Participating Provider Information –
Provider Types: Integrated Care Clinic (PT IC), Behavioral Health Outpatient Clinic (PT 77) and Clinic (PT 05)

Effective for dates of service on and after 10/1/2022:
In order to retain information related to the actual professional practitioner (provider) participating in/performing services associated with clinic visits reported with the IC, 77 or 05 provider type as the service/rendering provider, that professional practitioner (provider) participating in/performing services must also be reported on all claims as outlined below.

CMS Form 1500 (Paper/Web Claim): Field 19 - Additional Claim Information

Format Examples:

One Participating/Performing Provider – XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first, 20 characters)
Example – XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –
XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
3 blanks XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
Example – XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia

ADA Form (Paper/Web Claim): Field 35. Remarks

Format Examples:

One Participating/Performing Provider – XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first, 20 characters)
Example – XX1987654321Smitherhouse, Michelle

Two Participating/Performing Providers –
XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
3 blanks XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)
Example – XX1987654321Smitherhouse, Michelle XX2123456789Fredricksburg, Cynthia
837 Professional (Electronic Claim): 2300 NTE

Format Examples:

One Participating/Performing Provider – XXNPI ProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)

Two Participating/Performing Providers – XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider)(last, first 20 characters) 3 blanks XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider)(last, first 20 characters)

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<thead>
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<th>Min. Max.</th>
<th>Use</th>
<th>Note</th>
<th>AHCCCS Usage/Expected Value (Codes/Notes/Comme nts)</th>
</tr>
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<tbody>
<tr>
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<td>NTE</td>
<td>CLAIM NOTE</td>
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<td>S</td>
<td></td>
<td></td>
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<tr>
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<td>Note Reference Code</td>
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<td>3-3</td>
<td>R</td>
<td>ADD=Additional Information</td>
<td>Expect ‘ADD’ – Additional Information</td>
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<td>R</td>
<td>Expect Claim Note Text</td>
<td>One Participating Provider XXNPIProviderName or 9999999999Provider Name Two Participating Providers or Performing ProvidersXXNPIProviderName or 9999999999Provider Name 3 blanks XXNPIProviderName or 9999999999Provider NameMITHERHOUSE, MICHELLE XX2123456789FRE DRICKBURG.</td>
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837 Dental (Electronic Claim): 2300 NTE

Format Examples:

One Participating/Performing Provider – XXNPI ProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)

Two Participating/Performing Providers – XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters) 3 blanks XXNPIProviderName (NPI if a registerable Provider) or 9999999999ProviderName (no NPI if not a registerable Provider) (last, first 20 characters)

<table>
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<th>Use</th>
<th>Note</th>
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<td>2300</td>
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<td>CLAIM NOTE</td>
<td>1</td>
<td>S</td>
<td></td>
<td></td>
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</tbody>
</table>
| 2300 | NTE01   | Note Reference Code | ID | 3-3       | R   | ADD=Additional Information  
CER=Certification Narrative  
DCP=Goals, Rehabilitation Potential, or Discharge Plans  
DGN=Diagnosis Description  
TPO=Third Party Organization Notes  
Expect ‘ADD’ – Additional Information |
| 2300 | NTE02   | Claim Note Text | AN | 1-80      | R   | Expect Claim Note Text  
One Participating Provider  
XXNPIProviderName or  
9999999999ProviderName  
Two Participating Providers or Performing Providers  
XXNPIProviderName or  
9999999999ProviderName  
3 blanks XXNPIProviderName or  
9999999999ProviderName |

AHCCCS Usage/Expected Value (Codes/Notes/Comment(s))
• Do not enter a space, hyphen, slash or other separator between the qualifier code and the NPI number or between the NPI and the Provider Name.
• When reporting a second item of data, enter three blank spaces and then the next qualifier and number/code/Provider Name.
• XX is the actual Qualifier Code designated by the standards body to indicate an NPI.
• At this time reporting of Participating Providers beyond 2 occurrences is not supported as defined in the standards for these transactions. If Participating Providers beyond 2 occurrences exist for a single claim, only the first two occurrences should be reported.
• Refer to Chapter 5 Billing on the CMS 1500 Claim Form for the appropriate use of field 24j Rendering Provider ID #.

REPORTING SCHOOL SITE INFORMATION- PROVIDER TYPES IC, 77 AND 05

In the event provider types IC, 77, or 05 provides care at a school place of service, the providers must also comply with the following guidelines for reporting the school site. The providers shall list themselves as the rendering provider. Additionally, the School Identifier as well as the participating provider shall be entered on the claim form. A listing of the school 9-digit CTDS identifier codes will be provided on the AHCCCS Medical Coding Resources webpage.

Provider types IC, 77, and 05 shall report one participating provider as outlined above, followed by 3 spaces then the applicable Identifier and values for the School Identifier.

School Identifier: 0B (State License) followed by 9 Digit school ID
0BNNNNNNNNN

Example:

<table>
<thead>
<tr>
<th>One Participating/Performing Provider –</th>
</tr>
</thead>
</table>

0BNNNNNNNNNN  XXNPI/Provider Name
OR
XXNPI/Provider Name  0BNNNNNNNNN

Provider types IC, 77, and 05 shall report two participating providers as outlined above, followed by 3 spaces then the applicable Identifier and values for the School Identifier.
School Identifier: 0B (State License) followed by 9 Digit School ID
0BNNNNNNNNN

Example:

<table>
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<th>Two Participating/Performing Providers –</th>
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<tbody>
<tr>
<td>0BNNNNNNNNN  XXNPI/Provider Name  XXNPI/Provider Name</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>XXNPI/Provider Name  XXNPI/Provider Name  0BNNNNNNNNN.</td>
</tr>
</tbody>
</table>

- Do not enter a space, hyphen, slash or other separator between the qualifier code and the number.
- 0B is the Qualifier Code designated by the standards body to indicate a State License.