

• Monthly Encounter Capitation File

Encounter Withhold Data File Layout

Field Name	Data Type	Field Length	Description
ICN NBR	Character	20	<p>Invoice Control Number or claim number. The first character of the ICN is reserved to uniquely identify the submitting RBHA. The remaining digits are defined by the RBHA. ICN is ≥ 11 and ≤ 20 in size. Structure of the ICN is as follows: RXXXXXXXXXXXXXXXXXXXXX Possible values for "R": C – Cenpatico – GSA 2 M – Magellan 5 – NARBHA D – Cenpatico – GSA 4 8 – CPSA – GSA 5 9 – CPSA – GSA 3 G – Cenpatico GSA 3 X – Mercy Maricopa</p>
LINE NBR	Number	6	Encounter line item number (values are 01-99).
CONTRACTOR ID (RBHA)	Character	2	<p>Contractor identification number of the RBHA that submitted the Encounter. This ID is assigned and used internally within the CIS. Valid values: 1. 02 – Cenpatico – GSA 2 2. 07 – Magellan 3. 15 – NARBHA 4. 22 – Cenpatico – GSA 4 5. 26 – CPSA – GSA 5 6. 27 – CPSA – GSA 3 7. 32 – Cenpatico – GSA 3 8. 37 – Mercy Maricopa (non-integrated) 9. 77 – Mercy Maricopa (Integrated)</p>

Field Name	Data Type	Field Length	Description
CLIENT ID	Character	10	Unique CIS 10-digit number that identifies the Client reported on the Encounter.
START DATE	Date	8 (YYYYMMDD)	Service start date. Indicates the first date the service was provided.
END DATE	Date	8 (YYYYMMDD)	Service end date. Indicates the last date the service was provided.
CIS ADD DATE	Date	8 (YYYYMMDD)	Date the Encounter was added to the CIS database.
ELIGIBILITY CONTROL DATE	Date	8 (YYYYMMDD)	Obsolete.
PROCEDURE CODE	Character	5	Procedure code denoting the service reported on an HCFA 1500 or Drug Encounter line item. For Drug Encounters, the Procedure Code value is always "D1000".
REVENUE CODE	Character	4	Revenue code denoting the service provided and reported on an UB 92 Encounter line item.
NDC CODE	Character	11	National Drug Code identifying the drug dispensed and reported on a Drug Encounter line item.
CONTRACT TYPE	Character	1	Obsolete.
ELIGIBILITY GROUP	Character	3	This field has replaced the CONTRACT TYPE field in determining Client eligibility. Possible values: "T19" – Title XIX eligible clients "T21" – Title XXI eligible clients (includes HIFA eligible clients previous to 9/24/2003) "DD" – DDD eligible clients "H1" – HIFA eligible clients "NON" – Non-Title XIX & XXI clients
TITLE 19 SERVICES	Character	1	"Y" – T19 Service "N" – State Only Service
DDD	Character	1	Obsolete.

Field Name	Data Type	Field Length	Description
PROGRAM INDICATOR	Character	1	Mental Health Category code. Possible values: <ol style="list-style-type: none"> 1. "C" – Child 2. "S" – SMI 3. "G" – GMH/Other 4. "D" – Substance Abuse Note: This field is not currently being set for records with an Eligibility Group field value of "NON".
ENCOUNTER FORM TYPE	Character	1	Encounter form type. Possible values: <ol style="list-style-type: none"> 1. "A" – HCFA 1500 2. "B" – UB 92 3. "C" – Drug
UNITS	Number	11 (9 integer + 1 decimal char + 1 decimal)	Number of service units reported on Encounter line item.
NET PAID	Number	21 (18 integer + 1 decimal char + 2 decimals)	Net amount of dollars paid. Amount paid on fee for service claim or prescription. This field is always zero for Drug Encounters.
SPECIAL NET VALUE	Number	21 (18 integer + 1 decimal char + 2 decimals)	Indicates the amount that the prepaid type of service encounter is valued.
TOTAL	Number	21 (18 integer + 1 decimal char + 2 decimals)	Calculation of NET PAID + SPECIAL NET VALUE
NTH LINE	Character	1	Obsolete.
AHCCCS ID	Character	9	ID of the Client assigned by AHCCCS.
PROVIDER ID	Character	9	ID of the Provider assigned by AHCCCS.
CRN	Numeric	14	ID of the Encounter assigned by AHCCCS.
YEARMONTH	Character	6	Fiscal Year and Month (YYYYMM)
REPORTED ELIGIBILITY GROUP	Character	3	Eligibility based on type of service on encounter.
PLACE OF SERVICE	Character	2	Place of Service code.

Field Name	Data Type	Field Length	Description
PROCEDURE CODE MODIFIER 1	Character	2	Primary procedure code modifier code.
PROCEDURE CODE MODIFIER 2	Character	2	Secondary procedure code modifier code.