



# **PMMIS Training**

## **Introduction to Encounter Processing**



# Table of Contents

TABLE OF CONTENTS.....	1
<b>USER GUIDE INTRODUCTION.....</b>	<b>1</b>
<i>INTRODUCTION.....</i>	<i>1</i>
<i>CONTACT INFORMATION.....</i>	<i>1</i>
<b>OBJECTIVES.....</b>	<b>2</b>
<b>ACCESSING PMMIS.....</b>	<b>3</b>
<b>SECTION</b>	
<b>INTRODUCTION.....</b>	<b>3</b>
<i>GAINING ACCESS.....</i>	<i>3</i>
<i>AHCCCS CONTACT INFORMATION.....</i>	<i>3</i>
<i>PASSWORDS.....</i>	<i>4</i>
<i>CHANGING YOUR PASSWORD.....</i>	<i>4</i>
<i>SIGNING ON.....</i>	<i>5</i>
<i>MENUS AND TOOLBAR.....</i>	<i>8</i>
<i>NAVIGATING PMMIS.....</i>	<i>10</i>
<b>PROVIDER.....</b>	<b>12</b>
<i>SECTION INTRODUCTION.....</i>	<i>12</i>
<i>PROVIDER MENU (PR000).....</i>	<i>12</i>
<i>PROVIDER SEARCH (PR005).....</i>	<i>13</i>
<i>PROVIDER ADDRESSES (PR015).....</i>	<i>14</i>
<i>ENROLLMENT INFORMATION (PR010).....</i>	<i>15</i>
<i>PROVIDER ALTERNATE ID. (PR082).....</i>	<i>16</i>
<i>ENROLLMENT STATUS (PR070).....</i>	<i>17</i>
<i>GROUP ASSOCIATION (PR045).....</i>	<i>18</i>
<i>CATEGORY OF SERVICE (COS) (PR035).....</i>	<i>19</i>
<i>RESTRICTION (PR055).....</i>	<i>20</i>
<i>EXCEPTIONS (PR055).....</i>	<i>21</i>
<i>LICENSES &amp; CERTIFICATIONS (PR020).....</i>	<i>22</i>
<b>RECIPIENT.....</b>	<b>23</b>
<i>SECTION INTRODUCTION.....</i>	<i>23</i>
<i>RECIPIENT MENU (RP000).....</i>	<i>23</i>
<i>NAME SEARCH (RP290).....</i>	<i>24-25</i>
<i>DEMOGRAPHICS (RP135).....</i>	<i>26</i>
<i>Combined Eligibility/Enrollment (RP001).....</i>	<i>27</i>
<i>AHCCCS RECIPIENT VERIFICATION (RP245).....</i>	<i>28</i>
<i>COMBINED ELIGIBILITY/ENROLLMENT (RP285).....</i>	<i>29</i>
<i>ELIGIBILITY (RP145).....</i>	<i>30</i>
<i>ENROLLMENT (RP160).....</i>	<i>32</i>
<i>MEDICARE COVERAGE (RP150).....</i>	<i>33</i>
<i>THIRD PARTY COVERAGE (RP155).....</i>	<i>34</i>
<i>CRS ENROLLMENT (RP215).....</i>	<i>35</i>
<b>REFERENCE.....</b>	<b>36</b>
<i>SECTION INTRODUCTION.....</i>	<i>36</i>
<i>REFERENCE MAIN MENU (RF000).....</i>	<i>37</i>
<i>REFERENCE, PROCEDURE CODE.....</i>	<i>38</i>
<i>Procedure Code Menu (RF100).....</i>	<i>38</i>
<i>Procedure AHCCCS Coverage (RF123).....</i>	<i>39</i>
<i>AHCCCS Coverage Codes.....</i>	<i>41</i>
<i>Procedure Place of Service Code (RF115).....</i>	<i>42</i>
<i>Place of Service (POS) (RF107).....</i>	<i>42</i>

<i>Procedure Code Indicators and Values (RF113)</i> .....	44
Laboratory Indicator (RF156).....	45
<i>Procedure Maximum Allowable Charge (RF112)</i> .....	45
Valid Procedure Modifiers (RF122) .....	46
Procedure Modifier (RF114) .....	47
ICD-9 Procedure AHCCCS Coverage (RF153).....	48
ICD-9 Procedure codes (RF151).....	49
CCI Edits (RF128) .....	50
REFERENCE, DIAGNOSIS CODE.....	51
Diagnosis Code Menu (RF200) .....	51
Diagnosis AHCCCS Coverage (RF211).....	52
Diagnosis Code (RF203) .....	53
REFERENCE, PHARMACY ITEM .....	54
Pharmacy Item Menu (RF300) .....	54
Pharmacy Item Coverage (RF319).....	55
Pharmacy NDC Coverage (RF302).....	57
Pharmacy Item Indicators and Values (RF312).....	57
Alternate NDC List (RF333).....	58
REFERENCE, PROVIDER.....	60
Provider Menu (RF600) .....	59
Provider Type Code (RF612).....	61
Category of Service (RF603).....	63
Provider Category of Service to Licensing Agency (RF607) .....	64
REFERENCE, ENCOUNTER/CLAIM .....	65
Encounter/ Claims Menu (RF700) .....	64
Adjudication Status (RF748) .....	66
Revenue codes (RF721).....	66
Medical Categories of Service (RF769).....	67
Revenue Codes to Bill Types (RF774) .....	67
Revenue Codes to Procedure Code (RF773) .....	68
AHCCCS Encounters/Claims (EC560).....	70
Admission Source Code (RF703).....	71
Admission Type (RF704).....	71
Bill Type (RF706).....	71
Form Type (RF754).....	73
Bill Type to Form Type (RF786) .....	74
UB Patient Status (RF717) .....	75
UB82 Occurrence (RF726).....	75
<b>ENCOUNTERS.....</b>	<b>75</b>
SECTION INTRODUCTION.....	75
ENCOUNTER MAIN MENU (EC000).....	76
HCFA 1500 INQUIRY (EC205).....	77-78
UB INQUIRY (EC810) .....	78
DRUG INQUIRY (EC215) .....	80
DENTAL INQUIRY (EC203) .....	82
ERROR CORRECTION AUDIT TRAIL (EC261).....	82
ERROR OVERRIDE AUDIT TRAIL (EC262) .....	84
ERROR AUDIT TRAIL (EC263).....	85
DUPLICATE CHECK (EC270C) .....	85
RECIPIENT ACTIVITY INQUIRY (EC510).....	86
ERROR TO FIELD INQUIRY (EC735).....	87
CONTRACTOR REQUEST TO OVERRIDE PENDED ENCOUNTERS.....	89
EDIT STATUS REPORT TABLE.....	90

# Contractor User Guide

---

## 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 user guide includes information on:

- Registering with AHCCCS to be PMMIS user
- Password and Log on processes
- Screen navigation tools
- Commonly used screens
- How to perform basic tasks

The PMMIS system can be utilized by Contractors 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.

## Contact Information

---

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

Questions regarding the validator or Technical Interface Portal (TIP) should be submitted to the [AHCCCSTIEncounters@azahcccs.gov](mailto:AHCCCSTIEncounters@azahcccs.gov) e-mail address.

All other encounter questions, including those concerning PMMIS mainframe access or utilization, should be sent to the [AHCCCSEncounters@azahcccs.gov](mailto:AHCCCSEncounters@azahcccs.gov) e-mail address.



## Objectives

---

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

- Understand the login process for PMMIS
- Describe the three methods to navigate through PMMIS Menus
- Locate Provider specific information
- Investigate Recipient data
- Validate information/coding utilizing the Reference screens
- Research an encounter to resolve pend errors

# Accessing PMMIS

## Section Introduction

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

## Gaining Access

A user identification and password are necessary to login to PMMIS. To obtain both, email a copy of the required “User Access Request” form and “External User Affirmation Statement” to the AHCCCS Encounters mailbox. [AHCCCSEncounters@azahcccs.gov](mailto:AHCCCSEncounters@azahcccs.gov).

The forms can be found at:

<http://www.azahcccs.gov/commercial/ISD/DataAccessForms.aspx>

The screenshot shows a web browser window titled "AHCCCS Data Access Forms - Windows Internet Explorer provided by AHCCCS". The address bar shows the URL <http://www.azahcccs.gov/commercial/ISD/DataAccessForms.aspx>. The page content includes a navigation menu with tabs for Applicants, Members, American Indians, Plans/Providers, Community Partners, Oversight/Reporting, and OIG/Report Fraud. The main header features the AHCCCS logo and the AZ.GOV logo. Below the header, there is a search bar and a breadcrumb trail: "AHCCCS Home > Plans, Providers, Contractors & Vendors Home > This Page". The main content area is titled "AHCCCS Data Access Forms" and contains three sections: "Electronic Data Exchange Request Form", "External User Affirmation Statement", and "User Access Request Form". Each section includes a brief description and a link to the corresponding form. The left sidebar contains a "Plans, Providers, Contractors & Vendors Menu" with various links. The right sidebar contains a "Common Resources" section with links to various documents and information. The status bar at the bottom indicates "Local intranet | Protected Mode: On" and a zoom level of 125%.

## Accessing PMMIS

---

### Passwords

---

After the first logon to PMMIS, there will be a prompt to change the password.

A new password must meet the following security criteria:

- Must be 6 - 8 characters in length
- Must begin with an alpha character
- Must contain at least one numeric character
- Is not case sensitive

An example of a password that meets the security criteria is: **pmmis01**

Note: A best practice is to **NOT** use the names of family members or important dates, as these can more easily be compromised.

### Changing the Password

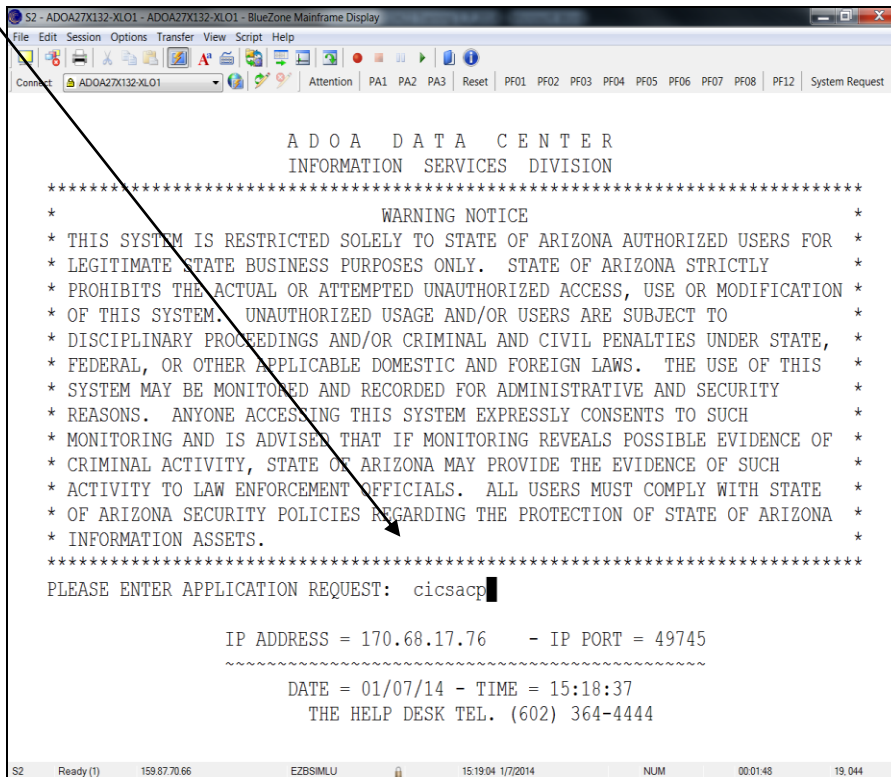
---

Passwords must be changed every 30 days.

- There will be a system prompt to change the password 5 days prior to 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 & 4705 completes after hours password resets.
- ***No login for 90 days will revoke the ID and a new user request form will be required to receive a new login.***

## Signing On PMMIS

Complete the procedures to access PMMIS. After connecting, the following screen will be displayed. At this point, enter the application request sign on "cicsacp" and press <Enter>.



```
S2 - ADOA27X132-XLO1 - ADOA27X132-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA27X132-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

          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
*****
*                                     *
*          W A R N I N G   N O T I C E          *
* THIS SYSTEM IS RESTRICTED SOLELY TO STATE OF ARIZONA AUTHORIZED USERS FOR *
* LEGITIMATE STATE BUSINESS PURPOSES ONLY. STATE OF ARIZONA STRICTLY *
* PROHIBITS THE ACTUAL OR ATTEMPTED UNAUTHORIZED ACCESS, USE OR MODIFICATION *
* OF THIS SYSTEM. UNAUTHORIZED USAGE AND/OR USERS ARE SUBJECT TO *
* DISCIPLINARY PROCEEDINGS AND/OR CRIMINAL AND CIVIL PENALTIES UNDER STATE, *
* FEDERAL, OR OTHER APPLICABLE DOMESTIC AND FOREIGN LAWS. THE USE OF THIS *
* SYSTEM MAY BE MONITORED AND RECORDED FOR ADMINISTRATIVE AND SECURITY *
* REASONS. ANYONE ACCESSING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH *
* MONITORING AND IS ADVISED THAT IF MONITORING REVEALS POSSIBLE EVIDENCE OF *
* CRIMINAL ACTIVITY, STATE OF ARIZONA MAY PROVIDE THE EVIDENCE OF SUCH *
* ACTIVITY TO LAW ENFORCEMENT OFFICIALS. ALL USERS MUST COMPLY WITH STATE *
* OF ARIZONA SECURITY POLICIES REGARDING THE PROTECTION OF STATE OF ARIZONA *
* INFORMATION ASSETS. *
*****
PLEASE ENTER APPLICATION REQUEST: cicsacp

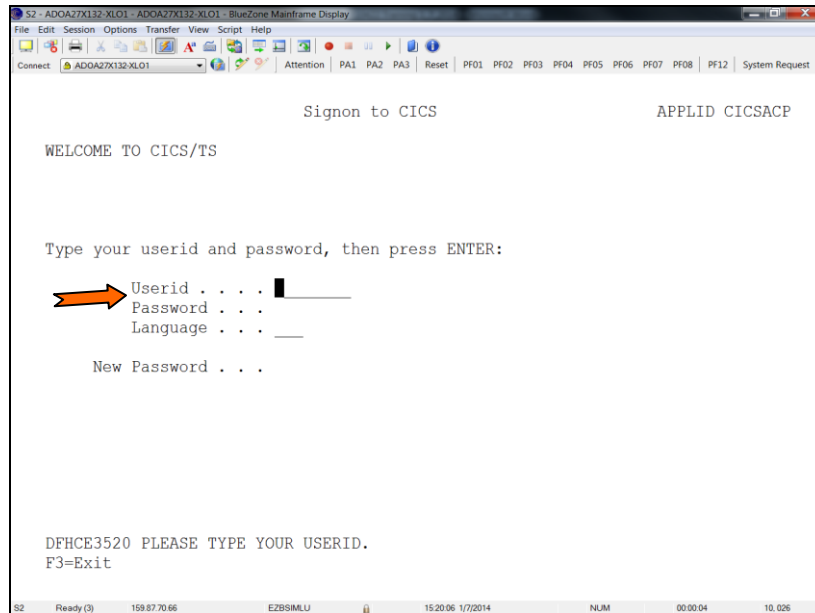
          I P   A D D R E S S   =   1 7 0 . 6 8 . 1 7 . 7 6       -   I P   P O R T   =   4 9 7 4 5
          ~~~~~
          D A T E   =   0 1 / 0 7 / 1 4   -   T I M E   =   1 5 : 1 8 : 3 7
          T H E   H E L P   D E S K   T E L .   ( 6 0 2 )   3 6 4 - 4 4 4 4

S2      Ready (1)      159.87.70.66      EZBSMLU      15:19:04 1/7/2014      NUM      00:01:48      19.044
```

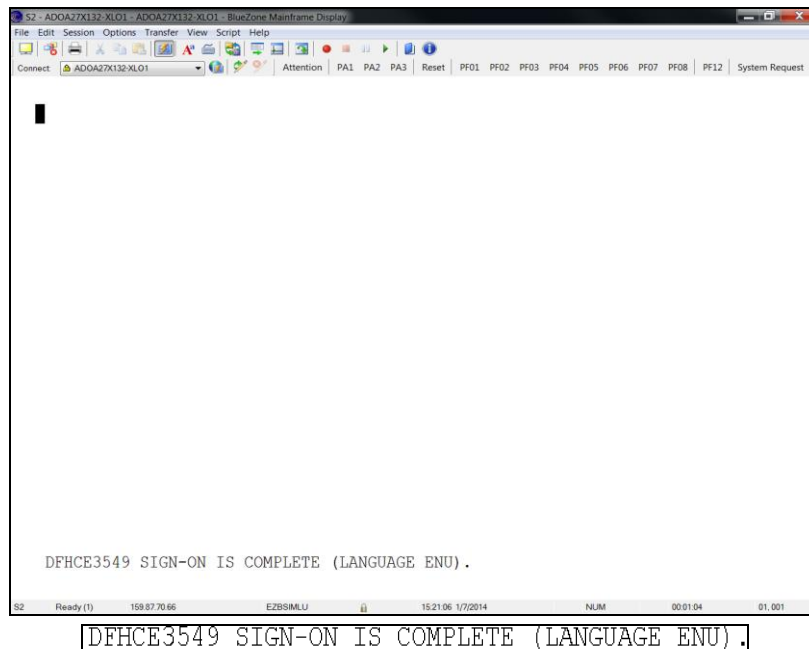
## Signing On, *Continued*

---

Next, the login screen will appear asking for a User ID and Password. Neither is case sensitive.



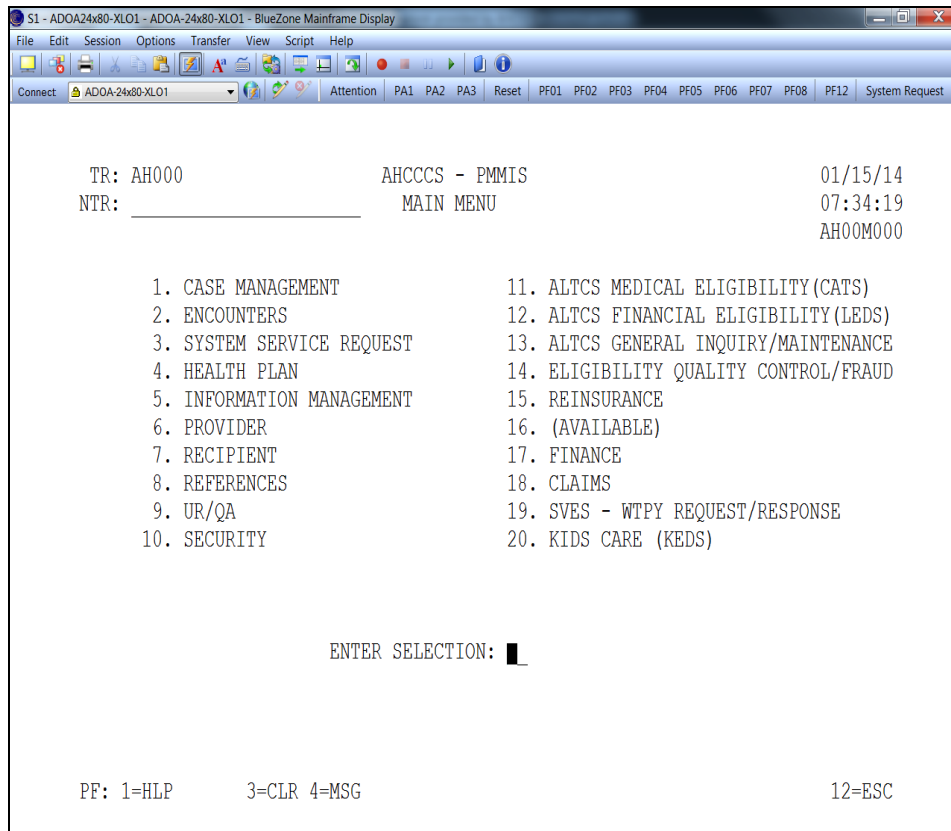
After entering the user name/password and pressing <Enter>, a blank screen will appear with the following message, “DFHCE3549 SIGN-ON IS COMPLETE (LANGUAGE ENU).” Type in “ADMN” and press <Enter>. Not case sensitive.



# MAIN MENU

---

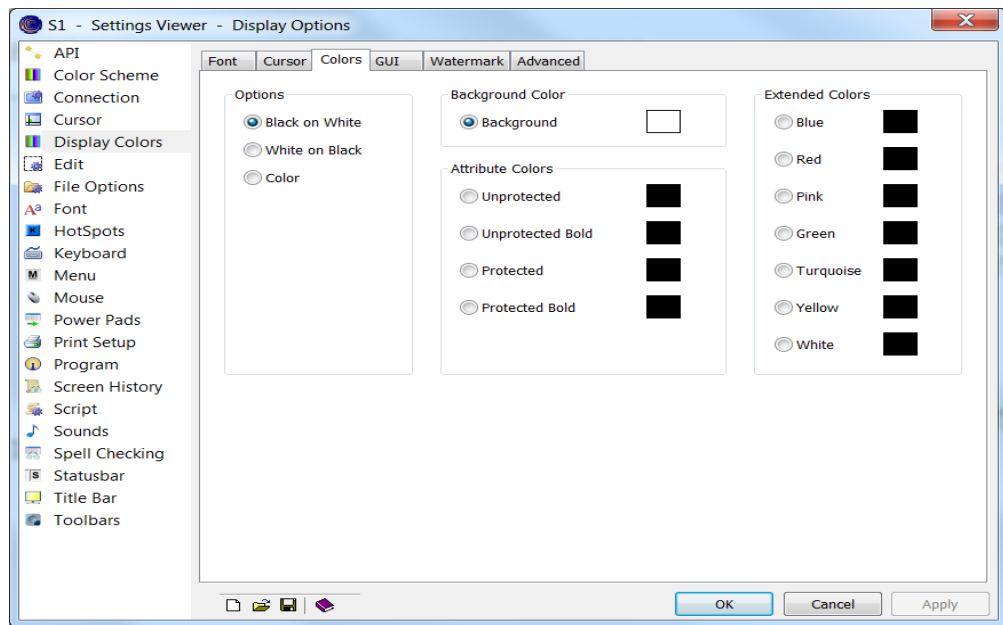
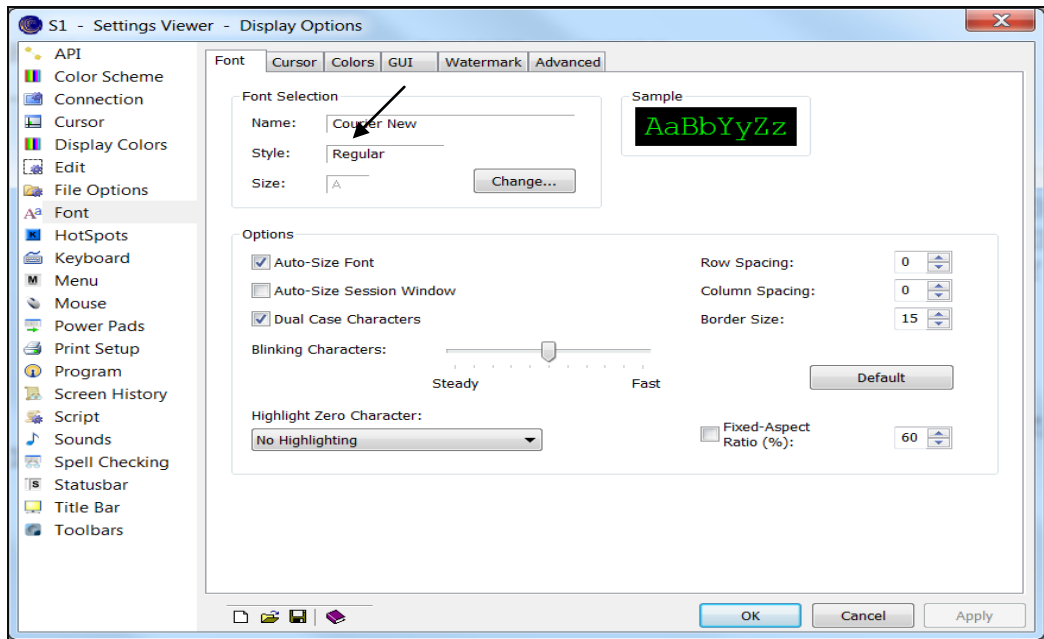
From this menu, you can navigate through PMMIS.



For Reference- NTR key code to main subsystems: (2) digit alpha followed by (3) zeros

- 1. Case Management (CM000)
- 2. Encounters (EC000)
- 4. Health Plan (HP000)
- 6. Provider (PR000)
- 7. Recipient (RP000)
- 8. References (RF000)
- 11. ALTCS Medical Eligibility (CATS) (CA000)
- 12. ALTCS Financial Eligibility (LEDS) (LE000)
- 13. ALTCS General Inquiry/Maintenance (LT000)
- 15. Reinsurance (RI000)







## Navigating PMMIS

---

There are two ways to navigate through PMMIS.

The First way is to enter the desired selection number in the “Enter Selection” field located near the bottom of each menu.

ENTER SELECTION:     

The Second method to navigate PMMIS is to utilize the “NTR” field at the top left of the screen. “NTR” (Next Transaction). This allows the user to enter a Transaction Number to directly travel to a specific screen rather than having to navigate through the menu structure, this is called transaction traveling.

NTR:           

The Home key will take you to the NTR field from anywhere on the screen. In the NTR field, key in the screen number (ex. “PR005” provider search screen) and press <Enter>.

### Function Keys

---

Additional information may be available for each screen by using Function Keys. These function keys vary by screen.

#### Common Function Keys

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

PF7=UP PF8=DWN	Scroll up and down through the list
PF10=TOP PF11=DWN	Scroll to the top or bottom of the list
PF12=ESC	Escape – Return to the PMMIS Main Menu.

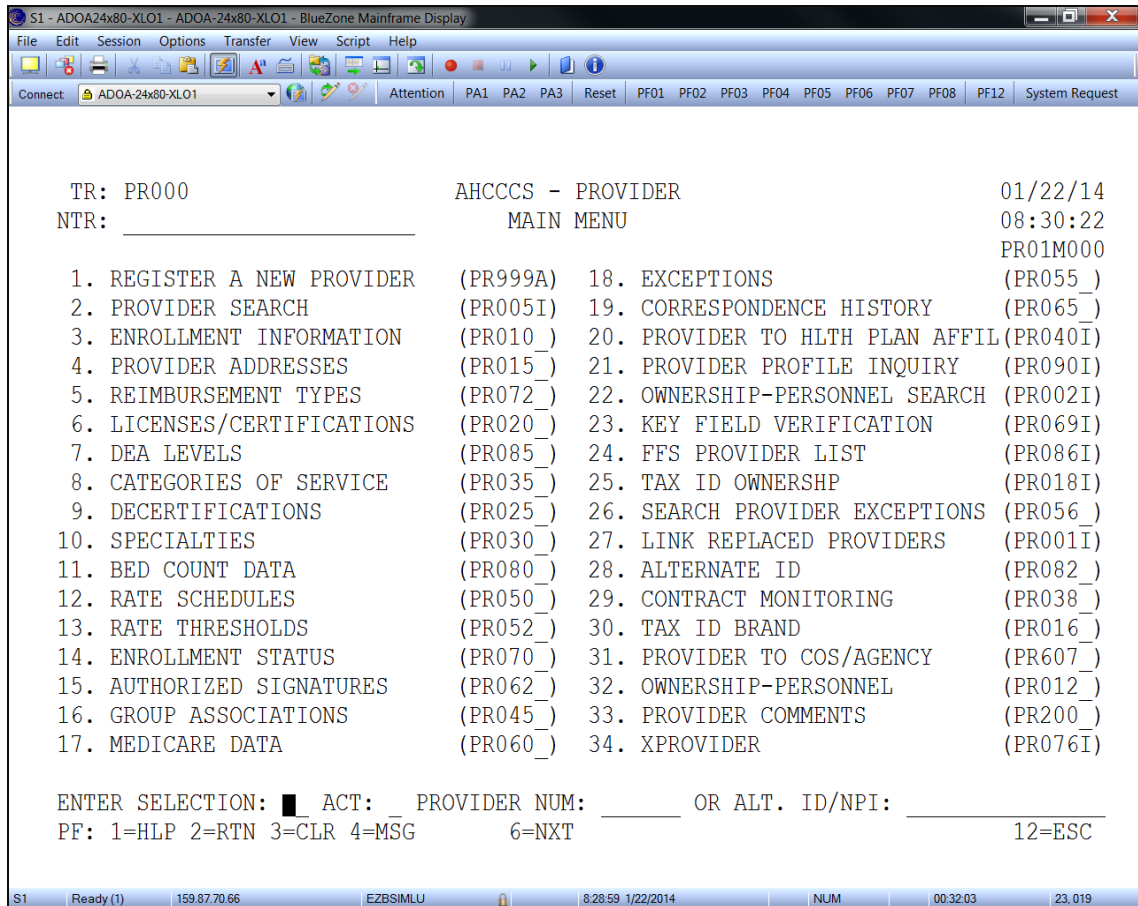
# Provider Menu (PR000)

## Introduction

This section documents some of the most frequently used Provider screens.

To access the Provider Menu from the Main Menu, either type a “6” into the “Enter Selection” field or type “PR000” into the “NTR” field and press <ENTER>.

All provider subsystem screens begin with “PR” use PF6 to see additional screens listed.



*Note: if you do not have access to a particular subsystem screen then you will get a return message like “ACCESS TO THE REQUESTED TRANSACTION IS DENIED”.*

## Provider Search (PR005I, or Selection #2)

The Provider Search screen is used to find a provider's AHCCCS identification number. This number will be 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: 0A7 01/07/14  
 NTR: PROVIDER SEARCH 15:26:59 PR01L005

SEL	PROVIDER NAME	PRV ID	STATUS	TAX ID	SSN	TYPE	ST
	MEDICARE ID: _____	NPI: _____					
-	@ HEART HOME CARE	438330	T 51			40	AZ
-	@ HEART HOME CARE	450969	T 31			01	AZ
		1306076914					
-	@ HOME HEALTH CARE	616482	T 96			40	AZ
-	A LANE ADULT CARE HOME	486458	A 01			36	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	A 01			36	AZ
-	A & A FAMILY DENTISTRY	325269	A 01			01	AZ
		1891878765					

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

S2 Ready (1) 159.87.70.66 EZBSIMLU 15:26:01 1/7/2014 NUM 00:05:59 05\_006

To perform a provider search, enter the provider's name, the beginning of the provider's name, NPI, and/or AHCCCS "legacy" ID.

In addition to searching using the provider's full or partial name, you can filter the results further by adding the provider type. If the provider type is unknown, move the cursor to the "TYPE" field and press <F1>. All of the provider types will then be listed for you to select one. Find the type that you want and enter an "S" into the "SEL" field and press <ENTER>. The Provider Search screen is now populated with the Provider Type selection. Complete the desired search criteria and press <Enter> for the results to be displayed.

To select the provider, put an "S" in the "SEL" Column and press <Enter>, which routes to the Provider Addresses screen.

## Provider Addresses (PR015 or selection #4)

The Provider Addresses screen will indicate the three different provider address types: C=Correspondence, P=Pay to, and S=Servicing. The different addresses can be accessed by pressing <F8> and <F7> to scroll through the list. In addition, this screen can be used to view the NPI number used by the provider.

The screenshot shows a mainframe display window titled "S2 - ADOA27X132-XLO1 - ADOA27X132-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
TR: PR015 ACT: I          AHCCCS - PROVIDER          01/07/14
NTR: _____          PROVIDER ADDRESSES ALL      15:31:35
                                PR01L015

PROVIDER NUMBER: 26747 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: 11/14/2011
                                SYSTEM END DATE:

ATTENTION TO: IMS INC
STREET LINE 1: SUITE 4010
STREET LINE 2: 9250 N. 3RD ST
CITY/STATE/ZIP: PHOENIX          AZ 85020 -
COUNTY: 13 MARICOPA          COUNTRY: 01 UNITED STATES
BUSINESS PHONE: [ ]          EMERGENCY PHONE:( ) -
FAX PHONE:( ) -          FAX BACK VERIFICATIONS?: (Y/N)

E-MAIL/IND:

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
```

At the bottom of the window, a status bar displays: S2 Ready (1) 159.87.70.66 EZBSIMLU 15:30:23 1/7/2014 NUM 00.10.21 05.025

## Provider Enrollment Information (PR010 or selection #3)

This screen will be the resource for detailed provider enrollment information such as:

- Enrollment begin and end date
- Provider type
- Current enrollment status

The screenshot shows a mainframe terminal window titled "S2 - ADOA27X132-XLO1 - ADOA27X132-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
TR: PR010 ACT: I          AHCCCS - PROVIDER          01/07/14
NTR: _____          ENROLLMENT INFORMATION      15:34:13
                                      PR01L010

PROVIDER NUMBER: 26747 NAME: KANE/SEAN M.
NATIONAL PROVIDER ID: 1053389973
CURRENT ENRLMT STATUS: 01 ACTIVE

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:          DOB:
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: 12/31/2013
HOSPITAL CLASS LEVEL:
SEARCH LIC NUMBER:
ACTIVE 12/24/2013 TO PRESENT BY BAT UNKNOWN USER
340B PROVIDER: N
PF: 1=HLP 2=RTN 3=CLR 4=MSG          12=ESC
```

The status bar at the bottom of the window displays: S2 Ready (1) 159.87.70.66 EZBSIMLU 15:32:59 1/7/2014 NUM 00:12:57 05.025

## Provider Alternate ID. (PR082 or selection #28)

This screen provides other ID numbers associated with this provider including NPI and end dated AHCCCS provider ID numbers.

The screenshot shows a mainframe display window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
3011 BOTTOM OF LIST
TR: PR082 ACT: I          AHCCCS - PROVIDER          01/22/14
NTR: _____          PROVIDER ALTERNATE ID      08:37:48
                           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
1053389973	NP	NATIONAL PROVIDER	OL	10/07/2002		11/14/2011	5V#

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

The status bar at the bottom shows: S1 Ready (1) 159.87.70.66 EZBSIMLU 8:36:27 1/22/2014 NUM 00:39:31 20.029

*Contractors might use these previous screen's information 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*

## Enrollment Status (PR070 or selection #14)

This status screen contains tracks changes in a provider's enrollment status. The enrollment status code and enrollment status segment begin and end dates below are illustrative of a provider who had a gap in AHCCCS enrollment.

```

S2 - ADOA27X132-XLO1 - ADOA27X132-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA27X132-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: PR070 ACT: I          AHCCCS - PROVIDER          01/07/14
NTR: _____          ENROLLMENT STATUS          15:35:36
                                PR01L070

PROVIDER NUMBER: 726747    KANE/SEAN M.
NATIONAL PROVIDER ID: 1053389973
PROVIDER TYPE: 19         REGISTERED NURSE PRACTITIONER
CURRENT ENRLMT STATUS: 01    ACTIVE

ENR ENR      REPLACEMENT
STA STA      PROVIDER REC BEGIN  END  SYSTEM  SYSTEM
TYP COD  DESCRIPTION  NUMBER STA  DATE   DATE   BEG DATE  END DATE

A 01 ACTIVE          A 10/07/2002 04/07/2006 04/08/2006
T 31 TERMINATION-NO ACT A 04/08/2006 10/30/2011 04/08/2006
A 01 ACTIVE          A 10/31/2011          11/14/2011

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

S2 Ready (1) 159.87.70.66 EZBSIMLU 15:34:19 1/7/2014 NUM 00:14:17 17.080
  
```

*This screen is useful for pends related to provider not enrolled on DOS.*



## Group Association (PR045 or selection #16)

The Group Associations screen displays all affiliations listed for a specific provider and the date ranges of those affiliations. Possible affiliations include groups, hospitals, clinics, etc. that are permitted to bill and be reimbursed for the service provider.

```

S1 - ADDA24x80-XL01 - ADDA-24x80-XL01 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connections: ADDA-24x80-XL01
Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: PR045 ACT: I          AHCCCS - PROVIDER          01/10/14
NTR: _____        BILLING ASSOCIATIONS BY PROVIDER  11:26:30
                                                                PR01L045

PROVIDER NUMBER: 726747    KANE/SEAN M.
NATIONAL PROVIDER ID: 1053389973
PROVIDER TYPE: 19        REGISTERED NURSE PRACTITIONER
CURRENT ENRLMT STATUS: 01    ACTIVE

GROUP  PR          BEGIN      END      MOD
ID    TYP    NPI          GROUP NAME      DATE      DATE      USR
-----
326831 01  1760441141 INTEGRATED MEDICAL SERVIC  10/31/2011          5V#
999998          10/07/2002 03/31/2006 5U0

PF: 1=HLP 2=RTN 3=CLR 4=MSG          6=RPT 7=UP 8=DWN 9=046 10=TOP 11=BOT 12=ESC
  
```

## Category of Service (COS) (PR035 or selection #8)

All procedure codes billable to AHCCCS are classified into a specific Category of Service. A provider must have the corresponding Category of Service code(s) on his/her file to bill for the service. This screen will list all the Categories of Service available to the provider.

SI - ADOA24x80-XL01 - ADOA-24x80-XL01 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADOA-24x80-XL01 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: PR035 ACT: I AHCCCS - PROVIDER 01/10/14  
 NTR: \_\_\_\_\_ CATEGORIES OF SERVICE 11:46:20  
 PR01L035

PROVIDER NUMBER: 26747 KANE/SEAN M.  
 NPI: 1053389973  
 PROVIDER TYPE: 19 REGISTERED NURSE PRACTITIONER  
 CURRENT ENRLMT STATUS: 01 ACTIVE

CODE	DESCRIPTION	BRAND	BEGIN DATE	END DATE
		638		
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

## Exceptions (PR055 or selection #18)

From time-to-time, restrictions (on a procedure by procedure basis) can be placed on a provider. For example, Exception type: 01, "Provider Prohibited" – this could be due to the providers education level or the Medical Board of Examiners could place 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. Exception Type: 04. This screen will be the resource to find that information:

### Exception Type: 01

If the provider is on review

If specific codes cannot be billed

```
S1 - ADDA24x80-XL01 - ADDA-24x80-XL01 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connections: ADDA24x80-XL01
Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: PR055 ACT: I          AHCCCS - PROVIDER          0A7          01/10/14
NTR: _____          MAINTAIN EXCEPTION GROUP    11:42:50
                                           PR01L255

PROVIDER NUMBER: 26747 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  5VL
H          56605       56606      11/08/2002  5VL
H          57452       57452      11/08/2002  5VL
H          57454       57454      11/08/2002  5VL
H          57500       57500      11/08/2002  5VL
H          57505       57505      11/08/2002  5VL

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
```

*Researching for restrictions can assist in resolving encounter pends like Provider not eligible for COS on date of service P330 and the various P47X pended encounters.*

## Exceptions (PR055) continued

### Exception Type: 04

This is used when an individual provider is allowed to provide and bill for services that are typically not permitted for their Provider Type.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: PR055 ACT: I AHCCCS - PROVIDER 0A7 01/22/14  
NTR: \_\_\_\_\_ MAINTAIN EXCEPTION GROUP 08:43:34  
PR01L255

PROVIDER NUMBER: 26747 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

SERV TYPE	SERVICE FROM	SERVICE TO	MOD	POS	LAST UPDATE	USER
H	31231	31231				
H	31237	31237				
H	31575	31575				
H	42808	42808				

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:42:22 1/22/2014 NUM 00:45:26 05\_029

*Contractors have to provide AHCCCS with documentation for review by AHCCCS Medical Management justifying additional codes.*

## Licenses & Certifications (PR020 or selection #6)

This screen identifies any licenses/certifications held by the provider to include the issue and end dates. It also provides a description of the license and the date it was verified by AHCCCS.

The screenshot shows a terminal window titled "S1 - ADOA24x80-XL01 - ADOA-24x80-XL01 - BlueZone Mainframe Display". The window contains the following text:

```

TR: PR020 ACT: I                AHCCCS - PROVIDER                01/10/14
NTR: _____                LICENSES/CERTIFICATIONS            13:22:24
                                   PR01L020

PROVIDER NUMBER: 26747 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		11/14/2011
	NEXT RENEWAL DATE: 04/10/2014		REASON:			USR: 5V#
003	AZ STATE BOARD OF N L	RN117591		02/08/2002		11/14/2011
	NEXT RENEWAL DATE: 04/10/2014		REASON:			USR: 5V#
017	DRUG ENFORCEMENT AG L	MK0821454		11/13/2010		11/14/2011
	NEXT RENEWAL DATE: 01/10/2014		REASON:			USR: 5V#

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

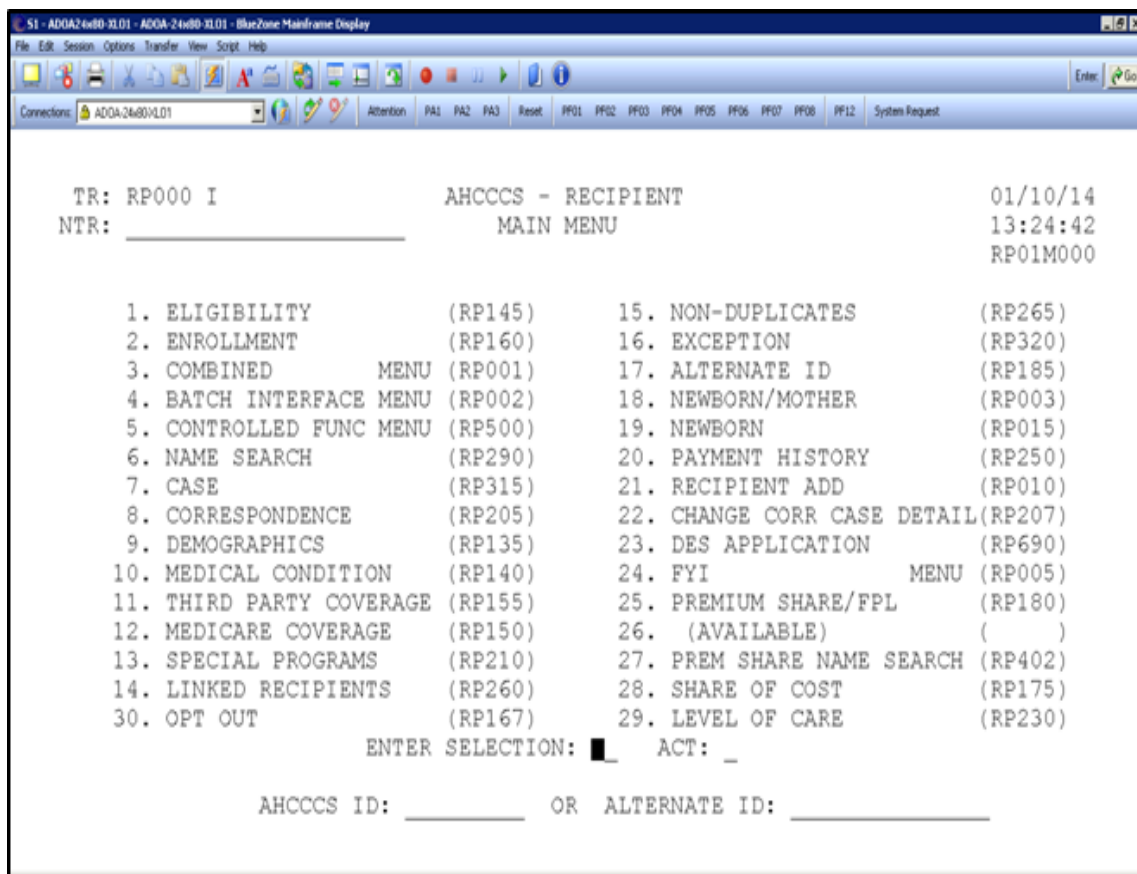
# Recipient Section

## Introduction

Recipient is the term used in PMMIS for those individuals who have been enrolled or are currently Title XIX/XXI AHCCCS eligible. Recipients may also be known as members.

To access the Recipient Menu from the Main Menu, either type a “7” into the “Enter Selection” field or type “RP000” into the “NTR” field and press <ENTER>.

## Recipient Menu



The Recipient section includes all AHCCCS recipients – past and present. These screens provide additional details regarding the recipient.

The most commonly 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)

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

## Name Search (RP290 or selection #6)

---

On this screen, a recipient's name can be entered in order to obtain the AHCCCS ID number. The AHCCCS ID number will be used throughout the rest of the recipient PMMIS screens to access information.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

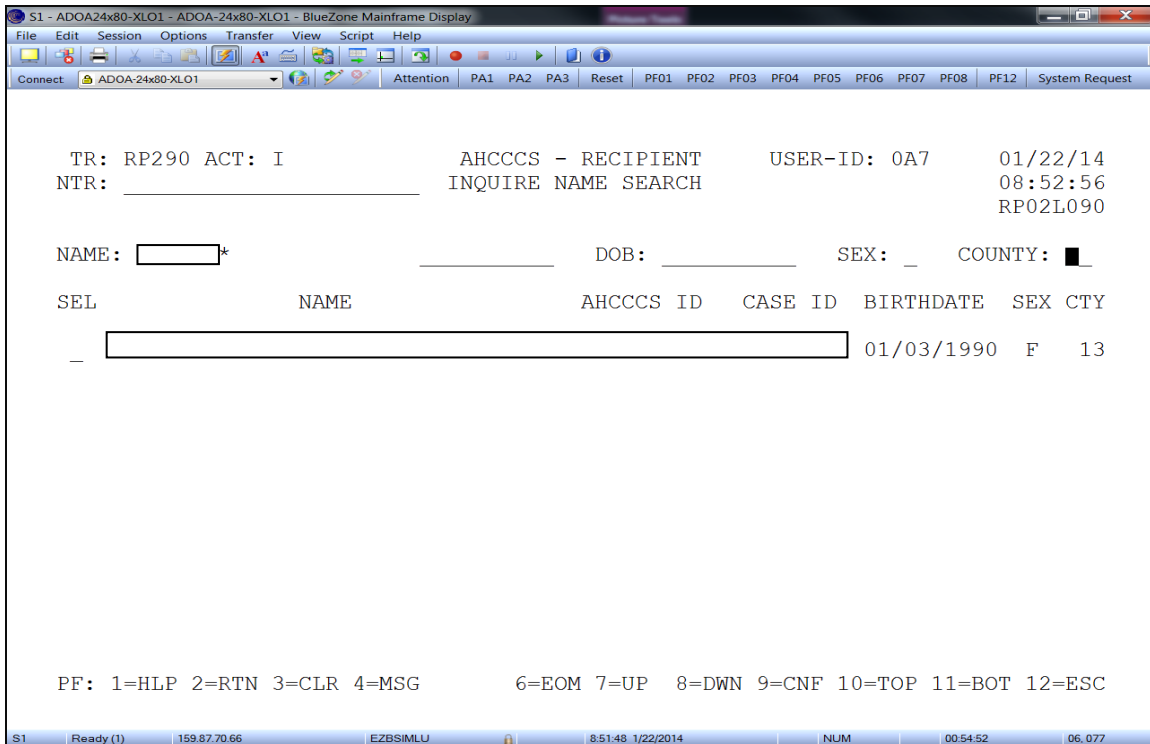
TR: RP290 ACT: I AHCCCS - RECIPIENT USER-ID: 0A7 01/22/14  
NTR: \_\_\_\_\_ INQUIRE NAME SEARCH 08:51:34  
RP02L090

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:50:22 1/22/2014 NUM 00:53:26 13.003



Enter the recipient’s last name, press <Tab>, and then enter the recipient’s first name (or first initial if the full name is not known). To decrease the number of search results, enter a date of birth, gender, and/or county of residence.

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

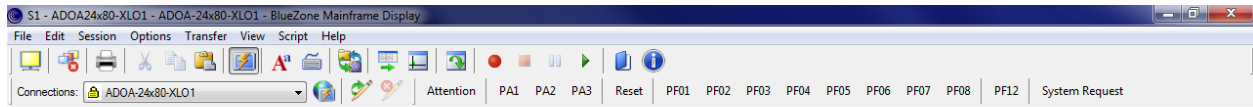
A search can be conducted only by using the first, last name, or date of birth (DOB).

If the search returns several recipients that meet the search criteria, enter an “S” into the “SEL” field and press <F9> to view the selected recipient’s demographics. Press <F2> to go back to the RP290 screen. If F9 is not available then hit enter and go to RP135.





# Combined Eligibility/Enrollment (RP001 or selection #3)



4314 AHCCCS ID OR ALTERNATE ID IS REQUIRED  
TR: RP001 I AHCCCS - RECIPIENT 09/04/14  
NTR: \_\_\_\_\_ ELIGIBILITY/ENROLLMENT MENU 14:14:34  
RP01M001

1. COMBINED ELIGIBILITY (RP345)
2. COMBINED ENROLLMENT (RP060)
3. COMBINED ELIGIBILITY/ENROLLMENT (RP285)
4. LINKED ELIGIBILITY/ENROLLMENT (RP170)
5. VERIFICATION (RP245)
6. OPEN ENROLLMENT (RP660)
7. (AVAILABLE) ( )
8. CO-PAY VERIFICATION (RP701)
9. CO-PAY DETAIL (RP702)
10. COPAY SPECIAL EXCEPTION (RP703)
11. (AVAILABLE) ( )

ENTER SELECTION: **03** ACT: \_

AHCCCS ID: \_\_\_\_\_ OR ALTERNATE ID: \_\_\_\_\_

PF: 1=HLP 2=RTN 3=CLR 4=MSG 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 14:18:29 9/4/2014 NUM 00:16:22 20.042

## AHCCCS Recipient Verification (RP245 or selection RP001 #5)

This screen enables a fast verification of eligibility, enrollment, Medicare, and third party coverage after entering the recipient's AHCCCS ID. Enter the DOS in question and press <ENTER> for the information to populate.

The screenshot displays the AHCCCS Recipient Verification screen. The window title is 'S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display'. The menu bar includes File, Edit, Session, Options, Transfer, View, Script, and Help. The status bar shows 'Connect: ADOA-24x80-XLO1' and various function keys (PA1-PA3, PF01-PF08, PF12, System Request).

Recipient Information:

- TR: RP245 ACT: I
- NTR: \_\_\_\_\_
- AHCCCS - RECIPIENT VERIFICATION
- USER-ID: 0A7
- 01/23/14
- 16:16:32
- RP07L050

Demographics:

- SEX F DOB [ ] DOD [ ]
- BHS
- FYI
- DRG

Eligibility Information:

- AS OF DATE 01/23/2014 DOS FROM DATE \_\_\_\_\_ DOS THRU DATE \_\_\_\_\_
- THE RECIPIENT'S ELIGIBILITY IS:
- BEGIN ON: \_\_\_\_\_ ENDED ON \_\_\_\_\_
- BEGIN ON: \_\_\_\_\_ ENDED ON \_\_\_\_\_

Enrollment Information:

- THE RECIPIENT'S ENROLLMENT IS:
- HEALTH PLAN \_\_\_\_\_ ENROLLMENT DATE \_\_\_\_\_
- CTRT TYP \_\_\_\_\_ BEGIN DATE \_\_\_\_\_
- END DATE \_\_\_\_\_ RATE \_\_\_\_\_
- CODE CSA \_\_\_\_\_

Medicare and Third Party Coverage:

- PART A BEGINS: \_\_\_\_\_ AND ENDS: \_\_\_\_\_ MEDICARE CLAIM #: \_\_\_\_\_
- PART B BEGINS: \_\_\_\_\_ AND ENDS: \_\_\_\_\_
- THE RECIPIENT HAS THIRD PARTY COVERAGE WITH:
- THE POLICY NO IS \_\_\_\_\_ BEGINNING ON \_\_\_\_\_ ENDING ON \_\_\_\_\_

Function Key Legend:

- PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 12=ESC 22=MDCD 24=COP

System Status Bar:

- S1 Ready (1) 159.87.70.66 EZBSIMLU 16:15:09 1/23/2014 NUM 00:06:21 15.047

The same information can be obtained but with different layouts on the following screens: RP245 & RP160; RP145 and RP285.

Error Codes – RXX Recipient ineligible/not eligible on DOS pend edit errors

## Combined Eligibility/Enrollment (RP285 or RP001 #3)

This screen will display both the AHCCCS eligibility and enrollment for the specified recipient. Function keys <F7> and <F8> will scroll forward and backward through eligibility segments. <F10> and <F11> will scroll forward and backward through the enrollment segments.

The screenshot shows a mainframe display window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
TR: RP285 ACT: I                                AHCCCS - RECIPIENT USER-ID: 0A7 01/23/14
NTR: _____ INQUIRE ELIGIBILITY AND ENROLLMENT 16:17:20
                                                    RP02L085
A _____ SEX F DOB _____ DOD

                ELG          COMB BEG          COMB END
                KEY          DATE           DATE
                360         10/01/2013

HEALTH PLAN/   ENROLLMENT   ENROLLMENT   RATE   ENRL
CSA/CTRT TYP  BEGIN DATE   END DATE     CODE   TYP   STA
010422 13 A   10/26/2013
010422 13 H   10/01/2013  10/25/2013  5017   AA   A
                                           501G   RA   A

PF: 1=HLP 2=RTN 3=CLR 4=MSG 6=RP286 7=UP 8=DWN 10=UP 11=DWN 12=ESC
```

At the bottom of the window, there is a status bar with the following information: S1 Ready (1) 159.87.70.66 EZBSIMLU 16:15:58 1/23/2014 NUM 00:07:09 23.052

Eligibility information available on this screen includes:

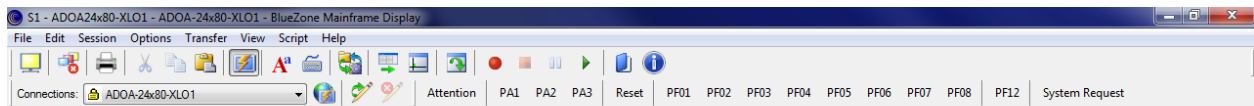
- Eligibility Key Code (RF534)
- AHCCCS Eligible Begin Date
- AHCCCS Eligible End Date

Enrollment information includes:

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

## Eligibility (RP145), continued

This screen will display all eligibility segments for a selected recipient. Type in the AHCCCS ID and press <Enter>. Pressing the <F6> key will remove the inactive segments and only display the active segments. To scroll through segment press <F8> to go down and <F7> to go back up.



```

TR: RP145 ACT: I                AHCCCS - RECIPIENT    USER-ID: A03    09/04/14
NTR: █                        INQUIRE ELIGIBILITY SUMMARY  15:07:20
                                      RP01L045

A                 SEX F  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	360	10/01/2013	04/30/2014	PE	10/26/2013	04/24/2014	AZ*	AZ	

```

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
  
```

S1	Ready (1)	159.87.70.66	EZBSIMLU	15:06:07 9/4/2014	NUM	01:04:00	03.007
----	-----------	--------------	----------	-------------------	-----	----------	--------

### Additional Information:

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

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.

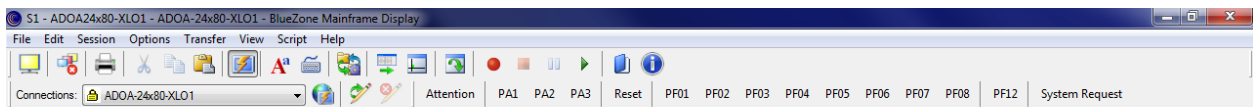
## Eligibility (RP145), continued

To view detailed information about a selected segment of eligibility, type an "S" into the "SEL" field and press <Enter>, then press <F2> to return to the RP145 screen.

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: A03    09/04/14
                                INQUIRE ELIGIBILITY DETAIL  14:55:47
                                RP02L045
A                 SEX M DOB  DOD _____

ELG KEY CODE: 231 A AF MAO 1931    ELG TYPE: A ACUTE
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: 02/01/2014    STATUS: A
ELG END DATE:                      ORIGINAL END DATE:
AGENCY END DATE:
DISC MAIL DATE:                    ELG WORKER ID:
LAST CHANGED ON: 01/18/2014        ELG SITE:
DES INELG DATE:                    CHANGE REASON:
ORIG POST DATE: 01/18/2014

                                INCOME LIMIT:      0
                                ANNUAL GROSS INC:  0
                                DATE AMT REACHED:
```

PF: 1=HLP 2=RTN

12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 14:54:46 9/4/2014 NUM 00:52:39 01.001

## Enrollment (RP160 or selection #2)

The enrollment screen shows what health plan the recipient is/was enrolled in. The health plan information shown is:

- 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)
- Last Modified Date

```

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: RP160 ACT: I          AHCCCS - RECIPIENT      USER-ID: OA7      01/16/14
NTR: _____          INQUIRE ENROLLMENT   11:55:15
                               RP01L060

[REDACTED]                SEX F DOB [REDACTED] DOD

          EN S  BEGIN   END   CHANGE   ORIGINAL RATE RISK   LAST  LAST
HEALTH PLAN TP T  DATE   DATE   REASON   POSTING  CODE CAT  MODIFIED  USR

010422 13 A AA A 10/26/13                10/26/13 5017 FMAL 10/26/13 BAT
010422 13 H RA A 10/01/13 10/25/13 RA RETROAC 10/26/13 501G FMAL 10/26/13 BAT

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
  
```

This screen is used to research a recipient's enrollment status. The two most important fields to look at when researching enrollment is Change Reason (RF525) and Last Modified.

This screen (RP160) is used in conjunction with RP215 to determine CRS eligibility.

*Error Code: R350 – Date of Death Prior to DOS*

## Medicare Coverage (RP150 or selection #12)

Coverage through AHCCCS is secondary to Medicare coverage. This means if a recipient has Medicare the 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. The parts of Medicare you should be aware of are:

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 is available in many areas. People with Medicare Parts A and B can choose to receive all of their health care 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.

3018 RECORD(S) NOT FOUND  
 TR: RP150 ACT: I  
 NTR: \_\_\_\_\_ INQUIRE MEDICARE COVERAGE  
 AHCCCS - RECIPIENT USER-ID: 0A7 01/16/14 12:01:59  
 RP01L050  
 A [ ] SEX F DOB [ ] DOD \_\_\_\_\_  
 MEDICARE PAYER BEGIN END CHG TERM DATE LAST MOD  
 PART CLAIM NO. ID DATE DATE SRC RSN RSN REC ADDED 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

*Error Code R600 – Medicare coverage indicated But Not Billed*



## Third Party Coverage (RP155 or selection #11)

This screen will indicate if the recipient has any other coverage from a third party (i.e. commercial insurance (including commercial Medicare Supplemental policies). If there is a carrier listed on this screen, encounters/claims submitted to AHCCCS for dates of service covered must include third party payment information.

The screenshot shows a mainframe display window titled 'S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display'. The window contains the following text:

```
3018 RECORD(S) NOT FOUND
TR: RP155 ACT: I                AHCCCS - RECIPIENT  USER-ID: 0A7  01/16/14
NTR: _____ INQUIRE THIRD PARTY COVERAGE SUMMARY  11:59:32
                                      RP01L055
[REDACTED] SEX F DOB [REDACTED] DOD

CARRIER
SEQ NUM  NAME                POLICY NUMBER  BEGIN DATE  END DATE  TYP  RSN
COV CHG
```

At the bottom of the window, there are function key definitions:

```
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
```

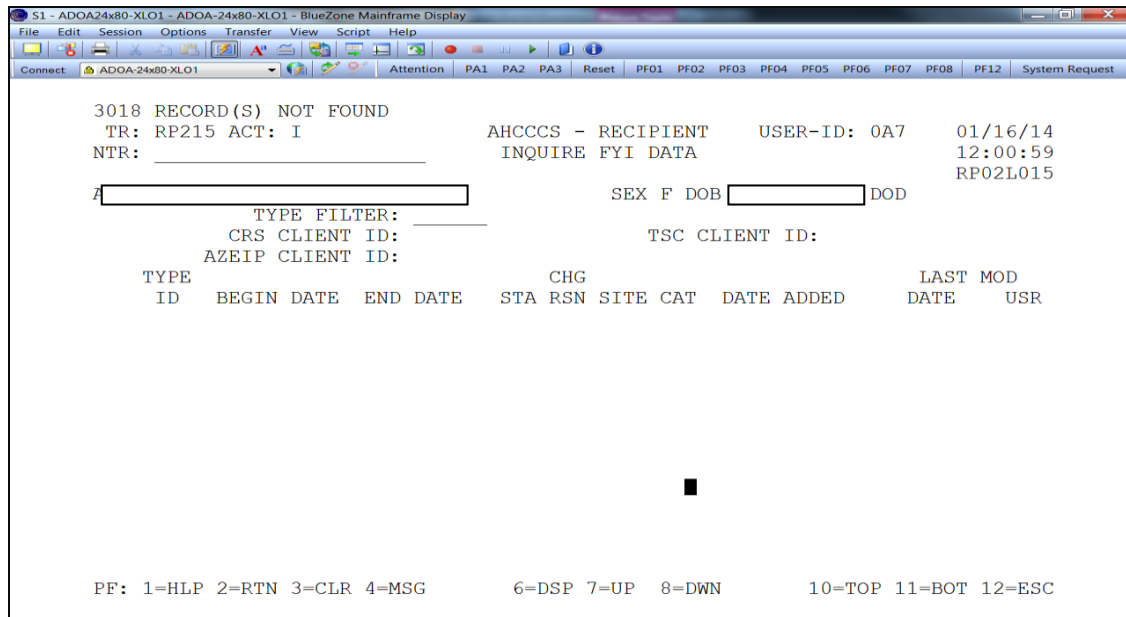
If the recipient has third party insurance this screen will display:

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

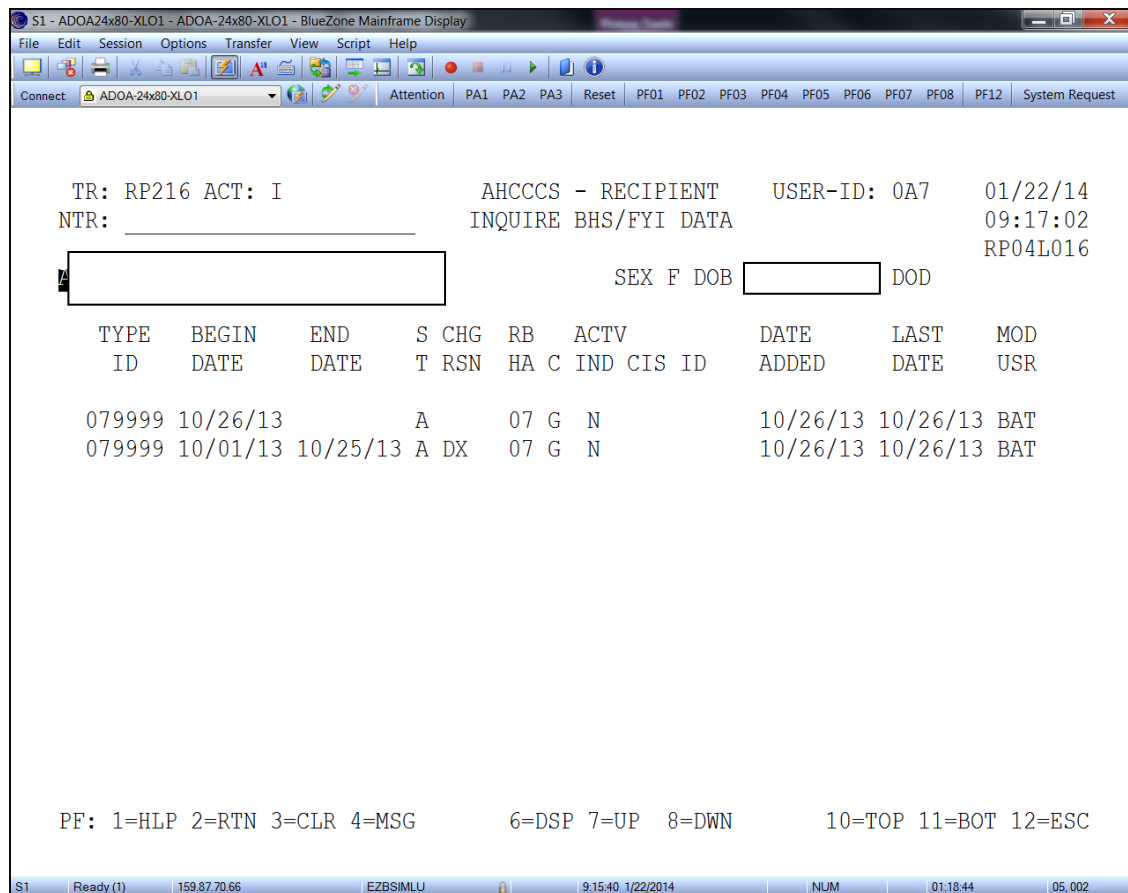
*Error Code A580 – Recipient Has Other Coverage That Must Be Billed First*

# CRS Enrollment (RP215)

This screen will indicate if the recipient has CRS enrollment.



BHS Enrollment (RP216) This screen will indicate the recipient's BHS enrollment.



## Reference

### Section Introduction

---

The reference subsystem provides coding information e.g. procedure and diagnosis pharmacy NDC, and provider specific. These code reference tables contain values, indicators and descriptions that are used to validate accurate coding as well as verify coding relationships. There are 3 kinds of tables:

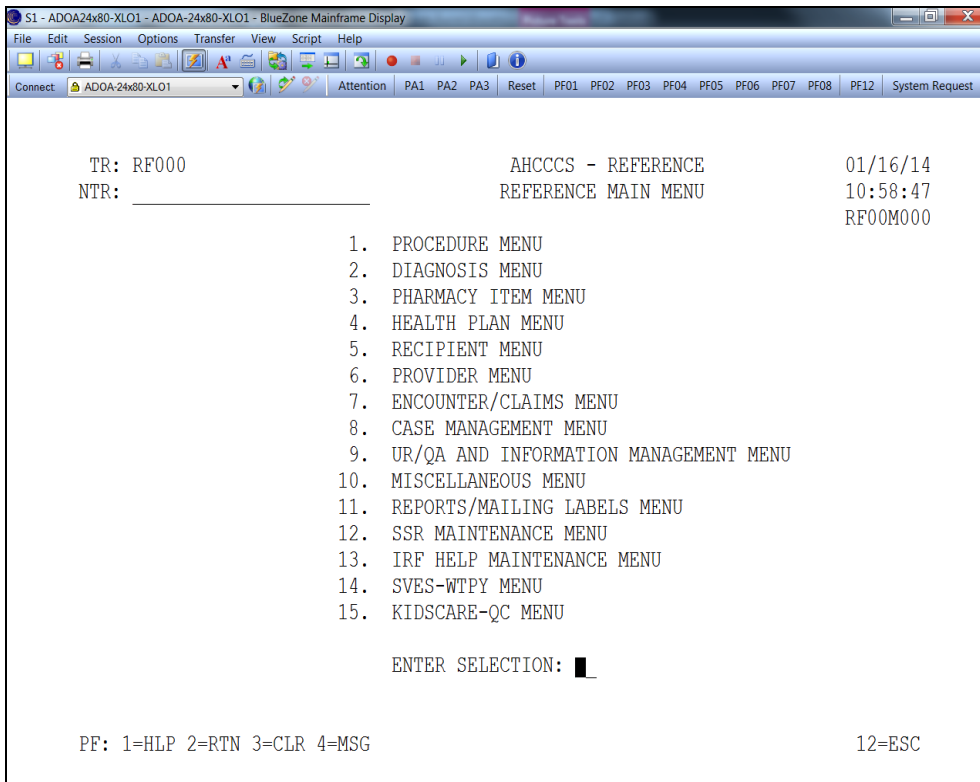
- Point in Time - If a change is made it effects all dates retroactively.
- Date of service – Information is maintained for date ranges.
- Interrelated – Different tables on different screens have a connection.

This section will go through some of the most commonly used reference screens and their applicable information.

To get into the reference menu from the main menu, you can either type an “8” into the “Enter Selection” field or type “RF000” into the “NTR” field.

## Reference Main Menu

This is the Main Menu for Reference:

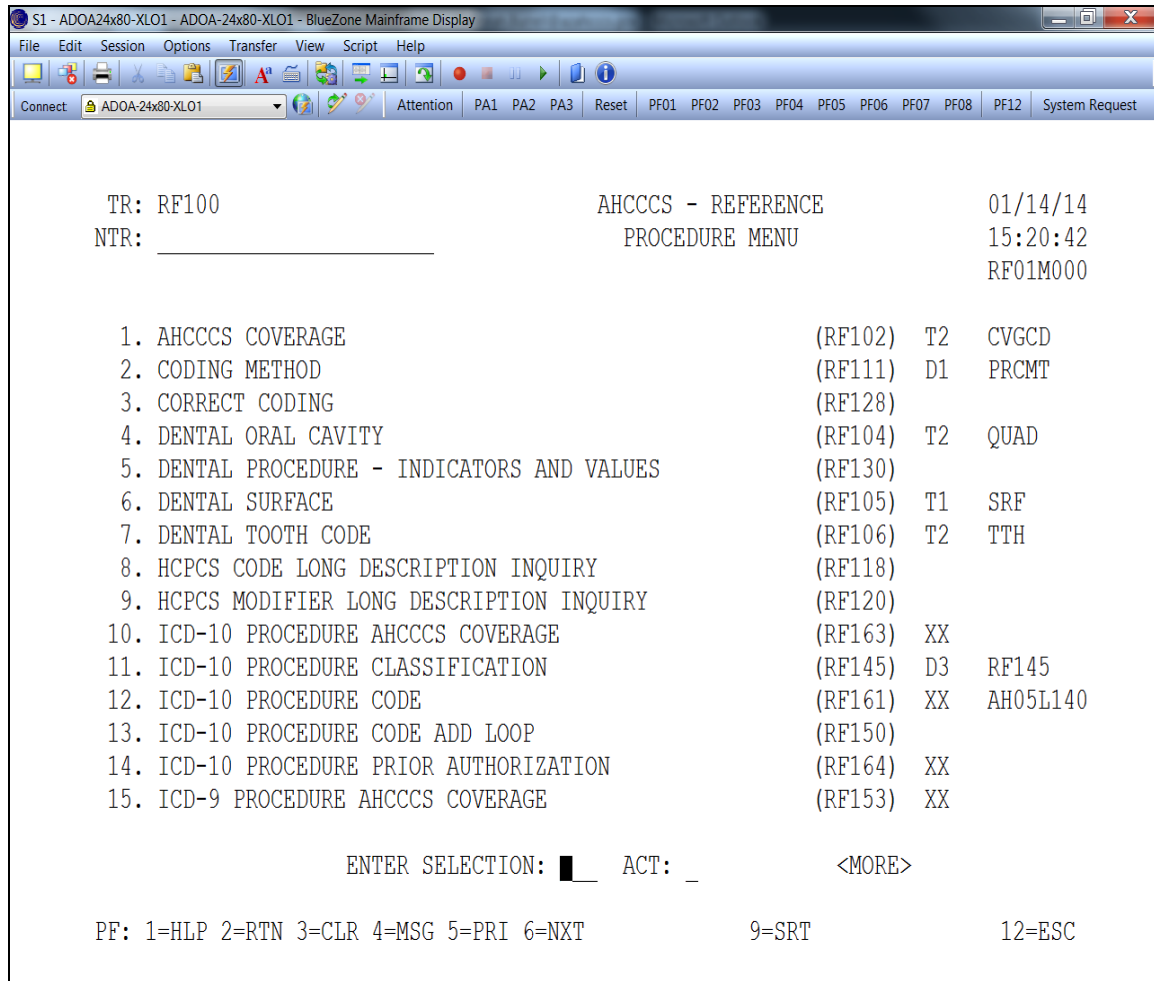


The most commonly used reference menus are:

1. Procedure menu
2. Diagnosis menu
6. Provider
3. Pharmacy Item menu
7. Encounter Claims menu

## Procedure Menu (RF100)

From the Procedure menu, there are 49 selections available. Select the <F6> key to scroll through the screen to see all of the options.



The most commonly used procedure code screens are:

- Procedure Code Indicators and Values (RF113)
- Procedure AHCCCS Coverage (RF123)
- Procedure Prior Authorization (RF124)
- Valid Procedure Modifiers (RF122)
- Procedure Modifiers (RF114)
- Procedure Modifier Amount/Percent (RF119)
- Procedure Place of Service (RF115)
- Place of Service (RF107)
- Procedure Maximum Allowable Charge (RF112)
- Valid OPFS Procedure codes ( RF127)
- Valid OPFS Procedure Modifiers (RF121)
- Procedure OPFS Price (RF126)
- ICD9 Procedure Code (RF151) and ICD10 (RF161)
- ICD9 AHCCCS Procedure Coverage (RF153) and ICD10 (RF163)
- CCI Edits (RF128)

## Procedure AHCCCS Coverage (RF123)

This screen will indicate how a particular HCPCS/CPT code entered into the procedure code field is covered by AHCCCS.

Coverage Code (RF102) (see coverage code values below). Codes 1-4 have two parts: 1- coverage as AHCCCS service / 2- availability for encounter reporting. Codes 5-10 indicate special code purpose.

```

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

3011 BOTTOM OF LIST
TR: RF123 ACT: I
NTR: _____ AHCCCS - REFERENCE 01/15/14
PROCEDURE AHCCCS COVERAGE 07:39:13
RF01L012

PROCEDURE CODE: S0215 BEG DAT: 01/01/2002 END DAT: 99/99/9999 STATUS: C
PROCEDURE DESCRIPTION: NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE

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

COVERAGE CODE    COVERAGE DESCRIPTION    REPLACEMENT PROC CODE    EFFECTIVE BEGINNING DATE    EFFECTIVE ENDING DATE
                03    COVERED SERVICE/USE OTHER CODE    █    01/01/2002    09/30/2003
                01    COVERED SERVICE/CODE AVAILABLE    █    10/01/2003    99/99/9999

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

```

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

3011 BOTTOM OF LIST
TR: RF102 ACT: I
NTR: _____ AHCCCS - REFERENCE USER ID: 0A7 01/22/14
AHCCCS COVERAGE 10:23:51
RF00L212

SORTED BY CODE
█
CODE DESCRIPTION LAST MOD USR
01 COVERED SERVICE/CODE AVAILABLE 04/10/02 5UV
02 NOT COVERED SERVICE/CODE AVAILABLE 04/10/02 5UV
03 COVERED SERVICE/USE OTHER CODE 04/10/02 5UV
04 NOT COVERED SERVICE/CODE NOT AVAILABLE 05/30/02 F67
05 OUTPATIENT HOSPITAL SERVICES 01/07/05 MC1
06 NOT COVERED SERVICE/HEADER RECORD 03/01/13 4SO
08 COVERED SERVICE/CODE REPLACED 04/10/02 5UV
09 MEDICARE ONLY 01/07/05 MC1
10 NON PAY CATEGORY 2 CODES 01/07/05 MC1
    █

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 10:22:30 1/22/2014 NUM 02:25:34 06.011
  
```

## AHCCCS Coverage Codes

---

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

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.
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.

*Related encounter edits S345 (procedure is not available on DOS), S350 (procedure is not covered by AHCCCS on DOS), S354 (procedure is Medicare only)*

## Procedure Place of Service Code (RF115)

This screen will identify 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

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

5617 WARNING: BEGIN DATE RETRIEVED IS NOT AN EXACT MATCH TO DATE REQUESTED  
 TR: RF115 ACT: I AHCCCS - REFERENCE 01/29/14  
 NTR: \_\_\_\_\_ PROCEDURE PLACE OF SERVICE 14:28:55  
 RF01L007

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: █ BEG DAT: \_\_\_\_\_ END DAT: \_\_\_\_\_

PLACE OF SERVICE CODE	PLACE OF SERVICE DESCRIPTION	ALLOW IND	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE
0	OTHER LOCATION		10/01/1982	12/31/1994
05	INDIAN HEALTH SERVICE FREE-STANDIN		10/01/1982	99/99/9999
06	INDIAN HEALTH SERVICE PROVIDER-BAS		10/01/1982	99/99/9999
07	TRIBAL 638 FREE-STANDING FACILITY		10/01/1982	99/99/9999
08	TRIBAL 638 PROVIDER-BASED FACILITY		10/01/1982	99/99/9999
09	PRISON, JAIL, DETENTION CTR, WORK		01/01/2010	99/99/9999
1	INPATIENT HOSPITAL		10/01/1982	12/31/1994
11	OFFICE		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

S1 Ready (1) 159.87.70.66 EZBSIMLU 14:28:25 1/29/2014 NUM 00:01:15 09.017

*Error Code S430 – Place of Service Is Invalid for specified Procedure*



## Place of Service (POS) (RF107)

This screen will give descriptions for the place of service (POS) codes that are currently valid at AHCCCS. To see if a specific place of service code is valid for a specific procedure code, access the Procedure Place of Service Table (RF115).

TR: RF107 ACT: I AHCCCS - REFERENCE USER ID: 0A7 01/15/14  
NTR: PLACE OF SERVICE 07:41:50  
RF00L212

SORTED BY CODE

CODE	DESCRIPTION	LAST MOD	USR
A	INDEPENDENT LABORATORY	01/26/95	L46
B	AMBULATORY SURGICAL CENTER	01/26/95	L46
C	RESIDENTIAL TREATMENT CENTER	01/26/95	L46
D	COMPREHENSIVE TREATMENT FACILITY	04/09/04	5UV
E	COMPREHENSIVE OUTPATIENT REHAB FACILITY	01/26/95	L46
F	INDEPENDENT KIDNEY DISEASE TREAT CENTER	01/26/95	L46
ZZ	DOC - DIALYSIS	10/18/04	5UB
0	OTHER LOCATION	01/26/95	L46
01	PHARMACY	05/17/05	MC1
03	SCHOOL	06/12/03	F67
04	HOMELESS SHELTER	06/12/03	F67
05	INDIAN HEALTH SERVICE FREE-STANDING FAC	06/12/03	F67
06	INDIAN HEALTH SERVICE PROVIDER-BASED FAC	06/12/03	F67
07	TRIBAL 638 FREE-STANDING FACILITY	06/12/03	F67

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

## Procedure Code Indicators and Values (RF113)

This screen will display detailed information about a specified procedure code. The most important information is:

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

The screenshot shows a mainframe terminal window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
TR: RF113 ACT: I                                AHCCCS - REFERENCE          01/22/14
NTR: _____ PROCEDURE CODE INDICATORS AND VALUES 10:38:43
                                                RF01L004
START AT PROC: █ BEG DAT: _____ END DAT: _____ ADD: 09/08/2011

PROCEDURE CODE: H0001 BEG DAT: 01/01/2001 END DAT: 99/99/9999 STATUS: C REUS: N
PROCEDURE DESCRIPTION: ALCOHOL AND/OR DRUG ASSESSMENT

MANUAL PRICING: N                                RELATIVE VALUE:          .00
MEDICARE COVERAGE: N                            MEDICARE COVERAGE MAXIMUM AMOUNT:          .00
THIRD PARTY LIABILITY: Y                        ANESTHESIA BASIC VALUE:          .0
SEX:                                             ANESTHESIA UNIT MAXIMUM: 9999
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: N
EPSDT: N                                       MINIMUM AGE: 000 Y
LABORATORY:                                    MAXIMUM AGE: 999 Y
LIMIT 1:                                       FREQUENCY 1:
LIMIT 2:                                       FREQUENCY 2:

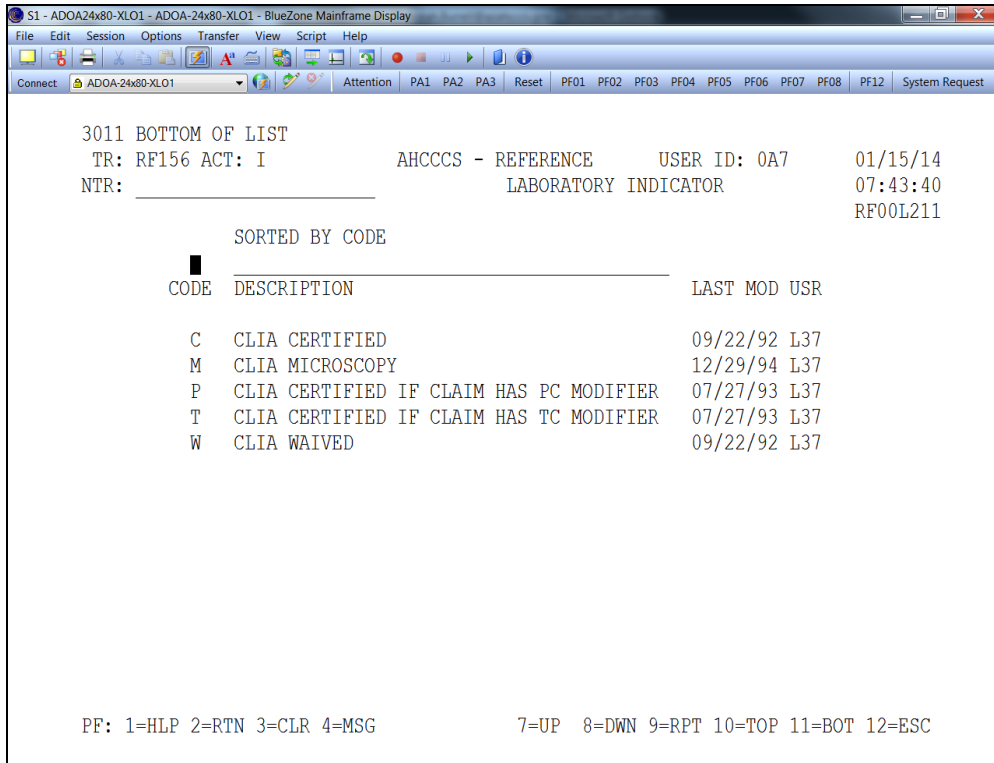
PF: 1=HLP 2=RTN 3=CLR 4=MSG                    7=UP 8=DWN                10=TOP 11=BOT 12=ESC
```

The status bar at the bottom of the window displays: S1 Ready (1) 159.87.70.66 EZBSIMLU 10:37:21 1/22/2014 NUM 02:40:25 05.017

RF113 has a corresponding screen RF127 (Procedure OPFS Indicators & Values)

## Laboratory Indicator (RF156)

This screen will display detailed information about a specified CLIA code for laboratory tests.



The screenshot shows a terminal window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
3011 BOTTOM OF LIST
TR: RF156 ACT: I          AHCCCS - REFERENCE      USER ID: 0A7      01/15/14
NTR: _____          LABORATORY INDICATOR      07:43:40
                                                                    RF00L211

          SORTED BY CODE
          █
CODE  DESCRIPTION                      LAST MOD USR
-----
C    CLIA CERTIFIED                    09/22/92 L37
M    CLIA MICROSCOPY                   12/29/94 L37
P    CLIA CERTIFIED IF CLAIM HAS PC MODIFIER 07/27/93 L37
T    CLIA CERTIFIED IF CLAIM HAS TC MODIFIER 07/27/93 L37
W    CLIA WAIVED                        09/22/92 L37

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

## Procedure Maximum Allowable Charge (RF112)

Entering a specific CPT/HCPCS code into the procedure Code field will display the AHCCCS allowable charge.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: RF112 ACT: I AHCCCS - REFERENCE 01/15/14  
 NTR: ██████████ FFS PROCEDURE MAXIMUM ALLOWABLE CHARGE 07:44:21  
 RF01L006

PROCEDURE CODE: S0215 BEG DAT: 01/01/2002 END DAT: 99/99/9999 STATUS: C  
 PROCEDURE DESCRIPTION: NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE

START AT CODE: REC DAT: BEG DAT: END DAT:

CTY CODE	COUNTY DESCRIPTION	PLC SER	RECEIPT DATE	MAXIMUM AMOUNT	BEGINNING DATE	ENDING DATE
99	STATEWIDE (FOR PRICIN		10/01/2011	1.28	10/01/2011	99/99/9999
99	STATEWIDE (FOR PRICIN		04/01/2011	1.35	04/01/2011	09/30/2011
99	STATEWIDE (FOR PRICIN		02/01/2009	1.42	02/01/2009	03/31/2011
99	STATEWIDE (FOR PRICIN		01/01/2002	0.00	01/01/2002	09/30/2003
99	STATEWIDE (FOR PRICIN		12/01/1990	1.49	10/01/2008	01/31/2009
99	STATEWIDE (FOR PRICIN		12/01/1990	1.42	10/01/2007	09/30/2008
99	STATEWIDE (FOR PRICIN		12/01/1990	1.38	10/01/2006	09/30/2007
99	STATEWIDE (FOR PRICIN		12/01/1990	1.12	10/01/2003	09/30/2006

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

RF112 has a corresponding seen RF126 (Procedure OPFS Price)

## Valid Procedure Modifiers (RF122)

This screen identifies the valid modifiers for a specific CPT/HCPCS procedure. Additional fields displayed on the screen are:

- Modifier Description
- Amount/Percentage
- Claim Receipt Date
- Date Range

TR: RF122 ACT: I AHCCCS - REFERENCE 01/15/14  
 NTR: [REDACTED] FFS VALID PROCEDURE MODIFIERS 07:45:08  
 RF01L011

PROCEDURE CODE: S0215 BEG DAT: 01/01/2002 END DAT: 99/99/9999 STATUS: C  
 PROCEDURE DESCRIPTION: NON-EMERGENCY TRANSPORTATION; MILEAGE, PER MILE

START AT CODE: \_\_\_ REC DAT: \_\_\_\_\_ BEG DAT: \_\_\_\_\_ END DAT: \_\_\_\_\_

VALID PROC MOD	MODIFIER DESCRIPTION	PLC AP SER IND	AMOUNT/PERCENT	CLAIM RECEIPT DATE	BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE
CR	CATASTROPHE/DISASTER	P	1.0000	08/21/2005	08/21/2005	99/99/9999
EE	RES TO ECF/HCT>39% OR	P	1.0000	07/01/2005	07/01/2005	99/99/9999
EG	AMB TRIP ECF TO HOSP-	P	1.0000	07/01/2005	07/01/2005	99/99/9999
EH	AMB TRIP ECF TO HOSPI	P	1.0000	07/01/2005	07/01/2005	99/99/9999
EI	AMB TRIP ECF TO SITE	P	1.0000	07/01/2005	07/01/2005	99/99/9999
EN	AMB TRIP ECF TO SKILL	P	1.0000	07/01/2005	07/01/2005	99/99/9999
EP	EPSDT SVS/AMB TRIP EC	P	1.0000	07/01/2005	07/01/2005	99/99/9999
ER	RES TO OTHER RES FROM	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

Corresponding screens are RF121 (Valid OPFS Procedure Modifiers) and RF 132 (MCO Valid Procedure Modifiers)

*Error Code S445 – Procedure Modifier Invalid for Procedure on Date of Service*

## Procedure Modifier (RF114)

This screen provides a list of all the valid modifiers, their description, and effective dates. Remember 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 Valid Procedure Modifier screen RF122.

TR: RF114 ACT: I AHCCCS - REFERENCE USER ID: 0A7 01/15/14  
 NTR: \_\_\_\_\_ PROCEDURE MODIFIER 07:46:06  
 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	MC1
AB	4 OR LESS CONCURRENT SERV BY CRNA/AA EMP	10/01/82	99/99/99	02/13/92	L37
AC	4 OR LESS CONCURRENT SVC BY CRNA NOT EMP	10/01/82	99/99/99	02/13/92	L37
AD	SUPERVISION > 4 CONCURRENT ANESTH SERV	10/01/82	99/99/99	02/13/92	L37
AE	Registered dietician	01/01/05	99/99/99	03/01/05	MC1
AF	Specialty physician	01/01/05	99/99/99	08/24/11	75R
AG	Primary physician	10/01/82	99/99/99	03/01/05	MC1
AH	CLINICAL PSYCHOLOGIST	10/01/82	99/99/99	02/13/92	L37
AI	PRINCIPAL PHYSICIAN OF RECORD	01/01/10	99/99/99	12/09/09	5UU
AJ	CLINICAL SOCIAL WORKER	10/01/82	99/99/99	02/13/92	L37
AK	Non participating physician	10/01/82	99/99/99	03/01/05	MC1
AM	Physician, team member svc	10/01/82	99/99/99	02/17/05	MC1
AN	PA SVCS OTHER THAN ASSISTANT/AT SURGERY	10/01/82	08/01/99	07/22/99	F67
AO	Prov declined alt pmt method	10/01/13	99/99/99	12/10/13	015

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

# ICD – 10 Procedure AHCCCS Coverage (RF163)

Use this screen to verify if a particular ICD-10 Procedure code is covered by AHCCCS.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADOA-24x80-XLO1

Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

1750 PROCEDURE CODE IS INVALID  
 TR: RF163 ACT: I AHCCCS - REFERENCE 11/07/18  
 NTR: \_\_\_\_\_ ICD-10 PROCEDURE AHCCCS COVERAGE 13:00:41  
 RF01L063

ICD-10 PROCEDURE CODE: \_\_\_\_\_ BEG DAT: \_\_\_\_\_ END DAT: \_\_\_\_\_ STAT: \_\_\_\_\_  
 PROCEDURE DESCRIPTION: \_\_\_\_\_  
 HEADER/DETAIL: \_\_\_\_\_

START AT CODE: \_\_\_ BEG DAT: \_\_\_\_\_ END DAT: \_\_\_\_\_

COVERAGE CODE	AHCCCS COVERAGE DESCRIPTION	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE

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

S1/A Ready (1) 159.87.70.66 EZBSIMLU 13:02:39 11/7/2018 NUM 00:02:15 05.017

## Procedure codes ICD -10 (RF161)

ICD-9 Procedure codes are codes used to bill inpatient services that a reimbursed using Diagnosis Related Groups (DRG). This screen provides descriptions, indicators, and values for ICD- 10 Procedure codes.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: RF161 ACT: I AHCCCS - REFERENCE 11/07/18  
 NTR: \_\_\_\_\_ ICD-10 PROCEDURE CODE 13:04:30  
 RF01L061

START AT CODE: \_\_\_\_\_ BEG DAT: \_\_\_\_\_ END DAT: \_\_\_\_\_

	CODE	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

MINIMUM AGE: 000 Y YEAR  
 MAXIMUM AGE: 999 Y YEAR

ICD-10 PROC INDICATORS

SEX: FAMILY PLANNING: N  
 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

S1/A Ready (1) 159.87.70.66 EZBSIMLU 13:05:50 11/7/2018 NUM 00:05:26 03, 023





## Diagnosis Menu (RF200)

The Diagnosis section provides information about AHCCCS' valid and allowable diagnosis codes.

```
S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: RF200                                AHCCCS - REFERENCE                                01/22/14
NTR: _____                          DIAGNOSIS MENU                                    11:15:59
                                                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. 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

S1 Ready (1) 159.87.70.66 EZBSIMLU 11:14:36 1/22/2014 NUM 03:17:40 22.039
```

The most commonly used screens are:

- ICD-9 Diagnosis AHCCCS Coverage (RF211) and (RF221) ICD-10
- Diagnosis Code (RF203) and (RF 223) ICD-10

## Diagnosis AHCCCS Coverage (RF211)

This screen will indicate whether the diagnosis code entered into the diagnosis code field is covered by AHCCCS along with its effective dates.

The screenshot shows a terminal window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```

TR: RF211 ACT: I                AHCCCS - REFERENCE                01/21/14
NTR: _____ ICD-9 DIAGNOSIS AHCCCS COVERAGE 10:13:02
                                                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: _____

COVERAGE                               EFFECTIVE          EFFECTIVE
CODE   AHCCCS COVERAGE DESCRIPTION     BEGINNING         ENDING
                                DATE              DATE

    01   COVERED SERVICE/CODE AVAILABLE  10/01/1982       99/99/9999
  
```

Below the table, there is a cursor (a small black square) and a footer with function key definitions:

```

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

The bottom status bar of the window displays: S1 | Ready (1) | 159.87.70.66 | EZBSIMLU | 10:11:46 1/21/2014 | NUM | 01:23:36 | 19,022

## Diagnosis Code (RF203)

This screen will display miscellaneous information about a specified diagnosis code. The most important information displayed is the minimum and maximum age allowed. **(Note: add a space before you type the code).**

The screenshot shows a terminal window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
TR: RF203 ACT: I                AHCCS - REFERENCE                01/21/14
NTR: _____                ICD-9 DIAGNOSIS CODE            10:14:20
                                RF02L001
START AT CODE:  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: 000 Y YEAR        SEX:                          FAMILY PLANNING: N
MAXIMUM AGE: 999 Y YEAR        ABORTION: N                   THIRD PARTY LIABILITY: N
                                STERILIZATION: N              CONFIDENTIAL SERVICES: N

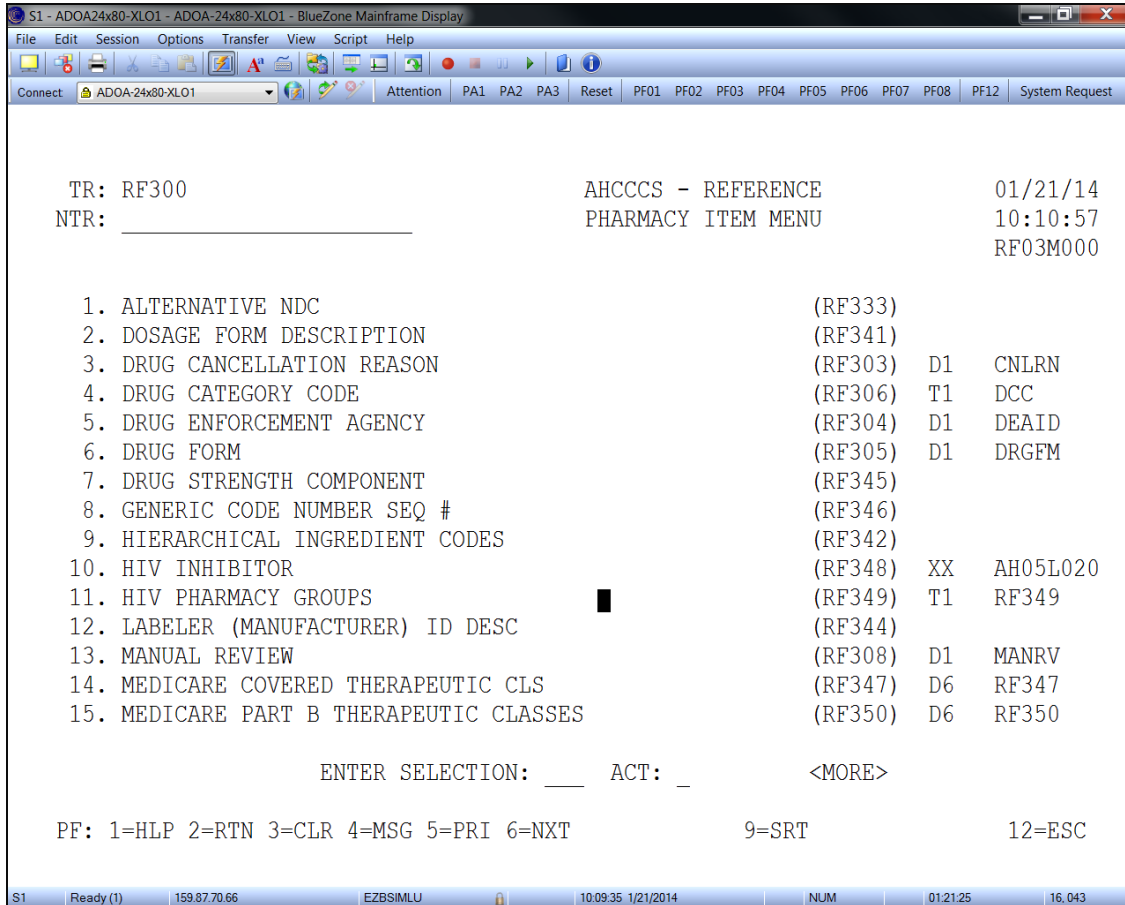
PF: 1=HLP 2=RTN 3=CLR 4=MSG    7=UP 8=DWN                    10=TOP 11=BOT 12=ESC
```

The bottom status bar of the window displays: S1 Ready (1) 159.87.70.66 EZBSIMLU 10:13:10 1/21/2014 NUM 01:25:00 06.043

## Reference, Pharmacy Item

### Pharmacy Item Menu (RF300)

From the Pharmacy code menu, there are 28 selections available. Select the <F6> key to scroll through the screen to see all of the options.



The most commonly used screens are:

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

## Pharmacy Item Coverage (RF319)

This screen will indicate whether the pharmacy code is covered by AHCCCS and its effective dates.

```
S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

3011 BOTTOM OF LIST
TR: RF319 ACT: I
NTR: _____ AHCCCS - REFERENCE 01/21/14
PHARMACY ITEM COVERAGE 10:09:02
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 99/99/99

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 10:07:40 1/21/2014 NUM 01:19:30 20.041
```

# NDC Coverage (RF302) – Defines the “NDC CVG COD” found in RF319

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

3011 BOTTOM OF LIST  
 TR: RF302 ACT: I AHCCCS - REFERENCE USER ID: 0A7 01/22/14  
 NTR: \_\_\_\_\_ NDC COVERAGE 11:23:55  
 RF00L212

SORTED BY CODE

CODE	DESCRIPTION	LAST MOD	USR
01	COVERED/AVAILABLE BET BEGIN & END DATES	05/28/02	070
02	NOT CVD/AVAILABLE	05/28/02	070
03	CVD/UNAVAIL DATES-UNAV BET BEG/END DATES	05/28/02	070
04	NOT CVD/UNAVAILABLE	05/28/02	070
06	NOT CVD/NDC CANCELED	05/28/02	070
07	NOT CVD/OBSOLETE-OBSOLETE ON BEGIN DATE	05/28/02	070
08	REPLACED/NEW NDC-REPLACED ON BEGIN DATE	05/28/02	070
11	NOT COVERED/FDA DESI	10/01/09	4SO
12	NOT COVERED/FDA DESI-2	10/01/09	4SO
13	NOT COVERED/FDA HCFA DESI	10/01/09	4SO
14	NOT CVD/HCFA TERMED-TERMED ON BEGIN DATE	10/01/09	4SO

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 11:22:33 1/22/2014 NUM 03:25:37 06.011

## Pharmacy Item Indicators and Values (RF312)

This screen will display indicators and values for specific drugs. When locating a specific NDC, it is important to verify that the correct NDC is entered - if it is an invalid NDC code, PMMIS will display the next valid value and not notify that the code is invalid.

The screenshot shows a mainframe terminal window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

TR: RF312 ACT: I AHCCCS - REFERENCE 01/21/14  
NTR: \_\_\_\_\_ PHARMACY ITEM INDICATORS & VALUES INQ 10:10:03  
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		PHARMACY ITEM VALUES	
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:	ANDA: 1	NDCGI1:	Y

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

The bottom status bar shows: S1 | Ready (1) | 159.87.70.66 | EZBSIMLU | 10:08:43 1/21/2014 | NUM | 01:20:33 | 05.026



## Alternate NDC List (RF333)

It is possible that there is an NDC for a medication that is not currently in the PMMIS system. 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.

```

9404 ENTER 'I' IN THE SELECT FIELD TO DISPLAY A DETAIL RECORD
TR: RF333 ACT: I                AHCCCS - REFERENCE      0A7          01/21/14
NTR: _____                ALTERNATIVE NDC LIST    10:07:04
                                      RF03L033

START AT ALT NDC: █ _____

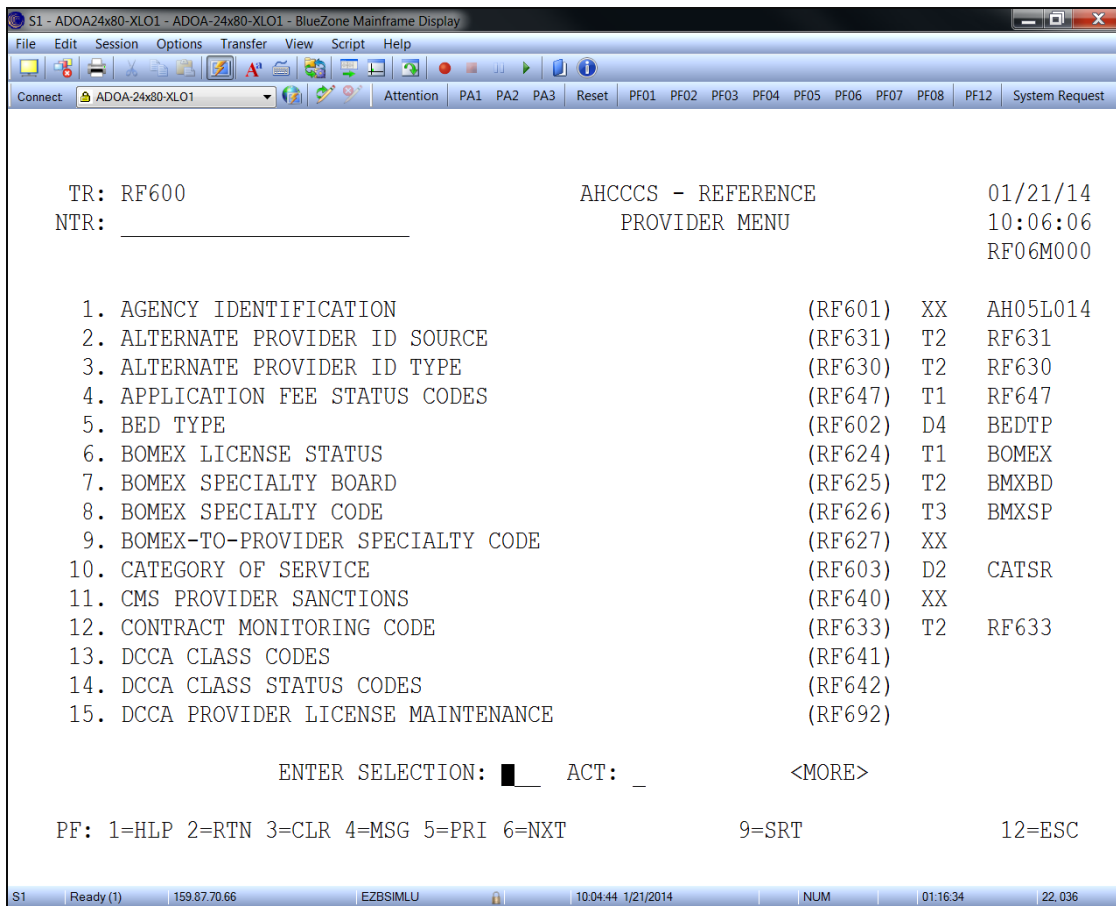
SEL STA  ALT NDC      SOURCE      BLUEBOOK NDC  DESCRIPTION
--
  A  00005423916 M MEDISPAN          MULTIPLE VITAMINS W/MINERALS
  A  00005550907 M MEDISPAN          CALTRATE 600+D
  A  00009738503 R REDBOOK          IBUPROFEN_400 MG
  A  00009738603 R REDBOOK          IBUPROFEN_600 MG
  A  00009738703 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  00067611710 M MEDISPAN          ALLERGY RELIEF TABS
  A  00067611730 M MEDISPAN          ALLERGY RELIEF TABS
  A  00084004801 M MEDISPAN          EXTRA STRENGTH NON ASPIRIN
  A  00085113801 M MEDISPAN          AFRIN SALINE SPRAY
  A  00085331535 M MEDISPAN          NITROGLYCERIN 0.3 MG

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

*Edit Error- N004 NCD Code Not of File*

## Provider Menu (RF600)

From the Provider Reference menu, there are 59 selections available. Select the <F6> key to scroll through the screen to see all of the options.



The most commonly used screens are:

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

# Provider Type Rate Schedule (RF618)

This screen displays procedure codes the provider type is authorized to bill.

TR: RF618 ACT: I AHCCCS - REFERENCE USER ID: 0A7 01/21/14  
 NTR: \_\_\_\_\_ PROVIDER TYPE RATE SCHEDULE 09:57:19  
 RF06L204

PROVIDER TYPE: 08 PMT SCH TYP: \_\_\_ BEG DAT: 10/01/1982 END DAT: 99/99/9999  
 PROVIDER TYPE DESC: MD-PHYSICIAN

SCHED	STATE-IND	SERV-TYPE	FROM-SERVICE	TO-SERVICE	MOD	POS
PMT	AMOUNT	RECPT-DATE	BEGIN-DATE	END-DATE	LAST-UPDATE	USER
CFP	B ALL-STATES	H HCPCS PR	A0130	A0130	09/04/2008	052
P	1.0000	12/01/1990	10/01/1982	99/99/9999		
CFP	B ALL-STATES	H HCPCS PR	A2000	A9600	11/13/2008	131
P	1.0000	12/01/1990	10/01/1982	09/30/2008		
CFP	B ALL-STATES	H HCPCS PR	A4206	A4206	11/13/2008	031
P	1.0000	12/01/1990	10/01/2008	99/99/9999		
CFP	B ALL-STATES	H HCPCS PR	A4207	A4207	11/13/2008	031
P	1.0000	12/01/1990	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

S1 Ready (1) 159.87.70.66 EZBSIMLU 9:55:58 1/21/2014 NUM 01:07:48 23.034





# Provider Category of Service to Licensing Agency (RF607)

This 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.

Category values M=Mandatory and O=Optional

TR: RF607 ACT: I AHCCCS - REFERENCE 09/04/14  
 NTR: █ PROVIDER CATEGORY OF SERVICE TO LIC AGY 16:02:03  
 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	CATEGORY OF SVC	CAT	LIC	ST/ FED	LIC/ CERT	AGY	EFFECTIVE BEGINNING DATE	EFFECTIVE ENDING DATE
SER	DESCRIPTION	O/M	AGY	IND	IND STATE	IND		
01	MEDICINE	M	999	S	L VA	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L VT	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L WA	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L WI	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L WV	M	10/01/1982	99/99/9999
01	MEDICINE	M	999	S	L WY	M	10/01/1982	99/99/9999
02	SURGERY	O					10/01/1982	99/99/9999
03	RESPIRATORY THERA	O					10/01/1982	99/99/9999

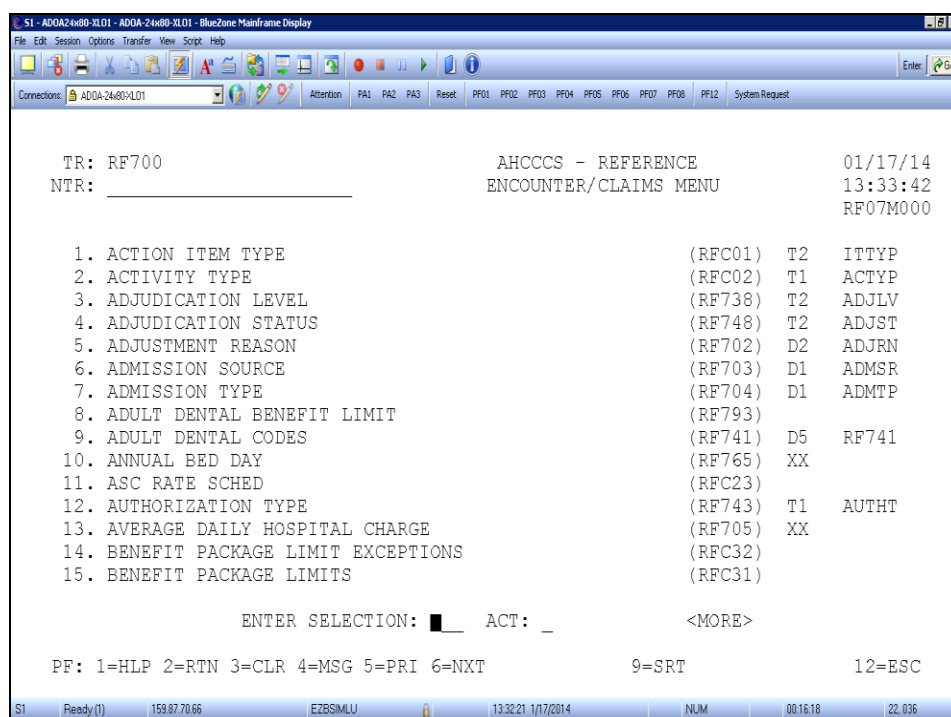
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 16:00:57 9/4/2014 NUM 01:58:49 03.007

## Reference, Encounter/Claims

### Encounter/ Claims Menu (RF700)

The Encounter/Claims menu has 140 selections available. Select the <F6> key to scroll through the menu to see all of the options.



The most commonly used screens are:

- Admission Type (RF704)
- Bill Type (RF706)
- Medical Categories of Service (RF769)
- Revenue Codes (RF721)
- Revenue Codes to Bill Types (RF774)
- Revenue Codes to Procedure Codes (RF773)
- UB Patient Status (RF717)
- Limit Override Modifiers (RF723)
- Condition Codes (RF708)

## Adjudication Status (RF748)

3011 BOTTOM OF LIST  
 TR: RF748 ACT: I AHCCCS - REFERENCE USER ID: 0A7 01/22/14  
 NTR: \_\_\_\_\_ ADJUDICATION STATUS 11:35:58  
 RF00L212

SORTED BY CODE

CODE	DESCRIPTION	LAST MOD	USR
11	IN PROCESS	02/23/90	L46
31	ADJUDICATED/APPROVED	04/07/89	V03
32	ADJUDICATED/VOIDED ORIGINAL	11/30/06	7F0
33	ADJUDICATED/REPLACED ORIGINAL	11/30/06	7F0
41	ADJUDICATED/DENIED BY AHCCCS	10/25/06	7F0
42	ADJUDICATED/WITHDRAWN BY PLAN	10/25/06	7F0
43	ADJUDICATED/DENIED BY PLAN	10/25/06	7F0

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

## Revenue Codes (RF721)

This 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 01/17/14  
 NTR: \_\_\_\_\_ REVENUE CODES 13:17:37  
 RF07L002

START CDE: [ ] REC DAT: \_\_\_\_\_ BEG DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

CODE	DESCRIPTION	RECEIPT DATE	P	M	A	C	S	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
0023	HH PPS (HRG) (HIPPS)	12/01/1990	4	N	N	Y	000 Y 999 Y	10/01/2003	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
0072	ICF	12/01/1990	4	N	N	Y	000 Y 999 Y	10/01/1982	09/30/1995
0072	ICF	12/01/1990	1	N	N	Y	000 Y 999 Y	10/01/1995	09/30/2003

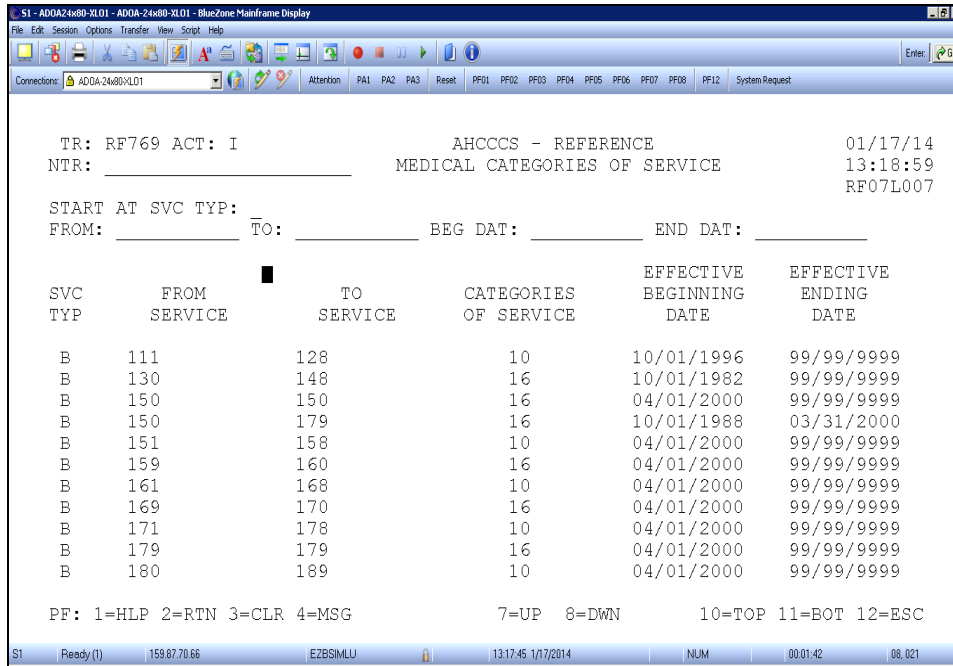
PF: 1=HLP 2=RTN 3=CLR 4=MSG 7=UP 8=DWN 10=TOP 11=BOT 12=ESC



# Medical Categories of Service (RF769)

This screen displays the Category of Services assigned to the various codes based on the three code types:

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



Have the appropriate code type in the “START AT SVC TYP:” field.

## Revenue Codes to Bill Types (RF774)

This screen identifies the valid bill type for each revenue code and whether a procedure code is required for a particular revenue code.

8366 MOVE CURSOR TO "START BILL TYPE" TO SCROLL BY BILL TYPE RANGE  
 TR: RF774 ACT: I AHCCCS - REFERENCE 01/17/14  
 NTR: █ REVENUE CODES-TO-BILL TYPES 11:35:33  
 RF07L011

START AT REV CODE: \_\_\_\_\_ BILL TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

The "PROC" is the indicator if a procedure code is needed when the revenue code is used with the bill type. "R" means a procedure code is required, an "O" means a procedure code is optional, and an "N" means a procedure code is not required.

# Revenue Codes to Procedure Code (RF773)

This 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 01/17/14  
 NTR: \_\_\_\_\_ REVENUE CODES-TO-PROCEDURE CODES 11:34:06  
 RF07L010

START AT REV CODE: █ PROC CODE: \_\_\_\_\_ DATE: \_\_\_\_\_

REV CODE FROM	REV CODE TO	DESCRIPTION FIRST REVENUE CODE IN RANGE	PROC CODE FROM	PROC CODE TO	DESCRIPTION FIRST PROCEDURE CODE IN RANGE	BEGINNING DATE OF SERVICE	ENDING DATE OF SERVICE
0250	0250	PHARMACY MODIFIED:	A4261	A4261	CERVICAL CAP FOR	10/01/2008	99/99/9999
0250	0250	PHARMACY MODIFIED:	A4266	A4266	DIAPHRAGM FOR CO	10/01/2008	99/99/9999
0250	0250	PHARMACY MODIFIED:	A4267	A4267	CONTRACEPTIVE SU	10/01/2008	99/99/9999
0250	0250	PHARMACY MODIFIED:	A4268	A4268	CONTRACEPTIVE SU	10/01/2008	99/99/9999
0250	0250	PHARMACY MODIFIED:	A4269	A4269	CONTRACEPTIVE SU	10/01/2008	99/99/9999
0250	0250	PHARMACY MODIFIED:	A9152	A9152	SINGLE VITAMIN/M	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

S1 Ready(1) 153.87.70.66 EZBSIMLU 11:32:47 1/17/2014 NUM 00:07:44 05:021

## AHCCCS Encounters/Claims (EC560)

This screen provides member specific information and provides the used benefit information, for the contract year, such as inpatient days and therapy limits.

The screenshot shows a mainframe display window titled "S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display". The window contains the following text:

```
5971 CONTRACT YEAR IS REQUIRED
TR: EC560 ACT: I          AHCCCS ENCOUNTERS/CLAIMS          01/22/14
NTR:                    11:42:44
EC31P560                INPATIENT DAYS PER CONTRACT YEAR    EC31L560
REC TYPE: IN          AHCCCS-ID: A86990189    CONTRACT YEAR: _____

CRN          PROC CD    E/C    HP-ID          UNITS    COVERED    NON-COVERED
SER-BEG-DAT  SER-END-DAT T ST  PROV-ID

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 6=NXT 7=UP 8=DWN          12=ESC
```

The bottom status bar of the window displays: S1 Ready (1) 159.87.70.66 EZBSIMLU 11:41:42 1/22/2014 NUM 03:44:46 12.037

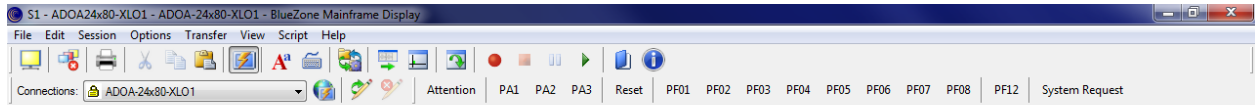
*Edit Error – Z297 Inpatient Limit Exceeded, Z295 Allowed number of Physical Therapy Visits Exceeded.*





# Form Type (RF754)

This screen displays the valid form type codes to be used when submitting inpatient/outpatient encounters.



3011 BOTTOM OF LIST  
TR: RF754 ACT: I AHCCCS - REFERENCE USER ID: A03 09/04/14  
NTR:  FORM TYPE 16:13:33  
RF00L211

SORTED BY CODE

CODE	DESCRIPTION	LAST MOD	USR
A	HCFA-1500	04/07/89	54M
B	UB (FOR BIC ONLY)	10/07/93	L37
C	AHCCCS FORM C	04/07/89	54M
D	ADA DENTAL	05/30/02	F35
I	UB I/P	10/07/93	L37
L	UB LTC	10/07/93	L37
O	UB O/P	10/07/93	L37

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 16:13:17 9/4/2014 NUM 02:11:09 03.007

# Bill Type to Form Type (RF786)

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: RF786 ACT: I AHCCCS - REFERENCE 01/22/14  
 NTR: \_\_\_\_\_ BILL TYPE TO FORM TYPE 11:48:48  
 RF07L014

START AT BILL TYPE: █

BILL TYPE	FORM TYPE	BILL TYPE DESCRIPTION	BEGIN DATE	END DATE
110	I	HOSP, INPATIENT, ZERO PAY	01/01/2008	99/99/9999
111	I	HOSP, INP, ADMT THRU DISCH	10/01/1982	99/99/9999
112	I	HOSP, INP, INTERIM, 1ST CLAIM	10/01/1982	99/99/9999
113	I	HOSP, INP, INTERIM, CON'T CLAIM	10/01/1982	99/99/9999
114	I	HOSP, INP, INTERIM, LAST CLAIM	10/01/1982	99/99/9999
115	I	HOSP, INP, LATE CHARGE(S) ONLY CLAIM	10/01/1982	99/99/9999
116	I	HOSP, INP, ADJ, PRIOR CLAIM	10/01/1982	99/99/9999
117	I	HOSP, INP, REPLACEMENT OF PRIOR CLAIM	10/01/1982	99/99/9999
118	I	HOSP, INP, VOID/CANC PRIOR CLAIM	10/01/1982	99/99/9999
120	I	HOSP, INP, M/C B ONLY, ZERO PAY	01/01/2008	99/99/9999
121	I	HOSP, INP, M/C B ONLY ADMIT THRU DISCH	10/01/1982	99/99/9999
122	I	HOSP, INP, M/C B ONLY INTERIM, 1ST CLAIM	10/01/1982	99/99/9999
123	I	HOSP, INP, M/C B ONLY INTERIM, CONT CLAIM	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

S1 Ready (1) 159.87.70.66 EZBSIMLU 114746 1/22/2014 NUM 03:50:50 05.022



## UB Patient Status (RF717)

This screen displays the valid patient status codes to be used when billing inpatient services. Note: patient status 30 should only be used with continued stay bill types.

TR: RF717 ACT: I AHCCCS - REFERENCE USER ID: OA7 01/17/14  
 NTR: \_\_\_\_\_ UB82 PATIENT STATUS 11:31:25  
 RF00L212

SORTED BY CODE

CODE	DESCRIPTION	LAST MOD	USR
01	DISCHARGED TO HOME OR SELF CARE	03/18/89	V17
02	DISCHARGE/TRANSFER TO ANOTHER HOSPITAL	03/22/89	V18
03	DISCHARGE/TRANSFER TO SNF	03/22/89	V18
04	DISCHARGE/TRANSFER TO ICF	03/22/89	V18
05	DISCHARGE/TRANSFER TO OTHER TYPE INST.	03/22/89	V18
06	DISCHARGE/TRANSFER TO HOME HEALTH CARE	03/22/89	V18
07	LEFT AGAINST MEDICAL ADVICE	10/11/89	L46
09	ADMITTED AS AN INPATIENT TO THIS HOSP.	10/07/93	L37
20	EXPIRED	03/22/89	V18
21	DISCHARGED/TRANSFERRED TO COURT/LAW ENF	10/28/09	5UB
30	STILL PATIENT	03/22/89	V18
40	EXPIRED AT HOME	03/22/89	V18
41	EXPIRED AT MEDICAL FACILITY	10/11/89	L46
42	EXPIRED/PLACE UNKNOWN	03/22/89	V18

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 11:30:08 1/17/2014 NUM 00:05:05 06.011

## UB82 Occurrence (RF726)

TR: RF726 ACT: I AHCCCS - REFERENCE USER ID: OA7 01/22/14  
 NTR: \_\_\_\_\_ UB82 OCCURRENCE 11:52:14  
 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	L37
A2	EFFECTIVE DATE - INSURED A POLICY	10/01/93	99/99/99	10/07/93	L37
A3	BENEFITS EXHAUSTED - PAYER A	10/01/93	99/99/99	05/01/07	MC1
A4	SPLIT BILL DATE	10/16/03	99/99/99	05/01/07	MC1
B1	BIRTHDATE - INSURED B	10/01/93	99/99/99	10/07/93	L37
B2	EFFECTIVE DATE - INSURED B POLICY	10/01/93	99/99/99	10/21/93	L37
B3	BENEFITS EXHAUSTED - PAYER B	10/01/93	99/99/99	05/01/07	MC1
C1	BIRTHDATE - INSURED C	10/01/93	99/99/99	10/07/93	L37
C2	EFFECTIVE DATE - INSURED C POLICY	10/01/93	99/99/99	10/07/93	L37
C3	BENEFITS EXHAUSTED - PAYER C	10/01/93	99/99/99	05/01/07	MC1
DR	DISASTER DATE RANGE	08/21/05	99/99/99	10/03/05	5UB
01	ACCIDENT/MEDICAL COVERAGE	10/01/82	99/99/99	04/16/08	MC1
02	AUTO ACCIDENT/INVOLVES NO FAULT INSUR	10/01/82	99/99/99	01/01/00	L02
03	ACCIDENT/TORT LIABILITY	10/01/82	99/99/99	01/01/00	L02

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 11:50:51 1/22/2014 NUM 03:53:55 06.004

# Encounters

---

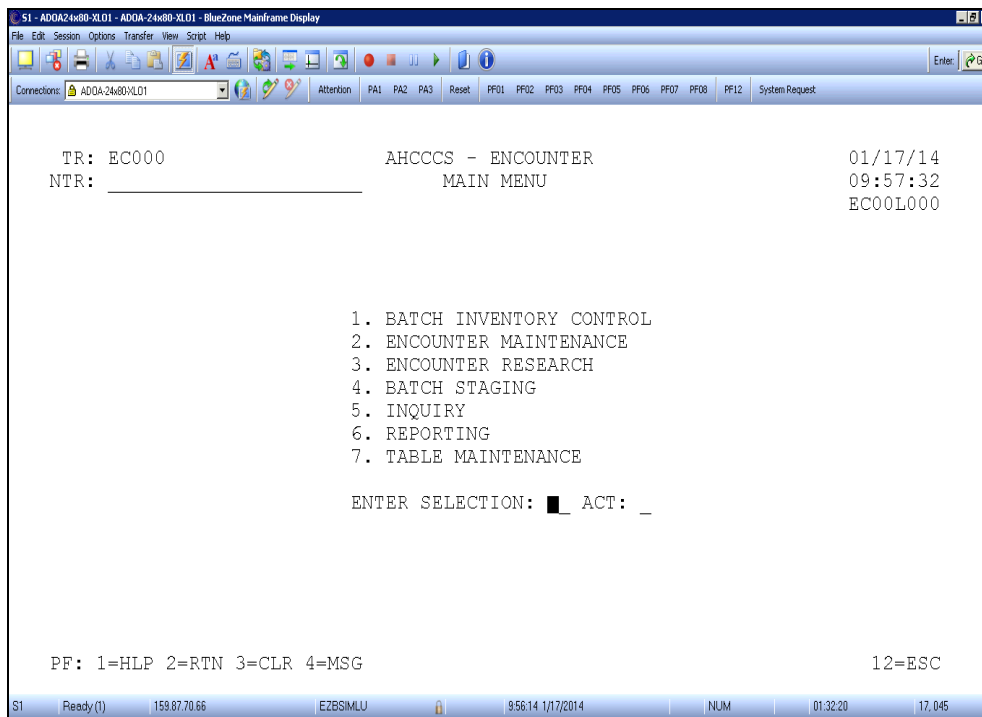
## Section Introduction

---

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.

## Encounter Main Menu (EC000)

---



Of the 7 options, only 2 will be addressed in this overview: **Encounter Maintenance (2)** and **Inquiry (5)**. These sections are used to view an encounter, discover why an encounter has pended, test a corrected pend, and track changes made to pends.

The most commonly used screens are:

- HCFA Inquiry (EC205)
- UB Inquiry (EC810)
- Drug Inquiry (EC215)
- Dental Inquiry (EC203)
- Error Correction Audit Trail (EC261)
- Error Override Audit Trail (EC262)
- Error Audit Trail (EC263)
- Duplicate Check (EC270C)

- Recipient Activity Inquiry (EC510)
- Error to Field Inquiry (EC735) found in 7 Table Maintenance

AHCCCS Claim Reference Number:

Bytes 1-5 equal Julina Calendar date encounter was processed

Bytes 6-12 unique encounter number assigned by AHCCCS

Bytes 13-14 to digit sequence number that indicates line number on the encounter

## Form 1500 Inquiry (EC205)

This inquiry screen allows the viewing of Form 1500 encounters that have been submitted to AHCCCS. The encounter's information can be checked for accuracy, status, and where the encounter is located within PMMIS during the encounter processing cycle/s. One reason to pull up a Form 1500 encounter would be if it pended at AHCCCS.

```

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC205 ACT: C AHCCCS - ENCOUNTER 01/22/14
NTR: _____ FORM 1500 ERROR CORRECT 11:56:00
EC21L205
CRN: 13354104601601 ORIG CRN: _____ FREQ CD: 1 PANEL: 1
CLM HP ID: 010422 13 TSN: 17 HP CLM NO: 2013296G8F0052
SER PR ID: 382395 01 NPI: 1760570972 SER PR NAME: GARDNER/JOHN R
RECPNT ID: _____ DOB: _____ SER PR TAXON: 207PE0004X PR TYP: 08
AHCCCS ID: _____ SEX: F NAME: _____
ENROLL ID: _____ ADDR: 11584 W _____
PAT ACT NO: _____ MED REC NO: _____

INVOICE NO: 000016 TRACKNG NO: EDI201312192341029340100002702 INP MODE: 1
ADMIT DATE: _____ DCHRG DATE: _____ PAT STA: _____ HIPAA IND: Y
AUTO ACDNT: N ST/CNTY CD: _____ CNTRY CD: _____ ACDNT DATE: _____ MHS: N
OTHR ACDNT: N EMPLMT REL: N OTHR INS: N BILL DATE: 12/19/2013

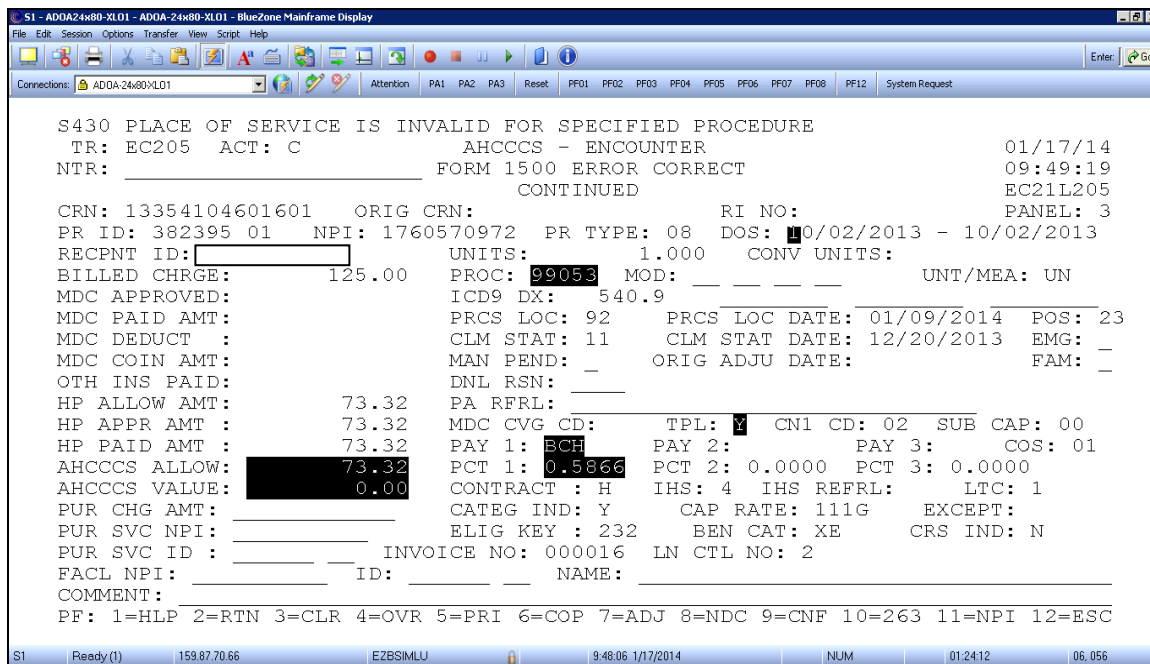
BILL PR ID: 299839 01 BILL PR NPI: 1902936164 BILL PR TAX ID: 860415065
REFR PR ID: 382395 01 REFR PR NPI: 1760570972 BILL PR TAXON : _____
FACL PR ID: _____ 01 FACL PR NPI: _____ FORCE PND: _____ DEN RSN: _____
FACL NAME : _____ DELAY RSN: _____ SPEC PGM: _____
ATCH IND: N RPT TYPE: _____ TRANS CD: _____ CTL NO: _____

PF: 1=HLP 2=RTN 3=CLR 4=OVR 6=NXT 7=PYR 8=ADR 9=CNF 10=263 11=NPI 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 11:54:37 1/22/2014 NUM 03:57:41 05.007

```

To get to the Payment screen, press <F6> twice.



The function keys at the bottom of this screen have these unique functions:

- <F5> Change to previous screen
- <F6> Copay Table
- <F7> Line Adjudication information
- <F8> Drug Information
- <F10> Screen EC263 (Error Audit Trail)

Note: To return from the Copay Table, use the <F5> key to go back to the payment screen.

# UB Inquiry (EC810)

This inquiry screen will allow the viewing of UB encounters that have been submitted to AHCCCS. The encounter's information can be checked for accuracy, status, and processing locations. One reason to pull up a UB encounter would be if it pended at AHCCCS.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

Z260 RECIPIENT NOT ON FILE AND NO ALTERNATE ID FOUND  
 TR: EC810 ACT: C AHCCCS - ENCOUNTER 01/23/14  
 NTR: \_\_\_\_\_ FORM UB92 ERROR CORRECT 08:34:54  
 EC21L810

CRN: 133530075001 ORIG CRN: \_\_\_\_\_ FREQ CD: 1 ADM-DIS PANEL: 1  
 CLM HP ID: 010422 13 TSN: 17 HP CLM NO: 2013346AY1003  
 SER PR ID: 390099 01 NPI: 1053571182 SER PR NAME: BANNER BOSWELL REHAB CTR  
 RECENT ID: \_\_\_\_\_ DOB: \_\_\_\_\_ PR TYPE: 22  
 AHCCCS ID: \_\_\_\_\_ SEX: F NAME: \_\_\_\_\_  
 ENROLL ID: \_\_\_\_\_ ADDR: \_\_\_\_\_  
 PAT ACT NO: \_\_\_\_\_ MED REC NO: \_\_\_\_\_  
 INVOICE NO: 000001 TRACKNG NO: EDI201312191609241750100000201 INP MODE: 1  
 STATEMENT COVERS: 11/30/2012 - 12/21/2012 BILL TYP: 131 HIPAA IND: Y  
 ADMIT DATE: \_\_\_\_\_ ADMIT HR: \_\_\_\_\_ DCHRG HR: \_\_\_\_\_ PAT STA: 01 FORM TYP: 0  
 ADMIT TYPE: 3 ADMIT SRC: 1 AUTO ACDNT ST: \_\_\_\_\_ BILL DATE: 12/19/2013

BILL PR ID: 390099 01 BILL PR NPI: 1053571182 BILL PR TAX ID: 900389314  
 ATND PR ID: 357232 01 ATND PR NPI: 1548397995 BILL PR TAXON : \_\_\_\_\_  
 REFR PR ID: \_\_\_\_\_ REFR PR NPI: \_\_\_\_\_ OTH CVG: N MDC CID: \_\_\_\_\_  
 FACL PR ID: \_\_\_\_\_ FACL PR NPI: \_\_\_\_\_ MHS IND: Y 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 4=OVR 5=NTE 6=NXT 7=PYR 8=ADR 9=CNF 10=263 11=NPI 12=ESC

---

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:33:47 1/23/2014 NUM 00.02:41 05.007

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC810 ACT: C AHCCCS - ENCOUNTER 01/23/14  
 NTR: \_\_\_\_\_ FORM UB92 ERROR CORRECT 08:35:34  
 CONTINUED EC21L810

CRN: 133530075001 ORIG CRN: \_\_\_\_\_ PANEL: 5  
 ICD9 DX: \_\_\_\_\_ COND CODES: \_\_\_\_\_  
 PRI CD : 707.12 POA: \_\_\_\_\_ ADM CD: \_\_\_\_\_ E DX CD: \_\_\_\_\_ POA: \_\_\_\_\_  
 OTH C1 : 998.83 POA: \_\_\_\_\_ C2 : 250.00 POA: \_\_\_\_\_ C3 : \_\_\_\_\_ POA: \_\_\_\_\_  
 C4 : \_\_\_\_\_ POA: \_\_\_\_\_ C5 : \_\_\_\_\_ POA: \_\_\_\_\_ C6 : \_\_\_\_\_ POA: \_\_\_\_\_  
 C7 : \_\_\_\_\_ POA: \_\_\_\_\_ C8 : \_\_\_\_\_ POA: \_\_\_\_\_ C9 : \_\_\_\_\_ POA: \_\_\_\_\_  
 C10: \_\_\_\_\_ POA: \_\_\_\_\_ C11: \_\_\_\_\_ POA: \_\_\_\_\_ C12: \_\_\_\_\_ POA: \_\_\_\_\_

PAT RSN VISIT C1: 7071 C2: \_\_\_\_\_ C3: \_\_\_\_\_ DRG: \_\_\_\_\_  
 PRI ICD9 PC: \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ CRC APP: \_\_\_\_\_ COND IND: \_\_\_\_\_  
 OTH ICD9 PC: \_\_\_\_\_  
 C1 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C2 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_  
 C3 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C4 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_  
 C5 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C6 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_  
 C7 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C8 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_  
 C9 : \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C10: \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_  
 C11: \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_ C12: \_\_\_\_\_ QL: \_\_\_\_\_ DT: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 NOTE REF CD:  
 PF: 1=HLP 2=RTN 3=CLR 4=OVR 5=PRI 6=NXT 7=PYR 9=CNF 10=263 11=NTE 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:34:10 1/23/2014 NUM 00.03:04 05.079

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect: ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC810 ACT: C AHCCCS - ENCOUNTER 01/23/14  
 NTR: \_\_\_\_\_ FORM UB92 ERROR CORRECT 08:36:10  
 CONTINUED EC21L810  
 CRN: 133530075001 ORIG CRN: PANEL: 4

PR ID : 390099 01 NPI: 1053571182 PR TYPE: 22 REC ADD DATE: 12/19/2013  
 RECPNT ID: A \_\_\_\_\_ PRCS LOC: 92 PRCS LOC DATE: 12/19/2013  
 TOT BILL AMT: 2618.40 CLM STAT: 11 CLM STAT DATE: 12/19/2013  
 TOT NCOV AMT: 0.00 MAN PEND: \_\_\_\_\_ ORIG ADJU DATE: \_\_\_\_\_  
 TOT CLM CHRG: 2618.40 ACCOM DAY: \_\_\_\_\_ BED HOLD: \_\_\_\_\_  
 MDC APPROVED: \_\_\_\_\_ COVRD DAY: \_\_\_\_\_ THP DAY: \_\_\_\_\_  
 MDC PAID AMT: \_\_\_\_\_ MDC CVG CD: \_\_\_\_\_ TPL: Y CNI CD: 02 SUBCAP: 00  
 MDC DEDUCT : \_\_\_\_\_ PAY 1: PDM PAY 2: \_\_\_\_\_ PAY 3: \_\_\_\_\_ COS: 16  
 MDC COIN AMT: \_\_\_\_\_ PCT 1: 1.0000 PCT 2: 0.0000 PCT 3: 0.0000  
 OTH CVG PMT : \_\_\_\_\_  
 HP ALLOW AMT: 140.90 CONTRACT : H LTC: 1 IHS: 4 IHS REFR: \_\_\_\_\_  
 HP APPR AMT : 140.90 CATEG IND: Y CAP RATE: 101G EXCEPT: \_\_\_\_\_  
 HP PAID AMT : 140.94 ELIG KEY : 231 CRS IND: N BEN CAT: \_\_\_\_\_  
 AHCCCS ALLOW: 2618.40 OUTLR IND: \_\_\_\_\_  
 AHCCCS VALUE: 0.00 TIER LVL # DAYS # CUT DAYS CUT RSN TIER RATE  
 RI CASE NO :

PF: 1=HLP 2=RTN 3=CLR 4=OVR 5=PRI 6=NXT 7=PYR 9=CNF 10=263 12=ESC

---

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:34:47 1/23/2014 NUM 00:03:41 23.032

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect: ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

5324 TO VIEW ERRORS, PLACE CURSOR ON A DETAIL LINE AND PRESS PF4

TR: EC810 ACT: C AHCCCS - ENCOUNTER 01/23/14  
 NTR: \_\_\_\_\_ FORM UB92 ERROR CORRECT 09:44:40  
 CONTINUED EC21L810  
 LINE NO: \_\_\_ CRN: 133530075001 ORIG CRN: PANEL: 4

NO	REV	PROC	MOD	UNITS	CUT	CHARGES	NCOV	CHRG	BEG/END DT
01	0272			1.000		104.00		0.00	11/30/2012
				STERILE SUPPLY					11/30/2012
02	0272			1.000		104.00		0.00	12/14/2012
				STERILE SUPPLY					12/14/2012
03	0272			1.000		20.00		0.00	12/21/2012
				STERILE SUPPLY					12/21/2012
04	0301 82962			1.000		19.40		0.00	12/07/2012
				LAB/CHEMISTRY					12/07/2012
05	0510 99213			1.000		284.70		0.00	11/30/2012
				CLINIC					11/30/2012
06	0510 99213			1.000		284.70		0.00	12/07/2012
				CLINIC					12/07/2012

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

PF: 1=HLP 2=RTN 3=CLR 4=OVR 5=PRI 6=COP 7=UP 8=DWN 9=CNF 10=ADJ 11=NDC 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 9:43:25 1/23/2014 NUM 00:00:26 05.079

Encounter is pending for P340 - Provider Specific Rate Not On File For DOS

# Pharmacy Inquiry (EC215)

This inquiry screen allows the viewing of Pharmacy encounters that have been submitted to AHCCCS. The encounter's information can be checked for accuracy, status, and processing locations. One reason to pull up a Pharmacy encounter would be if it pended at AHCCCS.

S1 - ADDA24x80-XL01 - ADDA-24x80-XL01 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADDA-24x80-XL01

Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC215 ACT: C AHCCCS - ENCOUNTER 01/17/14  
 NTR: \_\_\_\_\_ FORM C ERROR CORRECT 09:40:35  
 EC21L215

CRN: 14003059003001 ORIG CRN: TRANS CD: 1 PANEL: 1

CLM HP ID: 010422 13 TSN : 17 HP CLM NO: 1332640303250510011  
 SER PR ID: 554065 01 NPI : 1124034525 NAME: WALGREENS #06025  
 RECPNT ID: A \_\_\_\_\_ DOB : \_\_\_\_\_ SEX: F PROV TYP: 03  
 AHCCCS ID: A \_\_\_\_\_ NAME: \_\_\_\_\_ PREG: \_  
 ENROLL ID: A \_\_\_\_\_ ADDR: HOMLESS, PHOENIX, AZ  
 PAT ACCT NO: \_\_\_\_\_

INVOICE NO: 000030 TRACKNG NO: EDI201401021452060090000000030 INP MOD: 1  
 NCPDP IND: Y OTHR INS: N MHS IND: G POS: 00 FORCE PND: \_ DENL RSN: \_

PRSC PR ID : \_\_\_\_\_ PRSC PR QUAL: 01  
 DEA LICENSE: \_\_\_\_\_ PRSC PR NPI: 1538447032 PRSC PR TAXON: \_\_\_\_\_

PROF SVC CODE: \_ PA NUM: \_ BILL DATE: 01/02/2014

ATTACH IND: N ICD9 DX: \_\_\_\_\_

PF: 1=HLP 2=RTN 3=CLR 4=OVR 5=PRI 6=NXT 7=PYR 9=CNF 10=263 11=NPI 12=ESC

---

S1 Ready() 159.87.70.66 EZBSIMLU 9:39:20 1/17/2014 NUM 01:15:26 21.053

S1 - ADDA24x80-XL01 - ADDA-24x80-XL01 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADDA-24x80-XL01

Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

C030 QUANTITY MISSING OR INVALID

TR: EC215 ACT: C AHCCCS - ENCOUNTER 01/17/14  
 NTR: \_\_\_\_\_ FORM C ERROR CORRECT 09:38:09  
 CONTINUED EC21L215

CRN: 14003059003001 ORIG CRN: RI NO: PANEL: 2

PR ID: 554065 01 NPI: 1124034525  
 RECPNT ID: A \_\_\_\_\_

RX NUMBER: 0000629144 ITEM CD: 58160090052 DEA ID: 0 DISP DAT: 11/22/2013  
 QTY DISP: 0.000 REFIL NUM: 00 DAY SUP: 001 PSCR DAT: 11/22/2013  
 QTY PSCR: 0.000 REFIL AUTH: 00 UNT DOSE: 0 UNT MEAS: ML ORG: 1

CMPND CD: 1 CMPND INGR CNT: \_ THP CLS: 801200 GENERIC: B DAW: N

INGRD CST SUBMT: 18.93 PRI PYR DNL DAT:  
 DISP FEE SUBMT : 0.00 PROC PMT CLR CD: 01  
 USUAL/CUST CHRG: 39.99 340B IND:  
 PROF SVC FEE PD: 0.00  
 INCENT FEE PAID: 0.00 OTH PYR AMT PAID: 0.00 \_  
 SALES TAX PAID : 0.00 0.00 \_  
 TOTAL AMT PAID : 35.00 0.00 \_

PF: 1=HLP 2=RTN 5=PRI 6=NXT 7=PYR 10=263 12=ESC

S1 Ready() 159.87.70.66 EZBSIMLU 9:37:12 1/17/2014 NUM 01:13:18 22.058

Error Code: C030 – Quantity Missing or Invalid

# Dental Inquiry (EC203)

This inquiry screen allows the viewing of Dental encounters that have been submitted to AHCCCS. The encounter information can be checked for accuracy, status, and processing locations. One reason to pull up a Dental encounter would be if it pended at AHCCCS.

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC203 ACT: I AHCCCS - ENCOUNTER 01/22/14  
NTR: \_\_\_\_\_ DENTAL INQUIRY 12:01:31  
EC31L203

CRN: 14003005100101 ORIG CRN: \_\_\_\_\_ FREQ CD: 1  
CLM HP ID: 010422 13 TSN: 17 HP CLM NO: SD201311040068200011  
SER PR ID: 152002 01 NPI: 1194809848 SER PR NAME: YU/HENRY  
RECPNT ID: A \_\_\_\_\_ DOB: \_\_\_\_\_ SER PR TAXON: 1223G0001X  
AHCCCS ID: A \_\_\_\_\_ SEX: F NAME: \_\_\_\_\_  
ENROLL ID: A \_\_\_\_\_ ADDR: \_\_\_\_\_  
PAT ACT NO: \_\_\_\_\_

INVOICE NO: 000001 TRACKNG NO: EDI201401021726345240100000201 INP MODE: 1  
AUTO ACDNT: N ST/CNTY CD: \_\_\_\_\_ CNTY CD: \_\_\_\_\_ ACDNT DATE: \_\_\_\_\_ HIPAA: Y  
OTHR ACDNT: N EMPRT REL: N OTHR INS: N TREAT CMPLT: \_\_\_\_\_  
BILL DATE : 01/02/2014  
BILL PR ID: 152002 01 BILL PR NPI: 1194809848 BILL PR TAX ID: 651242052  
REFR PR ID: \_\_\_\_\_ REFR PR NPI: \_\_\_\_\_ BILL PR TAXON : 1223G0001X  
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: \_\_\_\_\_

PF: 1=HLP 2=RTN 3=CLR 5=NTE 6=NXT 7=PYR 8=ADR 10=263 11=NPI 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 12:00:14 1/22/2014 NUM 04:03:18 18.022

S1 - ADOA24x80-XLO1 - ADOA-24x80-XLO1 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connect ADOA-24x80-XLO1 Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC203 ACT: I AHCCCS - ENCOUNTER 01/22/14  
NTR: \_\_\_\_\_ DENTAL INQUIRY 12:02:11  
CONTINUED EC31L203

CRN: 14003005100101 ORIG CRN: \_\_\_\_\_ RI NO: \_\_\_\_\_  
PR ID: 152002 NPI: 1194809848 PR TYPE: 07 DOS: 10/30/2013 - 10/30/2013  
RECPNT ID: A \_\_\_\_\_ UNITS: 1.000 PROC: D0120 MOD: \_\_\_\_\_  
TOOTH NUMBER: \_\_\_\_\_ SURFACE: \_\_\_\_\_ ORAL CAVITY: \_\_\_\_\_

ICD9 DX: \_\_\_\_\_  
BILLED CHRG: 24.05 PRCS LOC: 78 PRCS LOC DATE : 01/09/2014  
OTH INS PAID: \_\_\_\_\_ CLM STAT: 31 CLM STAT DATE : 01/07/2014  
HP ALLOW AMT: 24.05 MAN PEND: \_\_\_\_\_ REC ADDED DATE: 01/03/2014  
HP APPR AMT : 24.05 DENL RSN: \_\_\_\_\_ ORIG ADJU DATE: 01/07/2014  
HP PAID AMT : 24.05 TPL IND: Y CN1 CD: 02 SUB CAP CD: 00 POS: 11  
AHCCCS ALLOW: 26.13 PAY 1: CFF PAY 2: \_\_\_\_\_ PAY 3: \_\_\_\_\_ COS: 11  
AHCCCS VALUE: 24.05 PCT 1: 1.0000 PCT 2: 0.0000 PCT 3: 0.0000  
CONTRACT : A IHS: 4 IHS REFR: \_\_\_\_\_ LTC: 1  
FACL PR NPI: \_\_\_\_\_ CATEG IND: Y CAP RATE: 1015 EXCEPT: \_\_\_\_\_  
FACL PR ID : \_\_\_\_\_ ELIG KEY : 231 BEN CAT: \_\_\_\_\_

INVOICE NO : 000001 LN ITEM CTL NO: 1  
COMMENT: \_\_\_\_\_  
PF: 1=HLP 2=RTN 3=CLR 5=PRI 7=ADJ 8=204 10=263 11=NPI 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 12:00:48 1/22/2014 NUM 04:03:52 03.007



## Error Correction Audit Trail (EC261)

When corrections are made to fields within an encounter, the Error Correction Audit Trail screen keeps track of these changes.

TR: EC261 ACT: I AHCCCS - ENCOUNTER 01/17/14  
NTR: \_\_\_\_\_ ERROR CORRECTION AUDIT TRAIL 09:17:41  
EC31L261

CRN: 13354104600401 FORM TYPE: A INPUT MODE: 1  
RECIP ID: A [REDACTED] PLAN ID: 010422 13 PROV ID: 623663 01 NPI: 1730474495

FIELD CHANGES

FLD NO	FLD NAME	PREV CONTENT	NEW CONTENT	DATE	TIME	USR SYS
256	APPR-AMT		60.52	12/21/13	05:18:43	970

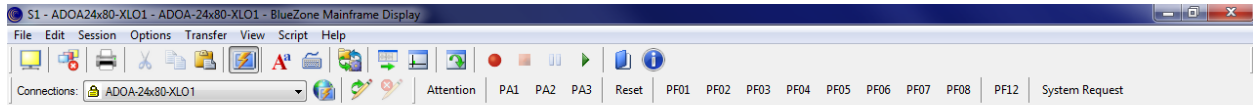
PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRI 7=UP 8=DWN 12=ESC

S1 Ready (1) 159.87.70.66 EZBSIMLU 9:16:59 1/17/2014 NUM 00.53.05 20.050

The picture of the screen indicates that there was a correction to the Appr-Amt (Approved Amount) field. Previously there was no approved amount, and now they have added the amount of \$60.52 field. This screen shows the date, time, and who made the change.

## Error Override Audit Trail (EC262)

An Encounter might require an override if it has pended at AHCCCS but the encounter contains correct and acceptable information. This screen shows when an encounter's pend error was overridden by AHCCCS so the encounter could be accepted.



TR: EC262 ACT: I AHCCCS - ENCOUNTER 09/04/14  
 NTR: \_\_\_\_\_ OVERRIDE AUDIT TRAIL 16:32:08  
 EC31L262

CRN: **1**4041000100100 CLM TYPE: E FORM TYPE: I INPUT MODE: 1

RECIP ID: A  PLAN ID: 010497 15 PROV ID: 706707 01 NPI: 1760480503

### ERROR OVERRIDES

ERROR CODE	OVERRIDE REASON CODE	REASON DESCRIPTION	OVERRIDE DATE	OVERRIDE TIME	OPR ID
A951	0016	ENCOUNTER UNIT REVIEWED	08/27/14	16:31:47	ZE6
Z305	0016	ENCOUNTER UNIT REVIEWED	08/27/14	16:31:47	ZE6

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 16:30:58 9/4/2014 NUM 02:28:50 06,007

This screen lists the error code that the encounter was pended for, the override reason code (override reason code screen RF747), date, time, and who overrode the error.

## Error Audit Trail (EC263)

The Error Audit Trail screen is a log of the encounter being 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, if you wanted to see line 2 of encounter with the CRN of 13354104600401 you would type in 13354104600402.

```
S1 - ADDA24x80-XL01 - ADDA-24x80-XL01 - BlueZone Mainframe Display
File Edit Session Options Transfer View Script Help
Connections: ADDA-24x80-XL01
Attention PA1 PA2 PA3 Reset PF01 PF02 PF03 PF04 PF05 PF06 PF07 PF08 PF12 System Request

TR: EC263 ACT: I AHCCCS - ENCOUNTER/REINSURANCE 01/17/14
NTR: ■ ERROR AUDIT TRAIL USER-ID: 0A7 09:11:02
EC31L263
CRN: 13354104600401 FORM TYPE: A RI CASE NO:
RECIP ID: [REDACTED] PLAN ID: 010422 13 PROV ID: 623663 01 NPI: 1730474495

FOR HEADER ERRORS GO TO LINE NUMBER '00'. LINE PAGING = PF5 & PF6.
CLM
DATE TIME TYP LOC LVL ----- ERRORS -----
01/05/2014 07:38:18 E 91 50 S430
12/23/2013 09:47:54 E 91 50 S430

PF: 1=HLP 2=RTN 3=CLR 4=MSG 5=PRV 6=NXT 7=UP 8=DWN 9=DESC 12=ESC
S1 Ready(1) 159.87.70.66 EZBSIMLU 9:09:49 1/17/2014 NUM 00:45:55 03.007
```

The location is identified by referencing (RF711), the level by referencing (RF738), and errors by referencing (EC710).

Each date represents when the encounter is introduced to an edit 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, then the edit is soft which means the encounter will not be pended. To verify if an edit is soft or hard, utilize screen (EC710).

## Duplicate Check (EC270C)

An encounter can be pended because it closely resembles another encounter. This is known as duplicating. This is signified with the pend errors stating either a near duplicate or an exact duplicate. To find the CRN that the encounter is duplicating against, access EC270C and type in the CRN of the encounter that received the duplicate error.

The image displays two screenshots of a BlueZone Mainframe Display interface, showing the results of a duplicate check for encounter EC270.

**Top Screenshot:**

TR: EC270 ACT: C AHCCCS - ENCOUNTER/CLAIMS 01/17/14  
NTR: \_\_\_\_\_ ON-LINE ADJUDICATION 08:57:44  
EC51L270

CRN: ■ CLAIM TYPE:  
RECIPIENT: \_\_\_\_\_ FORM TYPE:  
PROV/HLTH PLAN: \_\_\_\_\_ ADJUST/VOID:

TOTAL BILLED: \_\_\_\_\_ LAST ADJU DATE: \_\_\_\_\_ ADJU STATUS:  
ALLOWED AMOUNT: \_\_\_\_\_ LAST ADJU TIME: \_\_\_\_\_ LOCATION:

DUPE-CHECK, SERVICE-LIMIT, COMB-AUDIT ERRORS RESULTING FROM ADJUDICATION  
ERR MESSAGE MATCHED CRN

PF: 1=HLP 2=RTN 3=CLR 4=MSG 12=ESC

SI Ready() 159.87.70.66 EZBSIMLU 8:56:26 1/17/2014 NUM 00:32:32 06.018

**Bottom Screenshot:**

TR: EC270 ACT: C AHCCCS - ENCOUNTER/CLAIMS 01/17/14  
NTR: \_\_\_\_\_ ON-LINE ADJUDICATION 09:09:14  
EC51L270

CRN: 13354104600401 CLAIM TYPE: E  
RECIPIENT: A \_\_\_\_\_ FORM TYPE: A  
PROV/HLTH PLAN: 010422 13 HEALTH NET ACCESS ADJUST/VOID: 1

TOTAL BILLED: 235.00 LAST ADJU DATE: 12/20/13 ADJU STATUS: 11  
ALLOWED AMOUNT: 67.06 LAST ADJU TIME: 07:38:18 LOCATION: 92

DUPE-CHECK, SERVICE-LIMIT, COMB-AUDIT ERRORS RESULTING FROM ADJUDICATION  
ERR MESSAGE MATCHED CRN

■

PF: 1=HLP 2=RTN 3=CLR 4=MSG 9=CNF 12=ESC

SI Ready() 159.87.70.66 EZBSIMLU 9:07:56 1/17/2014 NUM 00:44:02 18.012

The CRN of the encounter that was found to be a near duplicate or an exact duplicate will be under the field matched CRN. You can then research the matched CRN.

# Recipient Activity Inquiry (EC510)

This screen provides a history of encounters/claims submitted for a particular recipient. The search can be performed or narrowed with entering of form type, date of service, 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.

51 - ADOA24x80-XL01 - ADOA-24x80-XL01 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADOA-24x80-XL01

TR: EC510 ACT: I AHCCCS - ENCOUNTER USER ID: 0A7 01/17/14  
 NTR: \_\_\_\_\_ RECIPIENT ACTIVITY INQ 08:54:24  
 COUNT: \_\_\_\_\_ EC311L510  
 RECIPIENT ID: [REDACTED] PRIMARY ID: \_\_\_\_\_  
 FORM TYPE: \_ DOS: \_\_\_\_\_ - \_\_\_\_\_ PEND: \_ PAID: \_ DENIED: \_

PR ID/ HP ID	SER PR NAME/ CRN	SER-BEG/ SER-END	SERVICE-CD/ RI CASE NO	BILLED/ ALLOWED	REIM AMT/ S-CAP	ST FORM	LC CD
-----------------	---------------------	---------------------	---------------------------	--------------------	--------------------	------------	----------

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

S1 Ready(1) 159.87.70.66 EZBSIMLU 8:53:08 1/17/2014 NUM 00:29:14 05.012

51 - ADOA24x80-XL01 - ADOA-24x80-XL01 - BlueZone Mainframe Display

File Edit Session Options Transfer View Script Help

Connections: ADOA-24x80-XL01

3011 BOTTOM OF LIST

TR: EC510 ACT: I AHCCCS - ENCOUNTER USER ID: 0A7 01/17/14  
 NTR: [REDACTED] RECIPIENT ACTIVITY INQ 09:00:52  
 COUNT: 1 [REDACTED] EC311L510  
 RECIPIENT ID: A [REDACTED] PRIMARY ID: A [REDACTED]  
 FORM TYPE: A DOS: 10/01/1982 - 01/17/2014 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	REIM AMT/ S-CAP	ST FORM	LC CD
623663	SIMPSON/MARCELL	10/12/2013	99464	235.00	0.00	11	92
010422	13354104600401	10/12/2013		67.06	00	A	

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

S1 Ready(1) 159.87.70.66 EZBSIMLU 9:00:42 1/17/2014 NUM 00:36:48 03.007

## Error to Field Inquiry (EC735)

AHCCCS pend errors are activated due to questionable data in a field. This screen allows you to enter the pend error code and form type to see what fields are involved with that particular pend. YOU must enter B for UB edits on form types I, O and L.

TR: EC735 ACT: I AHCCCS - ENCOUNTER 01/17/14  
 NTR: \_\_\_\_\_ ERROR TO FIELD INQ 08:44:57  
 EC31L735

ERROR CODE: S430 PLACE OF SERVICE IS INVALID FOR SPECIFIED PROCEDURE  
 FORM TYPE: A START AT: FIELD NUMBER: \_\_\_\_

INTERNAL FLD NBR	INTERNAL FIELD NAME	CCL INDICATORS	EFFECTIVE DATES: BEGIN END	
063	HCPCS-PROC-CD	Y	10/01/1982	07/26/1991
063	HCPCS-PROC-CD	Y	07/27/1991	99/99/9999
064	HCPCS-PROC-MOD1	N	07/27/1991	99/99/9999
131	PLACE-OF-SER-CD	Y	10/01/1982	99/99/9999
159	SER-BEG-DAT	N	07/27/1991	99/99/9999

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

S1 Ready (1) 159.87.70.66 EZBSIMLU 8:46:44 1/17/2014 NUM 00:22:50 18.049

## **Contractor Request to Override Pended Encounters**

---

Override requests should be submitted to the AHCCCS Encounter Unit utilizing the '**Override Request Form**' below. Sufficient information must be submitted in order to approve and override the pend error. Overrides completed by the Contractor in PMMIS or the pend correction file must be submitted separately. If possible, the override request will be processed with 30 days. AHCCCS expedites override request related to reinsurance cases. Override requests involving reinsurance should be notated on the request.

<https://www.azahcccs.gov/PlansProviders/HealthPlans/encounters.html>

## **Edit Status Report Table**

---

This report list all error codes, descriptions, form types. Can be found on the AHCCCS website:

<https://www.azahcccs.gov/PlansProviders/HealthPlans/encounteradjudicationresources.html>