Table of Contents

Chapter Five – Provider and Reference Files

Chapter 5 – Provider and Reference Files

I.   INTRODUCTION

This chapter contains a description and examples of files generated by the Arizona Health Care Cost Containment System (AHCCCS) for Contractors. These files contain information and coding about the provider, reference, and encounter data intended to assist Contractors with accurate encounter submissions. It is an expectation that Contractors will use these data files and coded values as appropriate in the adjudication of their claims. Contractors should have programming to routinely update their systems with this information to replicate the editing logic needed to "pre" adjudicate claims to achieve approved encounter status efficiently. These files will help ensure Contractors meet AHCCCS encounter editing criteria resulting in timely encounter adjudication.

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

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

II.   PROVIDER FILES

AHCCCS Technical Interface Guidelines (TIG) – Encounter - File Layouts:
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/providerTables.html#Provider.

AHCCCS produces the following provider files on a weekly basis:
APR-DRG Rate: (filename = provideraprdrg.txt)
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/APRDRGFileLayout.pdf
sftp\\shareinfo\provider\prod\out\provideraprdrg.txt.

Provider File Layout: Table (filename = profile.zip)
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ProviderLayoutTable.pdf
sftp\\shareinfo\provider\prod\out\profile.zip.

Profile Layout Table: (filename = provider.zip)
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ProfileLayoutTable.pdf
sftp\shareinfo\provider\prod\out\provider.zip.

Profile2 File Layout Table: (filename = provider.zip)
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/Profile2TableLayout.pdf
sftp\shareinfo\provider\prod\out\provider.zip.

Every registered AHCCCS provider is assigned an AHCCCS Registration Number and an AHCCCS provider type. Each AHCCCS registration number may have only one assigned provider type. The provider type drives encounter editing to ensure Contractors reimburse registered providers for services for which they are appropriately licensed/certified and are approved by AHCCCS.

APR-DRG Rate File:

https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/APRDRGFileLayout.pdf.
The APR-DRG Rate file provides APR-DRG Rate related information used to adjudicate encounters.

Provider File Layout Table:

https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ProviderLayoutTable.pdf.
The Provider File gives Contractors information specific to each AHCCCS registered provider. It is to be used to help adjudicate claims such that payment under the AHCCCS contract is made only to actively registered providers qualified to perform services approved by AHCCCS for that provider on that Date of Service (DOS).

Along with header (TO) and Trailer (T9) records, this file contains ten (10) plus three (3) date-sensitive record types- P1-P9 and R1-R4. The record layout also indicates the potential number of each record in the file for each provider ID (e.g., one, one to many, none to many, etc.). The PMMIS data table reference is indicated after each record number in the layout (e.g., PR***). The PR indicates that the data is from a PMMIS Provider table and is followed by the PMMIS table number. For each AHCCCS registered provider, the following information is included as applicable:

- **P1 – Demographic (PR010)** – Provider type code, National Provider Identifier(NPI), and 340B drug pricing indicators.
- **P2 – Provider Enrollment Status (PR070)** – Coding indicating the provider's current and historical enrollment status with AHCCCS.
- **P3 – Category of Service (PR035)** – Multiple records indicating approved category of service (COS) for date spans; indicates which agency issues the license or certification and effective dates.
- **P4 – Payment Rates (PR050)** – Coded information and values related to AHCCCS provider-specific fee schedule payment rates to be used as default payment rates for certain providers unless Contractors have other rates established by contract with the provider.
- **P5 – License (PR020)** – Date-sensitive coding of license/certification records relevant to the provider.
- **P6 – Specialty (PR030)** – Date-sensitive AHCCCS proprietary provider specialty coding segments. Also includes the special date and coding related to the current Federal PCP Rate Parity Program.
  https://www.azahcccs.gov/PlansProviders/RatesAndBilling/PCPParity.html
- **P7 – Medicare Data (PR060)** – Data related to the provider's participation with Medicare programs and assigned Medicare Identification Numbers.
- **P8 – Exception (PR055)** – Information at the service/service range level that modifies the specific provider's approved services profile either restricting certain services or allowing services not in the standard provider type/COS profile indicated in P3 – COS (PR035).

- **P9 – Billing Associations (PR045)** – Records linking the provider to AHCCCS provider ID "01 group payment" records. **Address records type codes (PR015):**
    - C = correspondence
    - S = service site
    - P = pay to
- **R1 – Address record (PR015)** – **Correspondence**/mailing addressing information; each provider has one.
- **R2 – Address record** – Service site/location address(es) and phone number(s) for the provider; each provider has one or more (PR015).
- **R3 – Address record** – Payment address including related Tax ID info for payment (PR015)
- **R4 – Alternate ID (PR082)** – Date sensitive links to any Provider reported alternate provider ID number for this provider to aid in any research related to this primary provider ID number.
- **R5 – Provider File Taxonomy Record (PR021)** – Provides provider taxonomy codes associated with the provider. One provider may have several R5 records.
- **R6 Provider ED to Hospital (PR047)-** Provides affiliations between Freestanding Emergency Department and related Hospital.
- **R7- Provider Population Group (PR031)-** Provides detailed information of what a provider can specialize in for a particular category which gives full opportunity and range of what a provider can provide for services.

III.   PROFILE/PROFILE2 LAYOUT TABLE (PROVIDER FILE)

www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ProfileLayoutTable.pdf
www.azahcccs.gov/Resources/Downloads/Contractor/Tables/Profile2TableLayout.pdf.
Provides Provider related reference table information used to adjudicate encounters. Data in this file is extracted from the AHCCCS PMMIS data tables. The PMMIS data table reference is indicated after each record number in the layout (e.g., RF***). The RF indicates that the data is from a PMMIS Reference table and is followed by the PMMIS table number. Along with a header (TO) and Trailer (T9) records, header (to) and trailer(header this file contains six (6) date-sensitive record types, P1-P6 that indicates:

- **P1 – Provider Type Profile (PR090)** – Indicating a provider type's relationship to any number of COS and COS specific service codes/code ranges; used to delineate the specific service codes which a particular provider type may perform. COS are indicated as mandatory or optional for the provider type.
- **P2 – Provider Type/COS/Licensing Agency (RF607)** – Date sensitive information by Provider type relating the various licensing agencies to COS coverage. For licensed and certified providers/facilities, the profile indicates which agency issues the license or certification, the effective dates and which COS are related to this license/certification.
- **P3 – Provider Type Rate Schedule (RF618)** – Service rates for provider type for covered services; lists multiple payment schedules.

- **P4 – Category of Service Code (RF603)** – COS is a grouping of services by AHCCCS defined category; records provide COS codes and description.
- **P5 – Provider Type Code (RF612)** – Provides provider type coding and description
- **P6 – Provider Type to Form Type (RF639)** – Provider type code relationship to form type. Certain provider types like Dental and Residential Treatment Centers may use more than one form for claims and encounters.
- **P7- Provider Type to Specialty Codes (RF611)**
- **P8- Provider Type to Population Group Codes (RF674)**

IV.   **REFERENCE FILES**

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

- On the 1st and 15th of the month, AHCCCS produces multiple reference files with data used to adjudicate encounters.
- These files are available for download from the AHCCCS SFTP server filenames= refer01.zip through refer08.zip (e.g., sftp\\shareinfo\reference\prod\out\refer01.zip).
- Each file contains Header (T0) and trailer (T9) records and multiple records carrying codes and values **needed** to adjudicate AHCCCS claims for encounter acceptance efficiently.

Reference File 01:
The file name is Refer01.zip and is in the \sftp\shareinfo\reference\prod\out\ folder
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile01TableLayout.pdf:

- **H1 – Procedure Demographics (RF113)** – Basic procedure code information including maximum and minimum age limitations.
- **H2 – FFS and CMDP Max Allowed Charge (RF112)** – Provides the AHCCCS Fee For Service maximum allowable charge (MAC) by county for procedure codes for Date of Service (DOS) and Place of service (POS).
- **H3 – AHCCCS Coverage (RF123)** – Indicates AHCCCS coverage parameters for a procedure code. See Chapter 7 – AHCCCS Coverage Codes.
- **H4 – AHCCCS Medical Category of Service (RF769)** – Provides date sensitive revenue code, UB Bill Type, HCPCS code and NDC codes to COS. Indexed by service type code. **SERVICE TYPE CODES:**
  - o   B   BILL TYPE
  - o   D   ICD-9 DIAGNOSIS CODE
  - o   H   HCPCS PROCEDURE CODE
  - o   I   ICD-10 DIAGNOSIS CODE
  - o   J   ICD-10 PROCEDURE CODE
  - o   P   PHARMACY ITEM
  - o   R   REVENUE CODE
  - o   S   ICD-9 PROCEDURE CODE

- o T THERAPEUTIC CLASS
- **H5 – AHCCCS Revenue Code to Bill Type (RF774)** – Used for relational editing between Revenue codes and UB bill type codes.
- **H6 – Revenue Code to Procedure Code (RF773)** – Provides valid, date sensitive revenue code to procedure code relationships.
- **H7 – Status Code B (RFC25)** – Separate payments for services designated with Status Code "B" on the Medicare Physician Fee Schedule for which payment should not be made when other services are provided by the same service provider, for the same recipient, on the same date of service. While these services are appropriately reported for utilization, these services are not separately paid under the AHCCCS fee schedule. All Contractors were required to implement logic to identify these services and disallowance of the separate payment beginning January 1, 2012.
- **H8 – Benefit Package Limits (RFC31)** – Provides service benefit limitations on services such as inpatient days, physical therapy visits and respite hours by effective plan year.
- **H9 – Benefit Package Limit exceptions (RFC32)** – Not in use for encounter processing – Provides the criteria for benefit limit exceptions.
- **N1 – Multiple Surgery (RF724)** – Extract of HCPCS codes to which multiple procedure discounting rule applies.
- **N2 – PCP** Specialty **Rates (RF144)** – New PCP Parity rate table providing special rates for applicable effective dates by Place of Service (POS) for qualified providers.
- **N3 – PCP Special Modifier Rate (RF147)** – Provides valid modifier rates, as applicable, for Parity eligible codes with the SL modifier for vaccine administration codes.
- **N4 – BHS Standard Service Set (RF724)** – Provides additional information needed for processing.

Reference File 02:

The file name is Refer02.zip and is in the \sftp\shareinfo\reference\prod\out\ folder
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile02TableLayout.pdf:

- **M1 – Procedure (RF113)** – Procedure code specific indicators and values e.g., family planning, TPL applicable, sterilization indicator, min-max age, etc.
- **M2 – FFS valid modifiers (RF122)** – Provides valid procedure code to modifier code relationships for RF112 FFS and CMDP rates includes modifier payment indicator Amount = A or Percentage = P to be used as multiplier.
- **M3 – NDC with Family Planning indicator = "Y"** – extract of NDC-National Drug Codes that are to be considered as family planning related.
- **M4 – ICD-9 with Family Planning indicator = "Y"** – extract of ICD-9 procedure and diagnosis codes indicated as Family Planning related.
- **M5 – NDC to HCPCS Associations** – lists the association of National Drug Codes (NDC) association to the **applicable** Healthcare Common Procedure Coding System (HCPCS) codes for required reporting of NDC information for drug- related HCPCS codes.

- **M6 – ICD-10 with family Planning indicator = "Y"** – extract of ICD-10 procedure and diagnosis codes indicated as Family Planning related.
- **M7 – Procedure Special Processing** – Specialty Payment Rate Schedule to supports various different processing situations and conditions. Formally utilized for the AZEIP rates only.

<u>Reference File 03:</u>

The file name is Refer03.zip and is in the \sftp\shareinfo\reference\prod\out\ folder
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile03TableLayout.pdf. Includes various table information related to AHCCCS-specific Outpatient Fee Schedule Pricing rules. For more information on the entire AHCCCS Outpatient Fee Schedule pricing methodology, refer to https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/outpatientrates.html.

- **N1 – Procedure OPFS (Outpatient Fee Schedule) Indicators and Values (RF127)** – OPFS procedure code specific indicators and values e.g., family planning, TPL applicable, EPSDT, sterilization indicator, min-max age, etc.
- **N2 – OPFS** Price **(RF126)** – Provides procedure code specific price for OPFS services.
- **N3 – OPFS Bundled Driver (RF797)** – Provides procedure code values and value ranges for services that drive bundled OPFS pricing.
- **N4 – Bundled Revenue Codes (RF796)** – Provides a listing of Revenue codes that are subject to bundled payment for OPFS.
- **N5 – CCI Codes (RF128)** – Lists Correct Coding relationships that indicate bundled and unbundled services editing required by AHCCCS.
  NOTE: CCI editing is not limited to OPFS.
- **N6 – Multiple Surgery Exemption Table (RF789)** – Lists procedure codes that are exempted from the OPFS Multiple surgery pricing rules.
- **N7 – Limit Override Modifiers (RF723)** – Indicating the relationship of modifier values to action codes that allow override of various types of edit rules, like value 02-frequency limitation on service codes editing is not limited to OPFS.
- **N8 – Override Action Codes (RF725)** – The 2-digit code values for modifier override of various rules.
  - OVERRIDE MULTIPLE SURGERY DISCOUNT
  - OVERRIDE FREQUENT SERVICE LIMIT
  - OVERRIDE CCI EDITS
  - OVERRIDE BUNDLED REVENUE CODES
  - 07 ENCOUNTER DUPLICATE EXCEPTION MODIFIER
  - 08 ENCOUNTER DUPLICATE EXCEPTION PROCEDURE
  - 09 ENCOUNTER DUPLICATE PROFEE/FACL EXCPTN
- **N9 – Valid OPFS procedure Modifiers (RF121)** – Provides relationship of procedure code to valid OPFS modifiers indicating amount (A) or percent (P) payment values.
- **P1 – Limit Override Procedures (RF739)** – Lists relationship of procedures to override action codes that allow override of various types of edit rules (see override action code table above).

- **P2 – MUE Units of Service (RF129)** – A **Medically Unlikely Edit** (MUE) is a claim edit applied to a procedure code for services rendered by one provider/supplier to one patient on one day. MUE are designed to limit fraud and/or coding errors. They represent an upper limit that unquestionably requires further documentation to support MUE as part of the National Correct Coding Initiative (NCCI) to address coding methodologies.
  NOTE: Not limited to OPFS only.
- **P3 – NCCI Associated Modifiers (RF131)** – Lists modifier values that are valid for National Correct Coding Initiative (NCCI) editing.
- **P4 – Procedure OPFS Clinic Price RCF (RF133)** – Lists statewide pricing values for procedure codes related to Outpatient Clinic charges, these values recognize this pricing is for facility component only of the clinic procedure code.
- **P5 – Secondary OPFS Bundled Rate Driver Codes OBS (RFC97)** – Lists two (2) codes, G0378 and G0379, as additional bundled rate drivers for OPFS pricing as defined in the OPFS pricing flow.

Reference File 04:
The file name is Refer04.zip and is in the \sftp\shareinfo\reference\prod\out\ folder
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile04TableLayout.pdf.

- **TA – Medicare Covered Part B Therapeutic Classes (RF350)** – Medicare Part B covered drug classification using a therapeutic class grouper.
- **EVV Procedure Code XReference (TB) (RF7C3)** – This file is intended for optional reference by MCO's as needed housing HCPCS/CPT procedure code, provider type, place of service and modifier. No specific processing use is defined.
- **T2 – Link Multiple Service Types (RF771)** – Indicates types of coding relationships between service code types like add on codes for HCPCS indicates that codes may or must be used in conjunction with one another
- **T3 – VFC Procedure Codes (RF729)** – Date sensitive pricing for toxoids and their administration when covered under Vaccine for Children's Program (VFC).
  NOTE: Plans have no liability for VFC covered toxoids.
- **T4 – Medicare Primary Payer Error Bypass (RF799)** – Lists encounter pend codes where related encounter editing is bypassed when Medicaid secondary claims are submitted to AHCCCS as encounters.
- **T5 – Medicaid Covered Therapeutic Classes (RF347)** – Lists Therapeutic Class Codes not covered by Medicare Part D or B.
- **T6 – ASC Rate Schedule (RFC23)** – Statewide date sensitive ASC rates.
- **T7 – Dental Procedures (RF103)** – Provides indicators by dental code related to tooth number, surface, and quadrant reporting requirements.
- **T8 – Procedure Place of service (RF115)** – Provides valid, date sensitive procedure code to Place of Service (POS) relationships.

Reference File 05:

The file name is Refer05.zip and is in the \sftp\shareinfo\reference\prod\out\ folder

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html

https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile05TableLayout.pdf.

Reference File 05 contains the maximum allowed charge and modifier records similar to those found in the Reference 01 and 02 files. This file contains the Long-Term Care MCO Capped Fee Schedule.

Reference File 06:

The file name is Refer06.zip and is in the \sftp\shareinfo\reference\prod\out\ folder.

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html

https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile06TableLayout.pdf.

Reference File 06 contains the maximum allowed charge and modifier records similar to those found in the Reference 01 and 02 files. This file contains the Acute Care MCO Capped Fee Schedule.

NOTE: Reference files 05 and 06 contain the maximum allowed charge and modifier records similar to those found in the Reference Files 01 and 02. The maximum allowed charge and modifier records in the: Reference 01 and 02 files are the AHCCCS FFS and CMDP Capped Fee Schedule; Reference 05 file is the Long-Term Care MCO Capped Fee Schedule, and Reference 06 file is the Acute Care MCO Capped Fee Schedule.

CAPPED FEE SCHEDULES	FILE – RECORD
AHCCCS FFS and CMDP	REFER01 – H2 and REFER02 – M3
ALTCS MCOs	REFER05 – M1/M2
ACUTE MCOs	REFER06 – M1/M2

Reference File 07:

The file name is Refer07.zip and is in the \sftp\shareinfo\reference\prod\out\ folder.

https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html

https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile07TableLayout.pdf.

- **M1 – Co-pay to Service (RF7A7)** – Date sensitive data related to recipient copay requirements for service codes, include other information relevant to the service type and copay amount, e.g., POS, provider type, age, etc. specifically.
- **Transplant Contract Rates (M2) (RI315)** – Utilized to identify the AHCCCS transplant rates contract rates.
- **Specialty Drug (NDC) Rates (M3)** – Utilized to identify AHCCCS rates for specialty drugs.
- **M4 – Provider TIN Spec Processing (RF681)** – Indicators to identify the special processing associated with that specific provider Tax ID number. Can be associated with more than one processing indicator due to participating in more than one special processing program.
- **M5 – Provider ID Special Process (RF682)** – Indicator to identify the special processing associated with the specific provider.
- **M6 – Special Population Diagnosis (RF260)** – ICD-10 Diagnosis codes that are associated with special populations. The special populations identified to date are:

- o Severely Emotionally Disturbed (SED),
- o Neonatal Abstinence Syndrome (NAS),
- o Severe Combined Immunodeficiency (SCI), and
- o Autism or At Risk (AUT).
- **M7 – Evaluation and Management Process Codes (M7) (RF7B7)** – Allows MCOs to enforce edit Z340 for claims to avoid encounter failures.
- **M8- DAP Special Process Code/Amount (RF684)-** Differential Adjusted Payment Special Processing Code(s) and associated amounts/percentages
- **M9- Special Processing Codes (RF680)-** Differential Adjusted Payment code listing
- **D1- Provider Type/Special Process Code/DAP Amount (RF687)-** Will capture provider types, special processing codes, if a percentage or amount is applied and the form types the DAP special process codes will be applied to.

Reference File 08:

The file name is Refer08.zip and is in the \sftp\shareinfo\reference\prod\out\ folder.
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile08TableLayout.pdf. Reference 08 file contains data related ICD10 procedure and diagnosis codes.

Reference File 09:

The file is name is Refer09.zip and is in the \ftp\shareinfo\reference\prod\out\ folder.
https://www.azahcccs.gov/Resources/Contractor/Manuals/TIG/reference.html
https://www.azahcccs.gov/Resources/Downloads/Contractor/Tables/ReferenceFile09TableLayout.pdf.

- **C1 – Electronic Visit Verification (EVV) Provider Key Contact Data** – This file is intended for optional reference by MCO's as needed and no specific processing use is defined. (RF686).
- **S1 – School CTDS Information** – Provides new claims and encounters reporting requirements and an edit related to services provided in a school-based place of service. (RF7C4).
- **R1 – ROPA Exceptions** - Provides the MCO's with the necessary data for the ROPA providers that are not registered with AHCCCS because they are not registerable provider types.