



Participating/Performing Provider Requirements

DFSM Provider Training Team

Updated October 2022

About This Presentation

- This presentation is designed for Fee-for-Service programs, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).
- This presentation will cover how to complete the required claim fields to document the participating provider reporting requirements on the CMS 1500 and ADA 2012.
- Reporting requirements do not apply to claims submitted on the UB-04 claim form.
- Please email providertrainingffs@azahcccs.gov with any questions or comments concerning this presentation.

Definitions and Resources

- For the purposes of this slide deck, the following are defined as:
 - Participating Provider- The individual provider(s) who provided the service(s) to the member, and is legally authorized to do so by the State in which they deliver the service(s), as specified in 42 CFR 457.10 and 42 CFR 438.2.
 - Registerable- An individual who meets the qualifications to register as an AHCCCS provider type.
 - Non-Registerable- An individual who does not meet the qualifications to register as an AHCCCS provider type.
 - A full list of AHCCCS provider types are available online:
 - [AHCCCS Provider Types](#)

Provider Participation Modifier Deadline Extended Until January 1, 2023

- AHCCCS has extended the deadline for providers to begin reporting the individual practitioner who rendered services on professional and dental service claims until January 1, 2023. This requirement impacts all claims for AHCCCS providers registered as integrated clinics (Provider Type IC), behavioral health outpatient clinics (Provider Type 77) and clinics (Provider Type 05).
- AHCCCS and its Managed Care Organizations **will deny claims** for dates of service on and after January 1, 2023, if the individual practitioner who performed the services associated with the clinic visit is not reported.

Participating Provider Reporting Requirements

The participating provider reporting requirements deadline has been extended from October 1, 2022, to January 1, 2023.

Participating provider reporting requirements will apply to the following AHCCCS provider types (billing facilities):

- 05 – Clinic
- 77 - Outpatient Behavioral Health Clinic
- IC – Integrated Clinic

Reporting Participating Provider Claim Information

- 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 CMS 1500 and ADA 2012 claims.
- For additional guidance- [Exhibit 10-1](#)

What Is Not Changing

- Billers will continue to report the servicing/rendering provider NPI information in fields 24J on the CMS 1500 and field 35 on the ADA dental claim forms as required by AHCCCS Medicaid claim submission billing guidelines.



Participating Provider Qualifier Codes

What Are Participating Provider Qualifier Codes?

The Qualifier codes prompts the claims processing system to read the service provider details.

- Qualifier codes must be entered to identify the provider who actually performed the service.
- Any provider rendering services and/or participating in the services must report their provider information on the claim.
- All Qualifier codes that are listed on the CMS 1500, ADA, 837P and 837D equivalent claim forms must be in the NPI number format.
- The Qualifier code format cannot have a space, hyphen or other separator between the qualifier code, number, and name.

Participating Provider Qualifier Codes

- There are two participating provider qualifier code formats that can be used to identify the actual provider that rendered the AHCCCS covered service.

Participating Provider Qualifier Code Formats

- XX Qualifier code: (AHCCCS registerable provider)
 - The XX Qualifier code prompts the AHCCCS claims processing system that the next piece of information entered is a NPI number for an AHCCCS registerable provider.
 - e.g., Medical Doctor (PT08), Dentist (PT07), Physician's Assistant (PT19).
 - XXNPIProviderName (NPI if an AHCCCS registerable provider)
 - **XX1234567890BrownHenry**

Participating Provider Qualifier Code Formats

- Qualifier code 9999999999 (non-registerable provider type)
 - The Qualifier code 9999999999 (*10 digits*) prompts PMMIS that the provider is a non-registerable provider type.
 - In this instance, the 10-digit Qualifier code must be entered as shown above to include the last and first name of the provider performing the service.
 - 9999999999 (if a non-registerable provider type)
 - **9999999999JonesMary**



Claim Fields To Report Participating Provider Claim Information

Participating Provider Reporting Requirements

- Participating provider reporting requirements apply to services submitted on the paper and EDI versions of the CMS 1500 and ADA 2012 claim forms.
- The participating provider information must be reported in the following fields:

CMS 1500 claim form, Field 19

- Field Title: Additional Claim Information

ADA claim form, Field 35

- Field Title: Remarks

- The participating provider is only needed if the clinic is listed as both the servicing and billing provider on the claim.

How To Report A Single Participating Provider Who Has A NPI Number

- Example 1- A single participating/performing provider who is a AHCCCS registerable (XXNPIProviderName).
 - Format: XX(qualifier code) 1234567890(NPI) JonesTom (provider name).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (UMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
	17b NPI	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) XX1234567890JonesTom		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

How to Report A Single Participating Provider Who Does Not Have A NPI Number

- Example 2- The participating provider is a non-registerable provider type and does not have a NPI (9999999999ProviderName).
- Format: 9999999999(qualifier code) JonesTom(provider name).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. ----- 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NJCC) 9999999999JonesTom		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

How to Report Two Participating Providers When Both Have NPI Numbers

- Example 3- Both participating providers have their own NPI numbers and are AHCCCS registerable providers.
- Format - XXNPIProviderName.
- Leave three blank spaces before entering the second qualifier code information for the second provider (maximum is 20 characters per provider).

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE MM DD YY QUAL	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NJCC) XX1234567890JonesTom XX9876543210JonesSally		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

How To Report Two Participating Providers When One Is AHCCCS Registerable And The Other Is Not

Example 4- One provider is a AHCCCS registerable provider, the other participating provider is a non-registerable provider type and does not have a NPI number.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL	15. OTHER DATE QUAL MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a ----- 17b NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) XX1234567890JonesTom 9999999999BrownSam		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

- Reminder: Leave three blank spaces before entering the Qualifier code information for the second provider.

A Few More Examples

Provider Types	Example Format
<ul style="list-style-type: none">Registered Nurse Practitioner (NP) PT19 is a registerable provider type and is required to have a NPI number.	XX1234567890BrownKelly
<ul style="list-style-type: none">Non-Emergency Medical Transportation (NEMT) PT28 provider is a registerable provider type, but is not required to have a NPI number.	9999999999LakeSusan
<ul style="list-style-type: none">Behavioral Health Technician (BHT) is not a registerable provider type and do not have a NPI number.	9999999999JonesBob



How To Report Participating Provider Claim Information Via The AHCCCS Online Provider Portal

Reporting The Participating Provider Information On The AHCCCS Online Provider Portal

To report the participating provider information on the CMS 1500, ADA claim format, billers can report this information in the "Additional Information" field located on the Claim Information tab.



How To Report A Single AHCCCS Registerable Participating Provider: CMS 1500, ADA Claim Format

- Example 1- A single AHCCCS registerable participating provider (XXNPIPProviderName).

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
Claim Information							

Additional Information:
(80 character max)

How To Report A Single Participating Provider Who Does Not Have A NPI Number - CMS 1500 And ADA Claim Format

- Example 2- The participating provider is a non-registerable provider type i.e. a BHT,
 - 9999999999JonesChuck

The image shows a screenshot of a CMS 1500 claim form. The 'Claim Information' tab is selected and highlighted with a blue box. Below the tabs, the 'Claim Information' section is visible. In the 'Additional Information' field, the text '9999999999SmithTracey' is entered, and the field is also highlighted with a blue box. Below the text, it says '(80 character max)'.

Claim Information

Original Reference Number: Replacement Void

Prior Authorization Number:

* Patient Control Number:

Medical Record ID Number:

Initial Treatment Date:

Date of Current Injury: (Accident)

** Patient's Condition Related To: Employment Other Accident Auto Accident

*** Place in which accident occurred: (State)

Special Program Indicator:

* Provider Signature on File: Yes No

* Provider Accept Assignment: Assigned Accepted on Clinical Lab Services Only Not Assigned

* Benefit Assignment: Yes No Not Applicable

* Release of Information Consent: Informed Consent Yes

Additional Information:

XX1234567890BrownTom 9999999999BrownSusan

(80 character max)

RECAP

- 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's 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 National Uniform Claim Committee (NUCC) and National Uniform Billing Committee (NUBC) to indicate the provider has a valid NPI.
- At this time reporting of Participating Providers beyond 2 occurrences are 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.

Any Questions?





Division of Fee-for-Service Management (DFSM) Provider Education and Training Unit

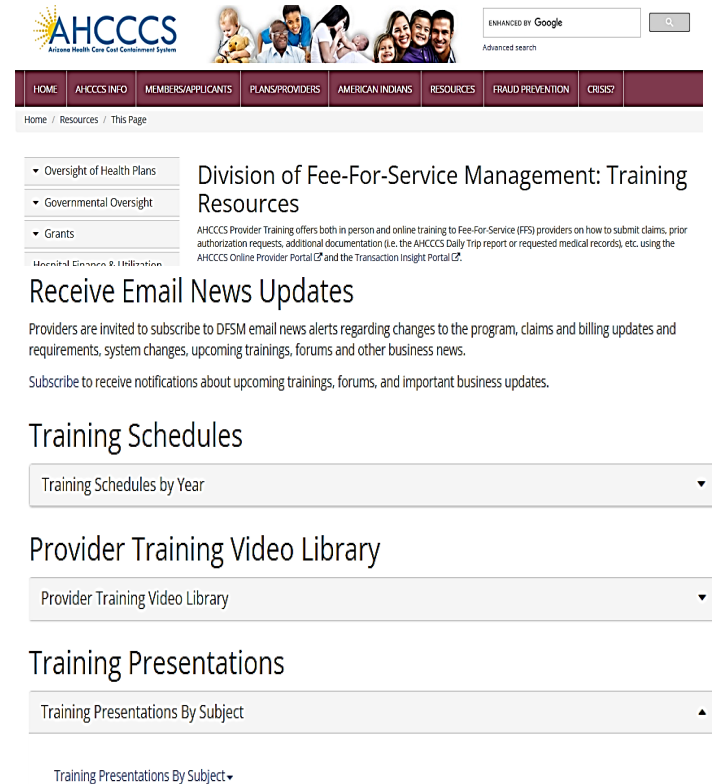
Provider Education And Training

- The DFSM Provider Training team offers training webinars and videos on many topics including how to submit and status claims and prior authorization requests, using the AHCCCS Online Provider Portal for the FFS programs including AIHP, TRBHAs and Tribal ALTCS.
- The training team also provides training on the Transaction Insight Portal application that is used to submit supporting claims documentation i.e., the AHCCCS Daily Trip report, explanations of benefits, medical records and more.
- We also offer updates to program changes, system updates, and changes to the AHCCCS policy, guides, and manuals.



Provider Education And Training Schedule

- The quarterly provider training schedules are posted to the provider training webpage. Registration is required to attend the scheduled trainings.
- To register, click the link below, select Training Schedule by Year, select the current quarter, and then select the training of your choice and complete the required information fields and submit.
- In addition to the training webinars the Provider Education team is available to assist providers with additional one-one training needs.
- https://www.azahcccs.gov/Resources/Training/DFS_M_Training.html



The screenshot shows the AHCCCS website interface. At the top, there is a navigation bar with links for HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS. Below the navigation bar, the page title is "Division of Fee-For-Service Management: Training Resources". The main content area includes a search bar, a list of training resources, and a section for "Receive Email News Updates". The "Training Schedules" section features a dropdown menu for "Training Schedules by Year". The "Provider Training Video Library" section has a dropdown menu for "Provider Training Video Library". The "Training Presentations" section has a dropdown menu for "Training Presentations By Subject".

Education And Training Questions

- **Rates** - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- **Coding** - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
- **ACC Plan Claims** - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.
- Note: The Provider Training and the Coding teams cannot instruct providers on how to code or bill for a particular service. Providers should direct coding questions to your professional coder or biller.
 - Providers can email the provider training team at:
providertrainingffs@azahcccs.gov

Thank You.