM OF LIST
TR: RF319 ACT: I
NTR: █
                                AHCCCS - REFERENCE
                                PHARMACY ITEM COVERAGE
                                10/31/22
                                12:58:58
                                RF03L007

PHAR ITEM CODE: 66860008403 BEG DAT: 10/01/1982 END DAT: 99/99/9999 STATUS: C
DESCRIPTION: KETOROLAC TROMETHAMINE 15 MG/M

START AT CODE:  __ BEG DAT:  _____ END DAT:  _____

NDC   NDC   PRV
CVG   COVERAGE   REPLACEMENT CNC   NDC   BEGIN   END
COD   DESCRIPTION   PHARM ITEM   RSN DESCRIPTION   IND   DATE   DATE

03 CVD/UNAVAIL DATES-UNAV BET           0 NOT CANCELLED   N 10/01/82 09/08/08
01 COVERED/AVAILABLE BET BEGI           0 NOT CANCELLED   N 09/09/08 09/28/19
07 NOT CVD/OBSOLETE-OBSOLETE           0 NOT CANCELLED   N 09/29/19 99/99/99

PF: 1=HLP 2=RTN 3=CLR 4=MSG           7=UP 8=DWN           10=TOP 11=BOT 12=ESC
  
```

III. NDC COVERAGE

The **NDC COVERAGE (RF302 or SELECTION 16)** screen defines the NDC Coverage Code (NDC CVG COD) found in **RF319**.

```

3011 BOTTOM OF LIST
TR: RF302 ACT: I                AHCCCS - REFERENCE      USER ID:      10/31/22
NTR: █                          NDC COVERAGE          13:07:42
                                      RF00L212

          SORTED BY CODE

CODE  DESCRIPTION                                LAST MOD USR
01  COVERED/AVAILABLE BET BEGIN & END DATES    05/28/02
02  NOT CVD/AVAILABLE                          05/28/02
03  CVD/UNAVAIL DATES-UNAV BET BEG/END DATES  05/28/02
04  NOT CVD/UNAVAILABLE                        05/28/02
06  NOT CVD/NDC CANCELED                       05/28/02
07  NOT CVD/OBSOLETE-OBSOLETE ON BEGIN DATE   05/28/02
08  REPLACED/NEW NDC-REPLACED ON BEGIN DATE   05/28/02
11  NOT COVERED/FDA DESI                       10/01/09
12  NOT COVERED/FDA DESI-2                    10/01/09
13  NOT COVERED/FDA HCFA DESI                 10/01/09
14  NOT CVD/HCFA TERMED-TERMED ON BEGIN DATE  10/01/09

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC
  
```

```

3011 BOTTOM OF LIST
TR: RF319 ACT: I                AHCCCS - REFERENCE      10/31/22
NTR: █                          PHARMACY ITEM COVERAGE 12:58:58
                                      RF03L007

PHAR ITEM CODE: 66860008403 BEG DAT: 10/01/1982 END DAT: 99/99/9999 STATUS: C
DESCRIPTION: KETOROLAC TROMETHAMINE 15 MG/M

START AT CODE:  __  BEG DAT:  _____  END DAT:  _____

NDC  NDC                                PRV
CVG  COVERAGE                          NDC  BEGIN      END
COD  DESCRIPTION                        PHARM ITEM RSN DESCRIPTION  IND  DATE        DATE

03  CVD/UNAVAIL DATES-UNAV BET          0  NOT CANCELLED  N 10/01/82 09/08/08
01  COVERED/AVAILABLE BET BEGI          0  NOT CANCELLED  N 09/09/08 09/28/19
07  NOT CVD/OBSOLETE-OBSOLETE          0  NOT CANCELLED  N 09/29/19 99/99/99
  
```


IV. PHARMACY ITEM INDICATORS AND VALUES

The **PHARMACY ITEM INDICATORS & VALUES INQ (RF312 or SELECTION 22)** screen displays indicators and values for specific drugs. Therefore, it is essential to verify that the correct NDC is entered. If an invalid NDC code is entered, PMMIS will display the next valid value and not notify that the code entered is invalid.

TR: RF312 ACT: I	AHCCCS - REFERENCE	10/31/22
NTR: █	PHARMACY ITEM INDICATORS & VALUES INQ	13:22:13
		RF03L004
START AT PHARMACY ITEM: _____	BEG DAT: _____	END DAT: _____
PHAR ITEM CODE: 66860008403	BEG DAT: 10/01/1982	END DAT: 99/99/9999 STATUS: C
DESCRIPTION: KETOROLAC TROMETHAMINE 15 MG/M		REUSED: N
PHARMACY ITEM INDICATORS		
SEX: CONFIDENTIAL: N	GENERIC CODE: 35238	
MEDICARE COVERAGE: N STERILIZATION: N	LABELER: CURA PHARM	
STANDARD PACKAGE: N ABORTION: N	DOSAGE FORM: SOLN	
DISPOSABLE/REUSABLE: D AHCCCS DRUG: N	DRUG ROUTE: INJECTION	
DRUG CLASS: R GENERIC AVAIL: Y	STRENGTH: 15 MG/ML	
FAMILY PLANNING: N GENERIC DRUG: Y		
340B DRUG: N		
DESI: N LAST STATUS CHANGE DATE: _____		
DESI-2: N LAST STATUS CHANGE DATE: _____		
HCFA DESI: N LAST STATUS CHANGE DATE: _____		
HCFA TERM DATE: _____	NDA: 0	GNI: G
OBSOLETE DATE: 09/29/2016	ANDA: 1	NDCG11: Y
1=HLP 2=RTN 3=CLR 4=MSG	7=UP 8=DWN	10=TOP 11=BOT 12=ESC

V. ALTERNATIVE NDC LIST

The **ALTERNATIVE NDC LIST (RF333 or SELECTION 1)** screen displays the alternate NDC list. Press the **F7** key to scroll through the NDC list.

It is possible that there is an NDC for a medication that is not currently in PMMIS. If this is the case, and the correct information (name, dosage, manufacture, dates, code, and cost) is verified from a legitimate source (e.g., Redbook or Medispan), the information can be submitted to AHCCCS. Once it is verified, the drug will be added to this screen, and the encounter will adjudicate.

TR: RF333 ACT: I	AHCCCS - REFERENCE	10/31/22			
NTR: █	ALTERNATIVE NDC LIST	13:27:22			
		RF03L033			
START AT ALT NDC: _____					
SEL	STA	ALT NDC	SOURCE	BLUEBOOK NDC	DESCRIPTION
-	A	00005423916	M MEDISPAN		MULTIPLE VITAMINS W/MINERALS
-	A	00005550907	M MEDISPAN		CALTRATE 600+D
-	A	00009738503	R REDBOOK		IBUPROFEN 400 MG
-	A	00009738603	R REDBOOK		IBUPROFEN 600 MG
-	A	00009738703	R REDBOOK		IBUPROFEN 800 MG
-	A	00049036712	R REDBOOK		LACTINEX LACTOBACILLUS
-	A	00065041631	R REDBOOK		TEARS NATURAL FEE
-	A	00065041918	R REDBOOK		BION TEARS 0.1%-0.3%
-	A	00067033079	M MEDISPAN		ALUMINUM & MAGNESIUM 225-200M
-	A	00067500014	R REDBOOK		NICOTINE PATCH
-	A	00067501014	P REPACKAGER		NICOTINE 14MG/24HR PATCH
-	A	00067611710	M MEDISPAN		ALLERGY RELIEF TABS
-	A	00067611730	M MEDISPAN		ALLERGY RELIEF TABS
-	A	00084004801	M MEDISPAN		EXTRA STRENGTH NON ASPIRIN
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC					

NOTE: Encounter Edit Error N004 – NCD Code not of file.

Provider Menu

I. INTRODUCTION

The **PROVIDER MENU (RF600)** screen displays 68 selections. Press the F6 key to scroll through all the options. The most used screens are:

- Category of Service (RF603),
- Provider Type to Category of Service to Licensing Agency (RF607),
- Provider Type to Rate Schedule (RF618), and
- Provider Type (RF612).

TR: RF600	AHCCCS - REFERENCE	10/31/22
NTR: █	PROVIDER MENU	13:47:45
		RF06M000
1. AGENCY IDENTIFICATION	(RF601) XX	AH05L014
2. ALTERNATE PROVIDER ID SOURCE	(RF631) T2	RF631
3. ALTERNATE PROVIDER ID TYPE	(RF630) T2	RF630
4. BC ELEVATION STATUS CODES	(RF672) T3	RF672
5. BED TYPE	(RF602) D4	BEDTP
6. BOMEX LICENSE STATUS	(RF624) T1	BOMEX
7. BOMEX SPECIALTY BOARD	(RF625) T2	BMXBD
8. BOMEX SPECIALTY CODE	(RF626) T3	BMXSP
9. BOMEX-TO-PROVIDER SPECIALTY CODE	(RF627) XX	
10. CATEGORY OF SERVICE	(RF603) D2	CATSR
11. CMS PROVIDER SANCTIONS	(RF640) XX	
12. CONTRACT MONITORING CODE	(RF633) T2	RF633
13. DAP SPECIAL PROCESS CODE/AMOUNT	(RF684)	
14. DCCA CLASS CODES	(RF641)	
15. DCCA CLASS STATUS CODES	(RF642)	
ENTER SELECTION: ____ ACT: _ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 9=SRT 12=ESC		

II. PROVIDER TYPE RATE SCHEDULE

The **PROVIDER TYPE RATE SCHEDULE (RF618 or SELECTION 63)** screen displays procedure codes the provider type is authorized to bill for.

TR: RF618 ACT: I	AHCCCS - REFERENCE	USER ID:	10/31/22		
NTR: █	PROVIDER TYPE RATE SCHEDULE		14:21:01		
			RF06L204		
PROVIDER TYPE: 08 PMT SCH TYP: ____	BEG DAT: 10/01/1982	END DAT: 99/99/9999			
PROVIDER TYPE DESC: MD-PHYSICIAN					
<u>SCHED</u> <u>STATE-IND</u>	<u>SERV-TYPE</u>	<u>FROM-SERVICE</u>	<u>TO-SERVICE</u>	<u>MOD POS</u>	
<u>PMT</u>	<u>AMOUNT</u>	<u>RECPT-DATE</u>	<u>BEGIN-DATE</u>	<u>END-DATE</u>	<u>LAST-UPDATE</u>
CFF	B ALL-STATES	H HCPCS PR	A0130	A0130	
P	1.0000	12/01/1990	10/01/1982	99/99/9999	09/04/2008
CFF	B ALL-STATES	H HCPCS PR	A2000	A9600	
P	1.0000	12/01/1990	10/01/1982	09/30/2008	11/13/2008
CFF	B ALL-STATES	H HCPCS PR	A2001	A2001	
P	1.0000	12/01/1990	01/01/2022	99/99/9999	12/16/2021
CFF	B ALL-STATES	H HCPCS PR	A2002	A2002	
P	1.0000	12/01/1990	01/01/2022	99/99/9999	12/16/2021
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP 8=DWN		10=TOP 11=BOT 12=ESC	

III. PROVIDER TYPE CODE

The **PROVIDER TYPE CODE (RF612 or SELECTION 58)** screen provides descriptions for the various provider type codes. Each provider is attached to a provider type. The provider type identifies the codes providers can submit. Press the **F8** key to scroll through the different provider-type codes.

TR: RF612 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22
NTR: _____	PROVIDER TYPE CODE		09:07:02
			RF00L222
SORTED BY CODE			
CODE	DESCRIPTION	BEG DATE	END DATE LAST MOD USR
A1	LEVEL II BEHAV HTH RESID (17+BEDS) (IMD)	10/03/01	10/03/01 01/14/02
A2	LEVEL III BEHAVIORAL HTH RESIDENTIAL	10/03/01	09/30/13 09/30/13
A3	COMMUNITY SERVICE AGENCY	10/03/01	99/99/99 08/16/01
A4	LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)	07/01/04	99/99/99 03/11/04
A5	BEHAVIORAL HEALTH THERAPEUTIC HOME	10/03/01	99/99/99 08/20/07
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY	10/03/01	99/99/99 08/16/01
A7	RESPITE	10/01/82	99/99/99 08/06/02
A8	IHR-INDIVIDUAL HOME RESPITE	07/01/14	99/99/99 07/07/15
BC	BOARD CERTIFIED BEHAVIOR ANALYST	10/01/16	99/99/99 05/12/16
B1	RESID TRTMNT CTR-SECURE (17+BEDS) (IMD)	10/03/01	99/99/99 08/16/01
B2	RESID TRTMNT CTR-NON-SECURE (1-16 BEDS)	10/03/01	99/99/99 08/16/01
B3	RESID TRTM CTR-NON-SECURE (17+BEDS) (IMD)	10/03/01	99/99/99 08/16/01
B5	SUBACUTE FACILITY (1-16 BEDS)	10/03/01	99/99/99 08/16/01
B6	SUBACUTE FACILITY (17+BEDS) (IMD)	10/03/01	99/99/99 08/16/01
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP	8=DWN 9=RPT 10=TOP 11=BOT 12=ESC

IV. CATEGORY OF SERVICE

The **CATEGORY OF SERVICE (RF603 or SELECTION 10)** screen provides a description of categories of service codes that apply to the providers. Press **F8** to scroll through the different service codes.

TR: RF603 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22
NTR: █	CATEGORY OF SERVICE CODE		09:21:19
			RF00L222
SORTED BY CODE			
CODE	DESCRIPTION	BEG DATE	END DATE LAST MOD USR
PM	PERFORMANCE MEASURE	10/01/82	99/99/99 10/17/14
01	MEDICINE	10/01/82	99/99/99 09/27/89
02	SURGERY	10/01/82	99/99/99 04/27/89
03	RESPIRATORY THERAPY	10/01/82	99/99/99 04/27/89
05	OCCUPATIONAL THERAPY	10/01/82	99/99/99 05/13/88
06	PHYSICAL THERAPY	10/01/82	99/99/99 05/13/88
07	SPEECH/HEARING THERAPY	10/01/82	99/99/99 05/13/88
08	EPSDT	10/01/82	99/99/99 05/13/88
09	PHARMACY	10/01/82	99/99/99 04/27/89
10	INPATIENT HOSPITAL (RM&BD AND ANCILLARY)	10/01/82	99/99/99 04/27/89
11	DENTAL	10/01/82	99/99/99 05/13/88
12	PATHOLOGY & LABORATORY	10/01/82	99/99/99 04/27/89
13	RADIOLOGY	10/01/82	99/99/99 05/13/88
14	EMERGENCY TRANSPORTATION	10/01/82	99/99/99 04/27/89
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP	8=DWN 9=RPT 10=TOP 11=BOT 12=ESC

V. PROVIDER CATEGORY OF SERVICE TO LICENSING AGENCY

The **PROVIDER CATEGORY OF SERVICE TO LIC AGY (RF607 or SELECTION 60)** screen identifies if a category of service is mandatory for the entered provider type and the type of license the provider is required to have. The category values are:

- M = Mandatory
- O = Optional

TR: RF607 ACT: I	AHCCCS - REFERENCE						11/02/22	
NTR: █	PROVIDER CATEGORY OF SERVICE TO LIC AGY						09:29:52	
							RF06L002	
PROVIDER TYPE: 08 BEG DAT: 10/01/1982 END DAT: 99/99/9999								
PROVIDER TYPE DESC: MD-PHYSICIAN								
START AT CAT SER: ___ AGENCY: ___ BEG DAT: _____ END DAT: _____								
CAT SER	CATEGORY OF SVC DESCRIPTION	CAT O/M	LIC AGY	ST/ FED IND	LIC/ CERT IND STATE	AGY O/M IND	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE
PM	PERFORMANCE MEASU	O					01/01/2005	99/99/9999
01	MEDICINE	M	002	S	L AZ	M	10/01/1982	99/99/9999
01	MEDICINE	M	020	S	L CA	M	10/01/1982	99/99/9999
01	MEDICINE	M	021	S	L CO	M	10/01/1982	99/99/9999
01	MEDICINE	M	022	S	L NM	M	10/01/1982	99/99/9999
01	MEDICINE	M	023	S	L NV	M	10/01/1982	99/99/9999
01	MEDICINE	M	024	S	L UT	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L AK	M	10/01/1982	99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG				7=UP 8=DWN		10=TOP 11=BOT 12=ESC		

Reference, Encounter/Claims

I. INTRODUCTION

THE ENCOUNTER/CLAIMS MENU (RF700) screen provides 155 selections. Press the **F6** key to scroll through the different options. The following are the most used screens:

- Admission Type (RF704),
- Adjudication Status (RF748),
- Bill Type (RF706),
- Encounter/Claim Location (RF711),
- MDC is Primary Error Bypass (RF799),
- Medical Categories of Service (RF769),
- Override Reason (RF747),
- Revenue Codes (RF721),
- Revenue Codes to Bill Types (RF774),
- Revenue Codes to Procedure Codes (RF773),
- Standard Service Set (RF724),
- UB82 Patient Status (RF717),
- Limit Override Modifiers (RF723), and
- Condition Codes (RF708).

TR: RF700	AHCCCS - REFERENCE	11/02/22
NTR: _____	ENCOUNTER/CLAIMS MENU	09:56:56
		RF07M000
1. ACTION ITEM TYPE	(RFC01) T2	ITYP
2. ACTIVITY TYPE	(RFC02) T1	ACTYP
3. ADJUDICATION LEVEL	(RF738) T2	ADJLV
4. ADJUDICATION STATUS	(RF748) T2	ADJST
5. ADJUSTMENT REASON	(RF702) D2	ADJRN
6. ADMISSION SOURCE	(RF703) D1	ADMSR
7. ADMISSION TYPE	(RF704) D1	ADMTP
8. ADULT DENTAL BENEFIT LIMIT	(RF793)	
9. ADULT DENTAL CODES	(RF741) D5	RF741
10. ANNUAL BED DAY	(RF765) XX	
11. APR DRG CODE MAP: DRG TO CLAIM	(RF7B5) D3	RF7B5
12. APR DRG HOSPITAL CATEGORY	(RF7B6) T2	RF7B6
13. APR DRG LONG DESCRIPTION	(RF7B3) T3	RF7B3
14. APR DRG MAJOR DIAGNOSTIC CATEGORY	(RF7B1) T2	RF7B1
15. APR DRG SHORT DESCRIPTION	(RF7B2) T3	RF7B2
ENTER SELECTION: ___ ACT: _ <MORE>		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT	9=SRT	12=ESC

II. ADJUDICATION STATUS

The ADJUDICATION STATUS (RF748 or SELECTION 4) screen displays the adjudication codes and their descriptions.

```

3011 BOTTOM OF LIST
TR: RF748 ACT: I          AHCCCS - REFERENCE      USER ID:      11/02/22
NTR: █                    ADJUDICATION STATUS  10:44:27
                                                                RF00L212

                SORTED BY CODE

CODE  DESCRIPTION                                LAST MOD  USR
-----
11    IN PROCESS                                02/23/90
31    ADJUDICATED/APPROVED                      04/07/89
32    ADJUDICATED/VOIDED ORIGINAL              11/30/06
33    ADJUDICATED/REPLACED ORIGINAL            11/30/06
41    ADJUDICATED/DENIED BY AHCCCS             10/25/06
42    ADJUDICATED/WITHDRAWN BY PLAN            10/25/06
43    ADJUDICATED/DENIED BY PLAN              10/25/06

PF: 1=HLP 2=RTN 3=CLR 4=MSG                    7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC
  
```

III. REVENUE CODES

The **REVENUE CODES (RF721 or SELECTION 116)** screen displays all revenue codes, whether the code is an accommodation or ancillary, covered (Y or N), and the minimum and maximum age allowed.

TR: RF721 ACT: I		AHCCCS - REFERENCE		11/02/22							
NTR: _____		REVENUE CODES		11:24:45							
				RF07L002							
START CDE: _____		REC DAT: _____		BEG DATE: _____							
				END DATE: _____							
CODE	DESCRIPTION	RECEIPT DATE	P A	M P	A C	N V	MIN AGE	MAX AGE	S E X	BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE
0000	SNF2 MEDICARE COVER	12/01/1990	4	N	N	N	000	Y 999	Y	10/01/1982	10/01/2003
0001	TOTAL CHARGE	02/15/1990	4	N	Y	Y	000	Y 999	Y	10/01/1982	99/99/9999
0002	CONV. R&B INPATIENT	11/30/1990	4	N	N	Y	000	Y 999	Y	10/01/1982	09/01/1996
0003	CONV. OUTPATIENT	11/30/1990	4	N	Y	Y	000	Y 999	Y	10/01/1982	09/01/1996
0022	SNF PPS (HIPPS)	12/01/1990	4	N	N	Y	000	Y 999	Y	10/01/1999	99/99/9999
0022	SNF PPS (HIPPS)	02/21/2015	4	N	Y	Y	000	Y 999	Y	10/01/2012	99/99/9999
0023	HH PPS (HRG) (HIPPS)	12/01/1990	4	N	N	Y	000	Y 999	Y	10/01/2003	99/99/9999
0023	HH PPS (HRG) (HIPPS)	02/21/2015	4	N	Y	Y	000	Y 999	Y	10/01/2012	99/99/9999
0024	REHAB PPS (CMG) (HI	12/01/1990	4	N	N	Y	000	Y 999	Y	10/01/2003	99/99/9999
0070	ICF-MR	12/01/1990	1	N	N	Y	000	Y 999	Y	10/01/1995	09/30/2003
0071	ICF-MR	12/01/1990	4	N	N	Y	000	Y 999	Y	10/01/1982	09/01/1996
PF: 1=HLP 2=RTN 3=CLR 4=MSG			7=UP 8=DWN			10=TOP 11=BOT 12=ESC					

IV. MEDICAL CATEGORIES OF SERVICE

The Medical **CATEGORIES OF SERVICE (RF769 or SELECTION 85)** screen displays the Category of Services assigned to the various codes based on the following three (3) code types:

- R – Revenue Code
- B – Bill Type
- H – CPT/HCPCS Code

NOTE: Type the appropriate code in the **START AT SVC TYP** field and press **Enter**.

TR: RF769 ACT: I		AHCCCS - REFERENCE		11/02/22	
NTR: █		MEDICAL CATEGORIES OF SERVICE		11:39:53	
				RF07L007	
START AT SVC TYP: █					
FROM:	TO:	BEG DAT:	END DAT:		
SVC TYP	FROM SERVICE	TO SERVICE	CATEGORIES OF SERVICE	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE
B	110	110	10	01/01/2018	99/99/9999
B	111	128	10	10/01/1996	99/99/9999
B	130	148	16	10/01/1982	99/99/9999
B	150	150	16	04/01/2000	99/99/9999
B	150	179	16	10/01/1988	03/31/2000
B	151	158	10	04/01/2000	99/99/9999
B	159	160	16	04/01/2000	99/99/9999
B	161	168	10	04/01/2000	99/99/9999
B	169	170	16	04/01/2000	99/99/9999
B	171	178	10	04/01/2000	99/99/9999
B	179	179	16	04/01/2000	99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG			7=UP 8=DWN	10=TOP 11=BOT 12=ESC	

V. REVENUE CODES TO BILL TYPES

The **REVENUE CODES-TO-BILL TYPES (RF774 or SELECTION 117)** screen identifies the valid bill type for each revenue code and whether a procedure code is required for a particular revenue code.

The PROC field indicates if a procedure code is needed when the revenue code is used with the bill type. The following are the three (3) procedure codes indicators:

- R – Procedure code is required,
- O – Procedure code is optional, and
- N – Procedure code is not required.

```

8366 MOVE CURSOR TO "START BILL TYPE" TO SCROLL BY BILL TYPE RANGE
TR: RF774 ACT: I                AHCCCS - REFERENCE                11/02/22
NTR: █                          REVENUE CODES-TO-BILL TYPES          12:28:14
                                                                    RF07L011

START AT REV CODE:  _____ BILL TYPE:  _____ DATE:  _____

REV  REV  BILL  BILL      4TH      MED  MAN  BEGINNING  ENDING
CODE CODE TYPE TYPE  ERROR  DGT  CVG  UNITS  PA  RVW  PRC  PROC  DATE OF  DATE OF
FROM TO  FROM TO  CODE  Y/N  Y/N  Y/N  CD  Y/N  Y/N  R/O/N  SERVICE  SERVICE

0002 0002 110 129      N  Y  Y  4  N  N  O  10/01/1993 09/01/1996
0002 0002 130 149  V032  N  Y  Y  4  N  N  O  10/01/1993 09/01/1996
0002 0002 150 179  V032  N  Y  Y  4  N  N  O  10/01/1993 09/01/1996
0003 0003 110 129  V032  N  Y  N  4  N  N  O  10/01/1993 09/01/1996
0003 0003 130 149      N  Y  N  4  N  N  O  10/01/1993 09/01/1996
0003 0003 150 179  V032  N  Y  N  4  N  N  O  10/01/1993 09/01/1996
0022 0022 110 110      N  N  N  4  N  N  O  10/01/2008 99/99/9999
0022 0022 111 111      N  N  N  4  N  N  O  10/01/2008 99/99/9999
0022 0022 112 112      N  N  N  4  N  N  O  10/01/2008 99/99/9999
0022 0022 113 113      N  N  N  4  N  N  O  10/01/2008 99/99/9999
0022 0022 114 114      N  N  N  4  N  N  O  10/01/2008 99/99/9999
0022 0022 115 115      N  N  N  4  N  N  O  10/01/2008 99/99/9999

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN                10=TOP 11=BOT 12=ESC
  
```

VI. REVENUE CODES TO PROCEDURE CODE

The REVENUE CODES-TO-PROCEDURE CODE (RF773 or SELECTION 118) screen identifies the valid procedure code for each revenue code.

```

8353 MOVE CURSOR TO "START PROC CODE" TO SCROLL BY PROC CODE RANGE
TR: RF773 ACT: I                                AHCCCS - REFERENCE                                11/02/22
NTR: █                                           REVENUE CODES-TO-PROCEDURE CODES                12:41:54
                                                    RF07L010
START AT REV CODE:  _____ PROC CODE:  _____ DATE:  _____

REV REV  DESCRIPTION  PROC PROC  DESCRIPTION  BEGINNING  ENDING
CODE CODE FIRST REVENUE CODE CODE FIRST PROCEDURE DATE OF DATE OF
FROM TO  CODE IN RANGE FROM TO  CODE IN RANGE SERVICE SERVICE

0112 0112 OB/PVT          D6243 D6243 PONTIC-PORCELAIN 01/01/2020 99/99/9999
MODIFIED:
0250 0250 PHARMACY        A4261 A4261 CERVICAL CAP FOR 10/01/2008 99/99/9999
MODIFIED:
0250 0250 PHARMACY        A4266 A4266 DIAPHRAGM FOR CO 10/01/2008 99/99/9999
MODIFIED:
0250 0250 PHARMACY        A4267 A4267 CONTRACEPTIVE SU 10/01/2008 99/99/9999
MODIFIED:
0250 0250 PHARMACY        A4268 A4268 CONTRACEPTIVE SU 10/01/2008 99/99/9999
MODIFIED:
0250 0250 PHARMACY        A4269 A4269 CONTRACEPTIVE SU 10/01/2008 99/99/9999
MODIFIED:

PF: 1=HLP 2=RTN 3=CLR 4=MSG                7=UP 8=DWN                10=TOP 11=BOT 12=ESC
  
```

VII. AHCCCS ENCOUNTERS/CLAIMS

The **AHCCCS ENCOUNTERS/CLAIM (EC560)** screen provides member-specific information and the used benefit information for the contract year, such as inpatient days and therapy limits. See **RFC31** screen for Benefit Package Limits.

3011 BOTTOM OF LIST							
TR: EC560 ACT: I		AHCCCS ENCOUNTERS/CLAIMS			12/09/22		
NTR: █					14:00:30		
NON ALTCS DENT AMT PER CONTRACT YEAR							EC31L560
REC TYPE: D2		AHCCCS ID: A00000000		CONTRACT YEAR: 2022			
CRN	PROC	E/C	HP ID	AMT/UNITS	COVERED	NON COVERED	
SER BEG DAT	SER END DAT	F ST	PRV ID				
220760029386006	D7140	E	010500	1050.00	.00	1050.00	
02/14/2022	02/14/2022	D P	946518		AMT	AMT	
220760029386007	D7140	E	010500	1050.00	.00	1050.00	
02/14/2022	02/14/2022	D P	946518		AMT	AM	
220830109375002	D0140	E	010500	350.00	.00	350.00	
01/31/2022	01/31/2022	D P	946518		AMT	AMT	
220830109375003	D0220	E	010500	350.00	.00	350.00	
01/31/2022	01/31/2022	D P	946518		AMT	AMT	
220830109375004	D7140	E	010500	1050.00	.00	1050.00	
01/31/2022	01/31/2022	D P	946518		AMT	AMT	
TOTALS:				14700.00	700.00	14000.00	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 7=UP 8=DWN 12=ESC							

TR: RFC31 ACT: I		AHCCCS - REFERENCE		USER ID:		12/09/22
NTR: █		BENEFIT PACKAGE LIMITS			13:39:42	
RF07L031						
START AT:						
S	UNIT	BEGINNING	ENDING	CLAIM		
E LMT	AMT --CONTRACT---	DATE OF	DATE OF	RECEIPT		
L TYP	DESCRIPTION	LIMIT SERVICE	SERVICE	DATE		
DN	ALTCS DENTAL AMOUNT	AMT 2017 1000.00	10/01/2016 09/30/2017	10/01/2016		
DN	ALTCS DENTAL AMOUNT	AMT 2018 2000.00	10/01/2017 09/30/2018	10/01/2017		
DN	ALTCS DENTAL AMOUNT	AMT 2019 2000.00	10/01/2018 09/30/2019	10/01/2018		
DN	ALTCS DENTAL AMOUNT	AMT 2020 2000.00	10/01/2019 09/30/2020	10/01/2019		
DN	ALTCS DENTAL AMOUNT	AMT 2021 2000.00	10/01/2020 09/30/2021	10/01/2020		
DN	ALTCS DENTAL AMOUNT	AMT 2022 2000.00	10/01/2021 09/30/2022	10/01/2021		
DN	ALTCS DENTAL AMOUNT	AMT 2023 2000.00	10/01/2022 09/30/2023	10/01/2022		
D2	NON-ALTCS DENT AMT	AMT 2018 1000.00	10/01/2017 09/30/2018	10/01/2017		
D2	NON-ALTCS DENT AMT	AMT 2019 1000.00	10/01/2018 09/30/2019	10/01/2018		
D2	NON-ALTCS DENT AMT	AMT 2020 1000.00	10/01/2019 09/30/2020	10/01/2019		
D2	NON-ALTCS DENT AMT	AMT 2021 1000.00	10/01/2020 09/30/2021	10/01/2020		
D2	NON-ALTCS DENT AMT	AMT 2022 1000.00	10/01/2021 09/30/2022	10/01/2021		
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=RCP HST 7=UP 8=DWN 10=TOP 11=BOT 12=ESC						

NOTE: Encounter Pend Error Code – Z295 Allowed number of physical therapy visits exceeded.

The **NDC COVERAGE (RF302 or SELECTION 16)** screen defines the NDC Coverage Code (NDC CVG COD) found in **RF319**.

VIII. ADMISSION SOURCE CODE

The **ADMISSION SOURCE CODE (RF703 or SELECTION 6)** screen displays the valid admission (admit) source codes used when submitting inpatient encounters. The admission source is required on inpatient encounters.

TR: RF703 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22		
NTR: <input type="text"/>	ADMISSION SOURCE CODE		13:15:07		
			RF00L221		
SORTED BY CODE					
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD	USR
A	TRANSFER FROM A CAH	01/01/05	09/30/07	01/24/08	
B	TRANSFER FROM ANOTHER HHA	01/01/05	06/30/10	07/29/10	
C	READMISSION TO SAME HHA	01/01/05	06/30/10	08/04/10	
D	TRANSFER FROM HOSP INPT IN SAME FACILITY	06/15/05	99/99/99	09/08/05	
E	TRANSFER FROM AMBULATORY SURGERY CENTER	10/01/07	99/99/99	01/24/08	
F	TRANSFER FROM HOSPICE/HOSPICE POC/	10/01/07	99/99/99	01/24/08	
G	TRANSFER FROM A DESIGNATED DISASTER ALT.	07/01/20	99/99/99	11/25/20	
1	(A) PHYS RFRL (B) NORMAL BIRTH	10/01/82	09/30/07	01/24/08	
1	NON HEALTH CARE FACILITY, PT OF ORIGIN	10/01/07	99/99/99	03/03/08	
2	(A) CLINIC RFRL (B) PREMATURE BIRTH	10/01/82	09/30/07	01/24/08	
2	CLINIC OR PHYSICIANS OFFICE	10/01/07	99/99/99	09/26/18	
3	(A) HMO/AHCCCS HP RFRL (B) SICK BABY	10/01/82	09/30/07	01/24/08	
4	(A) TRNSFR FROM HOSP (B) EXTRAMURAL BIRTH	10/01/82	09/30/07	01/24/08	
4	TRANSFER FROM HOSPITAL (DIFF FACILITY)	10/01/07	99/99/99	03/03/08	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC					

IX. ADMISSION TYPE

The **ADMISSION TYPE (RF704 or SELECTION 6)** screen displays the valid admit type codes required when submitting inpatient encounters.

3011 BOTTOM OF LIST		AHCCCS - REFERENCE	USER ID:	11/02/22	
TR: RF704	ACT: I		ADMISSION TYPE	13:25:50	
NTR:				RF00L221	
SORTED BY CODE					
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD	USR
1	EMERGENCY	10/01/82	99/99/99	01/01/00	
2	URGENT	10/01/82	99/99/99	01/01/00	
3	ELECTIVE	10/01/82	99/99/99	01/01/00	
4	NEWBORN	10/01/82	99/99/99	01/01/00	
5	TRAUMA CENTER	01/01/02	99/99/99	07/21/04	
9	INFORMATION NOT AVAILABLE	10/01/93	99/99/99	01/01/00	
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

X. BILL TYPE

The **BILL TYPE CODE ADD (RF706 or SELECTION 23)** screen displays the valid bill type codes used when submitting inpatient and outpatient encounters.

TR: RF706 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22		
NTR: █	BILL TYPE CODE ADD		13:30:14		
			RF00L223		
SORTED BY CODE					
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD	USR
124	HOSP,INP,M/C B ONLY INTERIM, LAST CLAIM	10/01/82	99/99/99	03/19/91	
125	HOSP,INP,M/C B ONLY LATE CHG(S) ONLY CLM	10/01/82	99/99/99	09/02/92	
126	HOSP,INP,ADJ,M/C B ONLY PRIOR CLAIM	10/01/82	10/01/03	05/09/07	
127	HOSP,INP,M/C B ONLY REPLACE OF PRIOR CLM	10/01/82	99/99/99	12/01/05	
128	HOSP,INP,VOID/CANC PRIOR CLAIM,M/C B ONL	10/01/82	99/99/99	03/19/91	
129	HOSP, INP, M/C B ONLY, FINAL HM HLT PPS	01/01/08	99/99/99	08/14/07	
130	HOSP, OUTPATIENT, ZERO PAY	01/01/08	99/99/99	08/14/07	
131	HOSP,OP,ADMT THRU DISCH	10/01/82	99/99/99	03/20/90	
132	HOSP,OP,INTERIM,1ST CLAIM	10/01/82	99/99/99	03/20/90	
133	HOSP,OP,INTERIM,CON'T CLAIM	10/01/82	99/99/99	03/20/90	
134	HOSP,OP,INTERIM, LAST CLAIM	10/01/82	99/99/99	03/20/90	
135	HOSP,OP,LATE CHARGE(S) ONLY CLAIM	10/01/82	99/99/99	10/07/02	
136	HOSP,OP,ADJ,PRIOR CLAIM	10/01/82	10/01/03	05/09/07	
137	HOSP,OP,REPLACEMENT OF PRIOR CLAIM	10/01/82	99/99/99	12/01/05	
PF: 1=HLP 2=RTN 3=CLR 4=MSG					
7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC					

XI. BILL TYPE TO FORM TYPE

The **BILL TYPE TO FORM TYPE (RF786 or SELECTION 24)** screen provides information referencing bill type codes for the following form types:

- I – Facility Inpatient,
- L – Facility Long term Care, and
- O – Facility Outpatient.

TR: RF786 ACT: I	AHCCCS - REFERENCE	11/02/22		
NTR: ██████████	BILL TYPE TO FORM TYPE	13:46:13		
		RF07L014		
START AT BILL TYPE: ____				
BILL TYPE	FORM TYPE	BILL TYPE DESCRIPTION	BEGIN DATE	END DATE
222	L	SNF, INP, M/C B ONLY INTERIM 1ST CLAIM	10/01/1982	99/99/9999
223	L	SNF, INP, M/C B ONLY INTERIM, CONT CLAIM	10/01/1982	99/99/9999
224	L	SNF, INP, M/C B ONLY INTERIM, LAST CLAIM	10/01/1982	99/99/9999
225	L	SNF, INP, M/C B LATE CHARGE(S) ONLY CLAIM	10/01/1982	99/99/9999
226	L	SNF, INP, M/C B ONLY ADJ, PRIOR CLAIM	10/01/1982	99/99/9999
227	L	SNF, INP, M/C B REPLACEMENT OF PRIOR CLAIM	10/01/1982	99/99/9999
228	L	SNF, INP, M/C B ONLY VOID/CANC PRIOR CLAIM	10/01/1982	99/99/9999
229	I	SNF, INP M/C ONLY, FINAL FOR HHS PPS	01/01/2008	99/99/9999
230	O	SKILLED NURSING FACILITY, OUT PT ZERO PAY	01/01/2008	99/99/9999
231	O	SNF, OUT PT, ADMIT THRU DISCHARGE	01/01/2008	99/99/9999
232	O	SNF, OUT PT, INTERIM-FIRST CLAIM	01/01/2008	99/99/9999
233	O	SNF, OUT PT, INTERIM-CONTINUING CLAIM	01/01/2008	99/99/9999
234	O	SNF, OUT PT, INTERIM-FINAL	01/01/2008	99/99/9999
PF: 1=HLP 2=RTN 3=CLR 4=MSG			7=UP	8=DWN
			10=TOP	11=BOT 12=ESC

XII. UB PATIENT STATUS

The **UB82 PATIENT STATUS (RF717 or SELECTION 156)** screen displays the valid patient status codes used when billing inpatient services. Press the **F8** key to scroll through the different codes.

NOTE: Patient status code 30 must only be used with continued stay bill types.

TR: RF717 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22
NTR: █	UB82 PATIENT STATUS		13:52:24
			RF00L212
SORTED BY CODE			
CODE	DESCRIPTION	LAST MOD	USR
01	DISCHARGED TO HOME OR SELF CARE	03/18/89	
02	DISCHARGE/TRANSFER TO ANOTHER HOSPITAL	03/22/89	
03	DISCHARGE/TRANSFER TO SNF	03/22/89	
04	DISCHARGE/TRANSFER TO ICF	03/22/89	
05	DISCHARGE/TRANSFER TO OTHER TYPE INST.	03/22/89	
06	DISCHARGE/TRANSFER TO HOME HEALTH CARE	03/22/89	
07	LEFT AGAINST MEDICAL ADVICE	10/11/89	
09	ADMITTED AS AN INPATIENT TO THIS HOSP.	10/07/93	
20	EXPIRED	03/22/89	
21	DISCHARGED/TRANSFERRED TO COURT/LAW ENF	10/28/09	
30	STILL PATIENT	03/22/89	
40	EXPIRED AT HOME	03/22/89	
41	EXPIRED AT MEDICAL FACILITY	10/11/89	
42	EXPIRED/PLACE UNKNOWN	03/22/89	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC			

XIII. UB82 OCCURRENCE

The **UB82 OCCURRENCE (RF726 or SELECTION 155)** screen provides the codes and associated dates related to a billing period.

TR: RF726 ACT: I	AHCCCS - REFERENCE	USER ID:	11/02/22		
NTR: █	UB82 OCCURRENCE		14:16:12		
			RF00L222		
SORTED BY CODE					
CODE	DESCRIPTION	BEG DATE	END DATE	LAST MOD	USR
A1	BIRTHDATE - INSURED A	10/01/93	99/99/99	10/07/93	
A2	EFFECTIVE DATE - INSURED A POLICY	10/01/93	99/99/99	10/07/93	
A3	BENEFITS EXHAUSTED - PAYER A	10/01/93	99/99/99	05/01/07	
A4	SPLIT BILL DATE	10/16/03	99/99/99	05/01/07	
B1	BIRTHDATE - INSURED B	10/01/93	99/99/99	10/07/93	
B2	EFFECTIVE DATE - INSURED B POLICY	10/01/93	99/99/99	10/21/93	
B3	BENEFITS EXHAUSTED - PAYER B	10/01/93	99/99/99	05/01/07	
C1	BIRTHDATE - INSURED C	10/01/93	99/99/99	10/07/93	
C2	EFFECTIVE DATE - INSURED C POLICY	10/01/93	99/99/99	10/07/93	
C3	BENEFITS EXHAUSTED - PAYER C	10/01/93	99/99/99	05/01/07	
DR	DISASTER DATE RANGE	08/21/05	99/99/99	10/03/05	
01	ACCIDENT/MEDICAL COVERAGE	10/01/82	99/99/99	04/16/08	
02	AUTO ACCIDENT/INVOLVES NO FAULT INSUR	10/01/82	99/99/99	01/01/00	
03	ACCIDENT/TORT LIABILITY	10/01/82	99/99/99	01/01/00	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 9=RPT 10=TOP 11=BOT 12=ESC					

Encounters

I. INTRODUCTION

An encounter is a record of a medically related service rendered by a registered AHCCCS provider to an AHCCCS member enrolled with a capitated contractor on the date of service adjudicated by that contractor.

The **ENCOUNTER MAIN MENU (EC000)** screen provides seven (7) options. Only the **ENCOUNTER MAINTENANCE (SELECTION 2)** and **INQUIRY (SELECTION 5)** are addressed in this overview. These options are used for viewing an encounter, discovering why an encounter has pended, testing a corrected pend, and tracking changes made to pended encounters. The most used screens are:

- Form 1500 Correct/Inquire – HCFA Inquiry (EC205)
- Form UB92 Correct/Inquire – UB Inquiry (EC810)
- Form C Correct/Inquire – Drug Inquiry (EC215)
- Form D Correct/Inquire – Dental Inquiry (EC203)
- Error Correction Audit Trail (EC261)
- Override Audit Trail (EC262)
- Error Record Audit Trail (EC263)
- Duplicate Check (EC270C)
- Recipient Activity Inquiry (EC510)
- Error-to-Field (EC735) (found in selection 7 Table Maintenance)

TR: EC200	AHCCCS - ENCOUNTER	11/07/22		
NTR: █	MAINTENANCE MENU	13:07:33		
		EC00L200		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> (EC205) 1. FORM 1500 CORRECT/INQUIRE (EC810) 2. FORM UB92 CORRECT/INQUIRE (EC215) 3. FORM C CORRECT/INQUIRE (EC203) 4. FORM D CORRECT/INQUIRE (EC256) 5. ERROR CORRECT BY LOCATION (EC235C) 6. FORM 1500 VOID (EC840C) 7. FORM UB92 VOID (EC245C) 8. FORM C VOID (EC233C) 9. FORM D VOID (EC270) 10. ON-LINE ADJUDICATION </td> <td style="width: 50%; vertical-align: top;"> (EC261) 11. ERROR CORRECT AUDIT TRAIL (EC262) 12. OVERRIDE AUDIT TRAIL (EC263) 13. ERROR RECORD AUDIT TRAIL (EC264) 14. ENCOUNTER COMMENTS (EC266) 15. ENC ADJUSTMENT SEQUENCE (EC272) 16. MED ORIG TO REPLACEMENT (EC274) 17. DENT ORIG TO REPLACEMENT (EC280) 18. ENC BY LOCATION & FORM TYPE (EC281) 19. PENDED ENC BY LOCATION (EC286) 20. PENDED ENC ERR CODE </td> </tr> </table>			(EC205) 1. FORM 1500 CORRECT/INQUIRE (EC810) 2. FORM UB92 CORRECT/INQUIRE (EC215) 3. FORM C CORRECT/INQUIRE (EC203) 4. FORM D CORRECT/INQUIRE (EC256) 5. ERROR CORRECT BY LOCATION (EC235C) 6. FORM 1500 VOID (EC840C) 7. FORM UB92 VOID (EC245C) 8. FORM C VOID (EC233C) 9. FORM D VOID (EC270) 10. ON-LINE ADJUDICATION	(EC261) 11. ERROR CORRECT AUDIT TRAIL (EC262) 12. OVERRIDE AUDIT TRAIL (EC263) 13. ERROR RECORD AUDIT TRAIL (EC264) 14. ENCOUNTER COMMENTS (EC266) 15. ENC ADJUSTMENT SEQUENCE (EC272) 16. MED ORIG TO REPLACEMENT (EC274) 17. DENT ORIG TO REPLACEMENT (EC280) 18. ENC BY LOCATION & FORM TYPE (EC281) 19. PENDED ENC BY LOCATION (EC286) 20. PENDED ENC ERR CODE
(EC205) 1. FORM 1500 CORRECT/INQUIRE (EC810) 2. FORM UB92 CORRECT/INQUIRE (EC215) 3. FORM C CORRECT/INQUIRE (EC203) 4. FORM D CORRECT/INQUIRE (EC256) 5. ERROR CORRECT BY LOCATION (EC235C) 6. FORM 1500 VOID (EC840C) 7. FORM UB92 VOID (EC245C) 8. FORM C VOID (EC233C) 9. FORM D VOID (EC270) 10. ON-LINE ADJUDICATION	(EC261) 11. ERROR CORRECT AUDIT TRAIL (EC262) 12. OVERRIDE AUDIT TRAIL (EC263) 13. ERROR RECORD AUDIT TRAIL (EC264) 14. ENCOUNTER COMMENTS (EC266) 15. ENC ADJUSTMENT SEQUENCE (EC272) 16. MED ORIG TO REPLACEMENT (EC274) 17. DENT ORIG TO REPLACEMENT (EC280) 18. ENC BY LOCATION & FORM TYPE (EC281) 19. PENDED ENC BY LOCATION (EC286) 20. PENDED ENC ERR CODE			
ENTER SELECTION: ___ ACT: _ CRN: _____ ORIG CRN: _____ LOCATION: ___				
PF: 1=HLP 2=RTN 3=CLR 4=MSG		12=ESC		

II. FORM 1500 INQUIRY

The **FORM 1500 INQUIRY (EC205 or SELECTION 1)** screen allows viewing Form 1500 for encounters submitted to AHCCCS. Encounter information can be checked for accuracy, status, and where the encounter is located within PMMIS during the encounter processing cycles. Press the F6 key twice to get to Panel 3.

```

TR: EC205 ACT: I          AHCCCS - ENCOUNTER          USER-ID:          11/03/22
NTR: █                    FORM 1500 INQUIRY          EC31L205
                                EC31L205          PANEL: 1
CRN: 0000000000000000    ORIG CRN:          FREQ CD: 1 ORIG
CLM HP ID: 000000 13    TSN: 19    HP CLM NO: 00000000000A1-CP-2
SER PR ID: 000000 02    NPI: 1750000000    SER PR NAME: FRANKENSTEIN
RECPNT ID: A00000000    DOB:          SER PR TAXON:          PR TYP: 08
AHCCCS ID: A00000000    SEX:          NAME: FRANKENSTEIN
ENROLL ID: A00000000    ADDR:
PAT ACT NO: 17264000000A1-CP-2    MED REC NO:

INVOICE NO: 000000    TRACKNG NO: EDI201711071608510000000000000000    INP MODE: 1
ADMIT DATE:          DCHRG DATE:          PAT STA:          HIPAA IND: Y
AUTO ACDNT: N    ST/CNTY CD:          CNTRY CD:          ACDNT DATE:          MHS:
OTHR ACDNT: N    EMPLMT REL: N    OTHR INS:     BILL DATE: 11/02/2017

BILL PR ID: 000000 01    BILL PR NPI: 1679000000    BILL PR TAX ID: 8600000000
REFR PR ID:          REFR PR NPI:          BILL PR TAXON :
FACL PR ID:          FACL PR NPI:          FORCE PND:          DEN RSN:
FACL NAME :          DELAY RSN:          SPEC PGM:
ATCH IND: N    RPT TYPE:          TRANS CD:          CTL NO:

PF: 1=HLP 2=RTN 3=CLR          6=NXT 7=PYR 8=ADR          10=263 11=NPI 12=ESC
  
```

```

TR: EC205 ACT: I          AHCCCS - ENCOUNTER          USER-ID:          11/07/22
NTR: █                    FORM 1500 INQUIRY          EC31L205
                                CONTINUED          PANEL: 3
CRN 0000000000000000    ORIG CRN:          RI NO:
PR ID: 000000 01    NPI: 1750000000    PR TYPE: 08    DOS: 08/31/2017 - 08/31/2017
RECPNT ID: A00000000    ICD10 DX PR: J35.3    1:          2:          3:
BILLED CHRGE:          586.00    PROC: 42820 MOD: 51    CONF:          UNT/MEA: UN
MDC APPROVED:          UNITS: 1.000    CONV UNITS:
MDC PAID AMT:          PRCS LOC: 78    PRCS LOC DATE: 04/12/2022    POS: 24
MDC DEDUCT :          CLM STAT: 31    CLM STAT DATE: 04/10/2022    EMG:
MDC COIN AMT:          MAN PEND:          REC ADDED DATE: 11/08/2017    FAM:
OTH INS PAID:          0.00    DNL RSN:          ORIG ADJU DATE: 04/10/2022
HP ALLOW AMT:          128.74    MDC CVG CD:          TPL:     CN1 CD: 02    SUB CAP: 00
HP APPR AMT :          128.74    CONTRACT : A    IHS: 4    IHS REFRL:          LTC: 1
HP PAID AMT :          128.74    CATEG IND: Y    CAP RATE: 4312    EXCEPT:
AHCCCS ALLOW: █          260.18    ELIG KEY : 350    BEN CAT: SO    CRS IND: Y
AHCCCS VALUE: █          128.74    PAY 1: CFF    PAY 2: MD    PAY 3:          COS: 02
PUR CHG AMT:          0.00    PCT 1: 1.0000    PCT 2: 0.5000    PCT 3: 0.0000
PUR SVC NPI:          PA RFRL:          PAY CHASE:
PUR SVC ID :          INVOICE NO: 000000    LN CTL NO: 2
FACL NPI:          ID:          NAME:
ORDR NPI:          ID:          PF3 - TOGGLE FOR MORE PF KEYS
PF: 1=HLP 2=RTN 3=TOG          5=PRI 6=COP 7=ADJ 8=NDC          10=263 11=NPI 12=ESC
  
```

III. UB INQUIRY

The **FORM UB92 INQUIRY (EC810 or SELECTION 2)** screen allows viewing UB encounters submitted to AHCCCS. The encounter information can be checked for accuracy, status, and processing locations. For example, one reason to pull up a UB encounter would be if it pended at AHCCCS.

```

FOR CODE DESCRIPTION, PLACE CURSOR ON FIELD AND PRESS F1
TR: EC810 ACT: I                AHCCCS - ENCOUNTER        USER-ID:      11/15/22
NTR: _____                FORM UB92 INQUIRY          11:20:23
                                     EC31L810
CRN: 220100000000             ORIG CRN: 213600000000     FREQ CD: 7 REPL PANEL: 1
CLM HP ID: 000000 19         TSN: 05   HP CLM NO: 1119000000
SER PR ID: 000000 01         NPI: 1558000000   SER PR NAME:
RECPNT ID: A00000000        DOB:           PR TYPE: 02
AHCCCS ID: A00000000    SEX:           NAME: FRANKENSTEIN
ENROLL ID: A00000000        ADDR:
PAT ACT NO: 1110000000      MED REC NO:
INVOICE NO: 000000          TRACKNG NO: EDI20220118220630000000000000000000    INP MODE: 1
STATEMENT COVERS: 09/11/2021 - 10/12/2021    BILL TYP: 117    HIPAA IND: Y
ADMIT DATE: 09/11/2021    ADMIT HR: 23    DCHRG HR: 18    PAT STA: 01    FORM TYP: I
ADMIT TYPE: 1    ADMIT SRC: 1    AUTO ACDNT ST:           BILL DATE: 01/18/2022

BILL PR ID: 000000          BILL PR NPI: 1558000000    BILL PR TAX ID: 901000000
ATND PR ID: 000000 01     ATND PR NPI: 1992000000    BILL PR TAXON : 282N000000
REFR PR ID:                REFR PR NPI:                OTH CVG: N    MDC CID:
FACL PR ID:                FACL PR NPI:                MHS IND:     MDC LTR:
FACL NAME :                FORCE PND:                    DEN RSN:
ATTCH IND: N    ATTCH RPT TYP:    ATTCH TRANS CD:    DELAY RSN CD:
ATTCH CTL NO:
PF: 1=HLP 2=RTN 3=CLR          6=NXT 7=PYR 8=ADR 9=VAL 10=263 11=NPI 12=ESC
  
```

```

TR: EC810 ACT: I                AHCCCS - ENCOUNTER        USER-ID:      11/15/22
NTR: _____                FORM UB92 INQUIRY          13:53:38
                                     CONTINUED                EC31L810
CRN: 220100000000             ORIG CRN: 213600000000     PANEL: 3
ICD10 DIAG CODES:        COND CODES: D4 D1
PRI CD : K76.7                POA: Y    ADMIT CD: K76.0          E DX CD: Y90.8    POA:
OTH C1 : N17.0                POA: Y    C2 : R65.21             POA: N    C3 : G92.8        POA: Y
C4 : G93.40                   POA: Y    C5 : A41.9              POA: N    C6 : D61.000     POA: Y
C7 : J80.                      POA: Y    C8 : Z99.2              POA: U    C9 : J81.1        POA: Y
C10: K70.30                   POA: Y    C11: N17.9              POA: Y    C12: E87.4        POA: Y
PAT RSN VISIT C1:                C2:                C3:                DRG: 000

ICD10 PROC CODES:        CONFIDENTIAL:           CRC APP:           COND IND:
PRI CD : 0B9F8ZX             DT: 09/28/2021
OTH C1 : 5A1955Z             DT: 09/27/2021          C2 : 02HV33Z       DT: 09/27/2021
C3 : 5A09457                 DT: 10/03/2021          C4 : 0BH17EZ       DT: 10/03/2021
C5 : 0CJS8ZZ                 DT: 10/03/2021          C6 : 5A1D70Z       DT: 09/27/2021
C7 :                          DT:                      C8 :                DT:
C9 :                          DT:                      C10:               DT:
C11:                         DT:                      C12:               DT:
DEMO PROJECT DATA: VBD/VD1/SPT000000    NOTE REF CD:
PF: 1=HLP 2=RTN 3=CLR          5=PRI 6=NXT 7=PYR 8=MOR 9=VAL 10=263 11=NTE 12=ESC
  
```



AHCCCS DIVISION OF HEALTHCARE MANAGEMENT (DHCM)

PMMIS ENCOUNTER TRAINING

TR: EC810 ACT: I AHCCCS - ENCOUNTER USER-ID: 11/15/22
 NTR: _____ FORM UB92 INQUIRY 14:18:42
 CONTINUED EC31L810
 CRN: 220100000000 ORIG CRN: 213600000000 PANEL: 4
 PR ID : 000000 01 NPI: 1558000000 PR TYPE: 02 REC ADD DATE: 01/19/2022
 RECPNT ID: A00000000 PRCS LOC: 78 PRCS LOC DATE: 03/20/2022
 TOT BILL AMT: 352008.70 CLM STAT: 31 CLM STAT DATE: 03/16/2022
 TOT NCOV AMT: 0.00 MAN PEND: ORIG ADJU DATE: 03/16/2022
 TOT CLM CHRG: 352008.70 ACCOM DAY: 31 BED HOLD:
 MDC APPROVED: COVRD DAY: 031 THP DAY: OUTLR IND:
 MDC PAID AMT: MDC CVG CD: TPL: CN1 CD: 02 SUBCAP: 00
 MDC DEDUCT : CONTRACT : A LTC: 1 IHS: 4 IHS REFR:
 MDC COIN AMT: CATEG IND: Y CAP RATE: 3717 EXCEPT:
 OTH CVG PMT : ELIG KEY : 586 CRS IND: N BEN CAT: AM
 HP ALLOW AMT: 14258.42 PAY 1: DRG PAY 2: PR PAY 3: COS: 10
 HP APPR AMT : 14258.42 PCT 1: 1.0000 PCT 2: 1.0000 PCT 3: 0.0000
 HP PAID AMT : 14258.42 STATE DRG: 279 SOI: 4 ROM: 4 PAY CHASE:
 AHCCCS ALLOW: 14258.43 DESC: HEPATIC COMA/OTH MAJ LIV DIS
 AHCCCS VALUE: 14258.42 TIER LVL # DAYS # CUT DAYS CUT RSN TIER RATE
 RI CASE NO :
 PPC CASE NO :
 PF3 - TOGGLE FOR MORE PF KEYS
 PF: 1=HLP 2=RTN 3=TOG 5=PRI 6=NXT 7=PYR 8=DRG 9=VAL 10=263 11=CMT 12=ESC

TR: EC810 ACT: I AHCCCS - ENCOUNTER USER-ID: 11/15/22
 NTR: _____ FORM UB92 INQUIRY 14:34:34
 CONTINUED EC31L810
 LINE NO: _____ CRN: 220100000000 ORIG CRN: 213610000000 PANEL: 5

NO	REV	PROC	MOD	UNITS	CUT	CHARGES	NCOV	CHRG	BEG/END DT
001	0111			17.000		38267.00		0.00	09/11/2021
									09/11/2021
002	0121			1.000		2251.00		0.00	09/11/2021
									09/11/2021
003	0200			8.000		54024.00		0.00	09/11/2021
									09/11/2021
004	0206			5.000		22510.00		0.00	09/11/2021
									09/11/2021
005	0250			6129.000		91725.70		0.00	09/11/2021
									09/11/2021
006	0255			80.000		680.00		0.00	09/11/2021
									09/11/2021

FOR LINE ADJUDICATION OR NDC, PLACE CURSOR ON LINE AND PRESS PF10 OR PF11.

PF: 1=HLP 2=RTN 3=CLR 5=PRI 6=COP 7=UP 8=DWN 10=ADJ 11=NDC 12=ESC
 18=CCI

NOTE: Encounter Edit Error P340 – Provider Specific Rate Not On File For DOS.

IV. PHARMACY INQUIRY

The **FORM C INQUIRY (EC215 or SELECTION 3)** screen allows viewing Pharmacy encounters submitted to AHCCCS. The encounter information can be checked for accuracy, status, and processing locations. For example, one reason to pull up a Pharmacy encounter would be if it pended at AHCCCS.

FOR CODE DESCRIPTION, PLACE CURSOR ON FIELD AND PRESS F1			
TR: EC215 ACT: I	AHCCCS - ENCOUNTER	USER-ID:	11/17/22
NTR: █	FORM C INQUIRY		09:44:35
			EC31L215
CRN: 22115060000000	ORIG CRN:	TRANS CD: 1 PAID	PANEL: 1
CLM HP ID: 000000 13	TSN : 36	HP CLM NO: 1165000000	
SER PR ID: 000000 01	NPI : 1568000000		
RECPNT ID: A00000000	DOB :	SEX:	PROV TYP: 03
AHCCCS ID: A00000000	NAME: FRANKENSTEIN		PREG:
ENROLL ID: A00000000	ADDR:		
PAT ACCT NO:			
INVOICE NO: 000000	TRACKNG NO: EDI2022042401084935900000000000	INP MOD: 1	
NCPDP IND: Y	OTHR INS: N	MHS IND: G	POS: 01
	FORCE PND:	DENL RSN:	
PRSC PR ID : 171192 24	PRSC PR QUAL: 01		
DEA LICENSE:	PRSC PR NPI: 132600000000	PRSC PR TAXON:	
PROF SVC CODE:	PA NUM:	BILL DATE: 04/24/2022	
REAS SVC CODE:		ATTACH IND: N	
RSLT SVC CODE:	DIAG CD 1:	2:	3:
PF: 1=HLP 2=RTN 3=CLR	6=NXT	7=PYR	10=263 11=NPI 12=ESC

TR: EC215 ACT: I	AHCCCS - ENCOUNTER	USER-ID:	11/17/22
NTR: █	FORM C INQUIRY		10:02:16
	CONTINUED		EC31L215
CRN: 22115060000000	ORIG CRN:	RI NO:	PANEL: 2
PR ID: 480000 01	NPI: 1568000000		
RECPNT ID: A00000000	DEMO PROJECT DATA:		
RX NUMBR: 000002880951	ORIG: 4	NDC/SVC ID: 60500000000	DISP DAT: 04/20/2022
QTY DISP: 600.000	REFIL NUM: 00	DAY SUP: 001	PSCR DAT: 04/20/2022
QTY PSCR: 0.000	REFIL AUTH: 11	UNT DOSE: 0	UNT MEAS: EA
CMPND CD: 2	CMPND INGR CNT:	THP CLS: 081216	GENERIC: G DAW: N
INGRD CST SUBMT:	141.34	PRI PYR DNL DAT:	DEA ID: 0
DISP FEE SUBMT :	0.00	PROC PMT CLR CD: 01	
USUAL/CUST CHRG:	166.34	340B IND:	
PROF SVC FEE PD:	0.00	CONFIDENTIAL:	
INCENT FEE PAID:	0.00	OTH PYR AMT PAID:	0.00
SALES TAX PAID :	0.00		0.00
TOTAL AMT PAID :	42.25		0.00
PF: 1=HLP 2=RTN	5=PRI 6=NXT 7=PYR	10=263	12=ESC

PMMIS ENCOUNTER TRAINING

TR: EC215 ACT: I	AHCCCS - ENCOUNTER	USER-ID:	12/09/22
NTR: _____	FORM C INQUIRY		13:21:42
	CONTINUED		EC31L215
CRN: 2211506000000000	ORIG CRN:	RI NO:	PANEL: 3
PR ID: 486557 01	NPI: 1568000000		
RECPNT ID: A00000000			
BILLED CHRGE: 166.34	PRCS LOC: 78	PRCS LOC DATE : 08/21/2022	
MDC APPROVED:	CLM STAT: 31	CLM STAT DATE : 08/19/2022	
MDC PAID AMT:	MAN PEND:	ORIG ADJU DATE: 08/19/2022	
MDC DEDUCT :	DENL RSN:		
MDC COIN AMT:	MDC CVG CD:	TPL: Y SUB CAP CD: 00	
PAT PAID AMT: 0.00	CONTRACT : J	IHS: 4 IHS REFR: LTC: 2	
OTH INS PAID:	CATEG IND: Y	CAP RATE: 2210 EXCEPT:	
HP APPROVED :	ELIG KEY : 060	BEN CAT: CRS IND: N	
HP PAID AMT : 42.25			
AHCCCS ALLOW: 9277.00	PAY 1: EAC	PAY 2:	PAY 3: COS: 09
AHCCCS VALUE: 42.25	PCT 1: 0.9000	PCT 2: 0.0000	PCT 3: 0.0000
	PAY CHASE:		
PF: 1=HLP 2=RTN 3=CLR	5=PRI 6=COP 7=PYR 8=CMT	10=263 11=SPE 12=ESC	

NOTE: Encounter Edit Error C030 – Quantity Missing or Invalid.

V. DENTAL INQUIRY

The **DENTAL INQUIRY (EC203 or SELECTION 4)** screen allows viewing Dental encounters submitted to AHCCCS. The encounter information can be checked for accuracy, status, and processing locations.

FOR CODE DESCRIPTION, PLACE CURSOR ON FIELD AND PRESS F1			
TR: EC203 ACT: I	AHCCCS - ENCOUNTER	USER-ID:	11/17/22
NTR: _____	DENTAL INQUIRY		10:50:24
			EC31L203
CRN: 2131500000000000	ORIG CRN:	FREQ CD: 1	ORIG
CLM HP ID: 000000 13	TSN: 56	HP CLM NO: 230000000	
SER PR ID: 000000 07	NPI: 1962000000	SER PR NAME: FRANKENSTEIN	
RECPNT ID: A00000000	DOB:	SER PR TAXON: 122000000X	
AHCCCS ID: A00000000	SEX: NAME:		
ENROLL ID: A00000000	ADDR:		
PAT ACT NO: 230000000			
DEMO PROJECT DATA:			
INVOICE NO: 000000	TRACKNG NO: EDI202111100848230000000000000000	INP MODE: 1	
AUTO ACDNT: N	ST/CNTY CD: CNTRY CD: ACDNT DATE:	HIPAA: Y	
OTHR ACDNT: N	EMPT REL: N	OTHR INS: N	TREAT CMPLT:
BILL DATE : 11/10/2021			
BILL PR ID: 000000 02	BILL PR NPI: 1962000000	BILL PR TAX ID: 208000000	
REFR PR ID:	REFR PR NPI:	BILL PR TAXON : 122000000X	
FACL PR ID:	FACL PR NPI:	FORCE PND: DEN RSN:	
FACL NAME :			
ATTCH RPT TYP:	ATTCH TRANS CD:	DELAY RSN CD:	SPEC PGM:
ATTCH CTL NO:			NOTE CD:
PF: 1=HLP 2=RTN 3=CLR	5=NTE 6=NXT 7=PYR 8=ADR	10=263 11=NPI 12=ESC	

PMMIS ENCOUNTER TRAINING

```

TR: EC203  ACT: I          AHCCCS - ENCOUNTER          USER-ID:      11/17/22
NTR: _____          DENTAL INQUIRY              11:17:23
                               CONTINUED                  EC31L203

CRN: 2131500000000000    ORIG CRN:          RI NO:
PR ID: 000000 07      NPI: 1962000000    PR TYPE: 07      DOS: 10/29/2021 - 10/29/2021
RECPNT ID: A00000000    PROC: D7240      MOD:          UNITS: 1.000
TOOTH NUMBER: 01      SURFACE:          ORAL CAVITY:
                               DIAG CD PR:      1:          2:          3:
                               PRCS LOC: 78     PRCS LOC DATE: 03/20/2022
BILLED CHRG:          650.06    CLM STAT: 33     CLM STAT DATE: 03/18/2022
OTH INS PAID:          MAN PEND:        REC ADDED DATE: 11/11/2021
HP ALLOW AMT:          233.39    DNL RSN:        ORIG ADJU DATE:
HP APPR AMT :          233.39    TPL IND: Y     CN1 CD: 03     SUB CAP CD: 00     POS: 11
HP PAID AMT :          233.39    CONTRACT : A    IHS: 4     IHS REFL:      LTC: 1
AHCCCS ALLOW:          233.39    CATEG IND: Y    CAP RATE: 4314     EXCEPT:
AHCCCS VALUE:          0.00     ELIG KEY : 350    BEN CAT: SO     PAY CHASE:

FACL PR NPI:          PAY 1: CFE     PAY 2:          PAY 3:          COS: 11
FACL PR ID :          PCT 1: 1.0000  PCT 2: 0.0000   PCT 3: 0.0000

INVOICE NO : 000000    LN ITEM CTL NO: 58000000
                               PF3 - TOGGLE FOR MORE PF KEYS
PF: 1=HLP 2=RTN 3=TOG    5=PRI 6=204 7=ADJ 8=CMT          10=263 11=NPI 12=ESC
  
```

VI. ERROR CORRECTION AUDIT TRAIL

The **ERROR CORRECTION AUDIT TRAIL (EC261 or SELECTION 11)** screen keeps track of corrections made to fields within an encounter.

The screenshot below indicates a correction to the **HP-APPR-AMT** (Approved Amount) field of \$233.39 in the **CONTENT** field. This screen shows the date, time, and the user who made the change.

```

TR: EC261  ACT: I          AHCCCS - ENCOUNTER          USER-ID:      11/17/22
NTR: █ _____          ERROR CORRECTION AUDIT TRAIL      11:27:25
                                               EC31L261

CRN: 2131500000000000    FORM TYPE: D          INPUT MODE: 1
RECIP ID: A00000000    PLAN ID: 000000 13    PROV ID: 000000 07    NPI: 1962000000

FIELD CHANGES
FLD
NO  FLD NAME          PREV CONTENT          NEW CONTENT          DATE          TIME          USR SYS
256 HP-APPR-AMT          233.39              11/19/21 17:02:16

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI          7=UP 8=DWN          12=ESC
  
```

VII. ERROR OVERRIDE AUDIT TRAIL

The **OVERRIDE AUDIT TRAIL (EC262 or SELECTION 12)** screen displays when pending encounters are overridden by AHCCCS. An Encounter may require an override if it has pended at AHCCCS, but the encounter contains correct and acceptable information.

The below screenshot lists the error code the encounter was pended for, the override reason code, date, time, and who overrode the error.

NOTE: Refer to the **RF747** screen for override reason codes.

TR: EC262	ACT: I	AHCCCS - ENCOUNTER	USER-ID:	11/17/22
NTR: _____		 OVERRIDE AUDIT TRAIL		11:49:07
				EC31L262
CRN: 221150600000000	CLM TYPE: E	FORM TYPE: C	INPUT MODE: 1	
RECIP ID: A0000000	PLAN ID: 000000 13	PROV ID: 000000 01	NPI: 156800000	
 ERROR OVERRIDES				
ERROR OVERRIDE	REASON		OVERVERRIDE	OPR
CODE	CODE DESCRIPTION		DATE	TIME
A905	0024		05/18/22	05:31:19
Z800	0016 ENCOUNTER UNIT REVIEWED		08/19/22	11:01:55
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 12=ESC				

VIII. ERROR AUDIT TRAIL

The **ERROR AUDIT TRAIL (EC263 or SELECTION 13)** screen provides a log for encounters submitted/pended and the soft and hard edits associated with each line during each submission. To view the different line of the encounter, add the line number to the back of the CRN. For example, to view line two (2) of the encounter with the CRN of **13354104600401**, type **13354104600402**.

The encounter claim location is identified by referencing **RF711**, the adjudication level by referencing **RF738**, and errors by referencing **EC710**.

Each date represents when the encounter is introduced to an editing process. The error codes indicate the soft/hard edits encountered at the various steps in the process. If there are errors and no location or level codes, the edit is soft, meaning the encounter will not pend. To verify if an edit is soft or hard, utilize the **EC710** screen.

TR: EC263	ACT: I	AHCCCS - ENCOUNTER/REINSURANCE				11/17/22
NTR: _____		ERROR AUDIT TRAIL			USER-ID:	12:04:27
						EC31L263
CRN: 221150600000000	FORM TYPE: C	RI CASE NO:				
RECIP ID: A00000000	PLAN ID: 000000 13	PROV ID: 000000 01	NPI: 1568000000			
FOR HEADER ERRORS GO TO LINE NUMBER '000'.				LINE PAGING = PF5 & PF6.		
		CIM				
DATE	TIME	TYP	LOC	LVL	-----	ERRORS -----
08/19/2022	11:01:55	E			N180 A605 A900	
08/05/2022	22:42:26	E	91	80	Z800	
08/05/2022	19:26:00	E			N180 A605 A900	
07/09/2022	12:18:38	E	91	80	Z800	
07/09/2022	08:22:57	E			N180 A605 A900	
06/04/2022	00:06:29	E	91	80	Z800	
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRV 6=NXT 7=UP 8=DWN 9=DESC						12=ESC

IX. DUPLICATE CHECK

The **ON-LINE ADJUDICATION (EC270 or SELECTION 10)** screen allows searching for encounters that receive a duplicate error. An encounter can pend when it closely resembles another, known as duplicating. This is signified by pend errors stating either a near duplicate or an exact duplicate. To locate the CRN that the encounter is duplicating against, enter the CRN for the encounter that received the duplicate error in the **CRN** field.

NOTE: For further research, the encounter's CRN found to be a near, or an exact duplicate will be listed under the **MATCHED CRN** field.

TR: EC270 ACT: C	AHCCCS - ENCOUNTER	USER-ID:	12/12/22
NTR: _____	ON-LINE ADJUDICATION		13:45:26
			EC51L270
CRN: 22271003000000		CLAIM TYPE: E	
RECIPIENT: A00000000 FRANKENSTEIN		FORM TYPE: A	
PROV/HLTH PLAN: 000000 13 LTC DD DES		ADJUST/VOID:	
TOTAL BILLED: 151.70	LAST ADJU DATE: 12/10/22	ADJU STATUS: 11	
ALLOWED AMOUNT: 88.99	LAST ADJU TIME: 19:07:29	LOCATION: 91	
DUPE-CHECK, SERVICE-LIMIT, COMB-AUDIT ERRORS RESULTING FROM ADJUDICATION			
ERR	MESSAGE	MATCHED CRN	
Z300 EXACT DUPLICATE		22271003000000	
PF: 1=HLP 2=RTN 3=CLR 4=MSG	7=UP 8=DWN 9=CNF	12=ESC	

X. RECIPIENT ACTIVITY INQUIRY

The **RECIPIENT ACTIVITY INQ (EC510)** screen provides a history of encounters/claims submitted for a particular recipient. Searches can be performed or narrowed by entering the form type, DOS, and other information. The history of encounters/claims for a recipient can help identify why frequency limit errors are happening or to locate a CRN.

TR: EC510	ACT: I	AHCCCS - ENCOUNTER	USER ID:	11/14/22
NTR: █		RECIPIENT ACTIVITY INQ		13:56:47
COUNT: 1,240		FRANKENSTEIN,		EC31L510
RECIP ID: A00000000	PRIMARY ID: A00000000	SERVICE CD:		
FORM TYPE: A	DOS: 10/01/1982 - 11/14/2022	PEND: S	PAID: S	DENIED: S

PR ID/ HP ID	SER PR NAME/ CRN	SER-BEG/ SER-END	HCPCS PROC/ RI CASE NO	BILLED/ ALLOWED	VALUE S-CAP	AMT/ FORM	ST CD	LC CD
057000		01/19/2016	99000	475.00		58.86	31	78
010000	1609801000000000	01/19/2016		58.86	00	A		
057000		01/19/2016	99000	4687.00		725.11	31	78
010000	1609801000000000	01/19/2016		725.11	00	A		
922000		01/19/2016	00000-26	25.00		8.00	31	78
010000	1611101000000000	01/19/2016		8.00	00	A		
529000		01/20/2016	00000-26	438.00		55.52	31	78
010000	1605001000000000	01/20/2016		55.52	00	A		
529000		01/20/2016	00000-26	210.00		16.05	31	78
010000	1605001000000000	01/20/2016		16.05	00	A		
529000		01/20/2016	00000-26	216.00		3.05	31	78
010000	1605001000000000	01/20/2016		3.05	00	A		

PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=NAM 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

XI. ERROR TO FIELD INQUIRY

The **ERROR TO FIELD INQ (EC735)** screen allows you to enter the pend error code and form type to see what fields are involved with that pend. AHCCCS pend errors are activated due to questionable data within a field. For form types I, O, and L, type **B** (for UB edits) in the **FORM TYPE** field.

TR: EC735	ACT: I	AHCCCS - ENCOUNTER	USER-ID:	11/18/22
NTR: █		ERROR TO FIELD INQ		09:58:28
ERROR CODE: Z305 NEAR DUPLICATE FOUND				EC31L735
FORM TYPE: A	FIELD NUMBER: █	PEND RECORD IND: 'Y' = CREATE PEND RECORD.		
INTERNAL FLD NBR	INTERNAL FIELD NAME	PEND RECORD INDICATOR	EFFECTIVE DATES: BEGIN END	
010	AHCCCS-ID	Y	01/27/2005	99/99/9999
063	HCPCS-PROC-CD	Y	01/27/2005	99/99/9999
064	HCPCS-PROC-MOD1	Y	01/27/2005	99/99/9999
159	SER-BEG-DAT	Y	01/27/2005	99/99/9999
160	SER-END-DAT	Y	01/27/2005	99/99/9999
161	SER-PR-ID	Y	01/27/2005	99/99/9999
163	SER-UNIT	Y	01/27/2005	99/99/9999
207	HCPCS-PROC-MOD2	Y	01/27/2005	99/99/9999
257	SER-PR-ID	Y	01/27/2005	99/99/9999
258	SER-PR-LOC	Y	01/27/2005	99/99/9999
NOTE: AT LEAST ONE PEND RECORD INDICATOR MUST BE 'Y' TO PRODUCE PEND RECORD.				
PF: 1=HLP 2=RTN 3=CLR 4=MSG		7=UP 8=DWN		12=ESC

XII. REVISION HISTORY

Date	Author	Description
1/4/22	G. Aker updated by L. Peary	<ul style="list-style-type: none"> Added updated and new screenshots throughout the sections Added additional common screens to Procedure Menu section Updated section names to match PMMIS screens Added link to Reference Subsystems Codes & Values