As discussed in the AHCCCS FQHC/RHC technical workgroup, we are planning some reporting changes for FQHC/RHC billing beginning 1/1/15 to capture the "participating practitioner" on the claim from the FQHC or RHC.

The proposed approach to this reporting is as outlined below for both the paper and electronic formats for the CMS 1500 and ADA forms.

Please review and provide and comments/questions by no later than COB Monday, 10/6 as this will be an agenda item for our 10/98 workgroup meeting.

Thank you in advance for your review.

DRAFT

CMS Form 1500

ITEM NUMBER 19
TITLE: Additional Claim Information (Designated by NUCC)

INSTRUCTIONS: Please refer to the most current instructions from the public or private payer regarding the use of this field. Some payers ask for certain identifiers in this field. If identifiers are reported in this field, enter the appropriate qualifiers describing the identifier. Do not enter a space, hyphen, or other separator between the qualifier code and the number.

The NUCC defines the following qualifiers used in 5010A1:
0B State License Number
1G Provider UPIN Number
G2 Provider Commercial Number
LU Location Number (This qualifier is used for Supervising Provider only.)
N5 Provider Plan Network Identification Number
SY Social Security Number (The social security number may not be used for Medicare.)

X5 State Industrial Accident Provider Number
ZZ Provider Taxonomy (The qualifier in the 5010A1 for Provider Taxonomy is PXC, but ZZ will remain the qualifier for the 1500 Claim Form.)
XX CMS National Provider ID (NPI)

The above list contains both provider identifiers, as well as the provider taxonomy code. The provider identifiers are assigned to the provider either by a specific payer or by a third party in order to uniquely identify the provider. The taxonomy code is designated by the provider in order to identify his/her provider type, classification, and/or area of specialization. Both, provider identifiers and provider taxonomy may be used in this field.

When reporting a second item of data, enter three blank spaces and then the next qualifier and number/code/information.

DESCRIPTION: "Additional Claim Information" identifies additional information about the patient's condition or the claim.

FIELD SPECIFICATION: This field allows for the entry of 71 characters.

Proposed use –
XX (Qualifier)/NPI (10 characters)/Provider Name (last, first 20 characters) = 1 participating provider
XX (Qualifier)/NPI (10 characters)/Provider Name (last, first 20 characters) 3 blanks Qualifier/NPI (10 characters)/Provider Name (last, first 20 characters) = 2 participating providers
For a total of 71 characters used.

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Note	AHCCCS Usage/Expec (Codes/Notes/Com
2300	**NTE**	**CLAIM NOTE**		**1**	**S**		Required when in the judgment of the provider, the info medical treatment and is not supported elsewhere with
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	Ex. Reporting 1 servicing provider **XX/1987654321/SMITHERHOUSE,MICHELLE** Ex. Reporting 2 servicing providers **XX/1987654321/SMITHERHOUSE,MICHELLE XX/212**

Example:
One Servicing Provider ➔ **2300 NTE*XX/1987654321/SMITHERHOUSE,MICHELLE**
Two Servicing Providers
➔ **2300 NTE*XX/1987654321/SMITHERHOUSE,MICHELLE XX/2123456789NPI/FREDRICKBURG,CYNTHIA**

ADA Form

Field 35. Remarks: This space may be used to convey additional information for a procedure code that requires a report, or for multiple supernumerary teeth. It can also be used to convey additional information you believe is necessary for the payer to process the claim (e.g., for a secondary claim, the amount the primary carrier paid).

Remarks should be concise and pertinent to the claim submission. Claimants should note that an entry in "Remarks" may prompt review by a person as part of claim adjudication, which may affect overall time required to process the claim.

Field Length: 71 characters.

Proposed use –

XX (Qualifier)/NPI (10 characters)/Provider Name (last, first 20 characters) = 1 participating provider

XX (Qualifier)/NPI (10 characters)/Provider Name (last, first 20 characters) 3 blanks Qualifier/NPI (10 characters)/Provider Name (last, first 20 characters) = 2 participating providers

For a total of 71 characters used.

Loop	Element	Description 837-D 5010 A2 ENC	ID	Min. Max.	Use	Note	AHCCCS Usage/Expe (Codes/Notes/Com
2300	**NTE**	**CLAIM NOTE**		**1**	**S**		Required when in the judgment of the provider, the inf medical treatment and is not supported elsewhere wit
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	Ex. Reporting 1 servicing provider **XX/1987654321/SMITHERHOUSE,MICHELLE** Ex. Reporting 2 servicing providers **XX/1987654321/SMITHERHOUSE,MICHELLE XX/21**

Example:

One Servicing Provider ➔ **2300 NTE*XX/1987654321/SMITHERHOUSE,MICHELLE**

Two Servicing Providers

➔ **2300 NTE*XX/1987654321/SMITHERHOUSE,MICHELLE XX/2123456789/FREDRICKBURG,CYNTHIA**