

Quick Training Guide

How to Complete the Participating Provider Reporting Information

The following provider types must include on each claim submission the provider(s) that are participating in the services billed per claim submission. Provider Types: IC-Integrated Clinic, 77- Behavioral Health Outpatient Clinic, 05 - Clinic, C2 - FQHC, and 29 - RHC.

1. Navigate to the AHCCCS Online Provider Portal
<https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>
2. Providers that are submitting claims via a clearing house, billing company,, or with their own software can also follow these instructions.
3. All relevant claims tabs must be completed for claims that are submitted on the AHCCCS Online Provider Portal.
4. There are **two Qualifier Codes** that can be used to identify the provider(s) that are participating in the performance of the services.

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| Qualifier Codes |
| XX - Provider that is registered with AHCCCS and has a NPI number. |
| 9999999999 - provider that does not meet the criteria to be registered under their own provider id. |

5. On the **"Claims Information"** Tab enter the applicable participating provider qualifier/details in the **"Additional Information"** (AI) field.

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| AHCCCS registrable provider type the qualifier code is XX followed by the NPI of the provider with the last and first name. XX1234567890SmithTom | For a Non- registrable provider type the qualifier code (10 digits) is all nines with the last and first name of the participating provider. 9999999999SmithTom |
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6. The Additional Information field has space to report up to **two participating providers only**. The submitter must determine which participating providers to report in the additional information field.
7. If the participating provider information is missing, the claim denial edits are (**H482.1** "NPI Missing or Invalid, Field is missing") or (**H482.7** "NPI Missing or Invalid, Not Valid for Provider").

Common Errors:

- Incorrect qualifier code was used.
 - The participating provider information was not entered on the claim.
 - Tax Id or Billing Provider ID was entered as the participating provider in error.
8. Complete the remainder of the claim and submit for processing.
 9. Remember to upload any documents for review via the Transaction Insight Portal.

Training Resources: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html

Questions email: ProviderTrainingFFS@azahcccs.gov