



# Participating Provider Reporting Requirements

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

DFSM Provider Training Team  
November 1, 2023



# About This Presentation

- This presentation is designed for the Fee-for-Service programs which include the American Indian Health Program (AIHP), DD-Tribal Health Program (DD-THP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (ALTCS).
- This presentation will cover the two participating provider qualifier codes **XX** and **9999999999**, how to correctly report the participating providers in the additional information fields on the *(CMS 1500 (837P) and ADA 2012 /2024 (837D)*.
- Participating provider reporting requirements do not apply to claims submitted on the UB-04 *(Institutional 837I)* claim form.
- Questions or comments concerning this presentation email: [providertrainingffs@azahcccs.gov](mailto:providertrainingffs@azahcccs.gov) .

# Provider Type Definitions and Resources

For the purposes of this presentation, the following definitions are applicable:

## **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.

## **Registrable Provider Type:**

- An individual who meets the qualifications to register as an AHCCCS provider type.

## **Non-Registrable Provider Type:**

- An individual who does not meet the qualifications to register as an AHCCCS provider type.

# AHCCCS FFS and MCO Participating Provider Reporting

- **Why:** This requirement is in order for AHCCCS to retain information related to the actual individual practitioner(s) that participate / performed the services. The individual practitioner must be reported on all CMS 1500 (*professional*) and ADA 2012/2024 (*dental*) claim submissions.
- **When:** Effective for dates of services January 1, 2023 and forward, AHCCCS and its Managed Care Organizations (ACC) require provider types IC, 77 and 05 to report any practitioner(s) who participated in the member's care on the claim submission.
- **Final Implementation:** Effective for dates of services July 01, 2023 and forward, any claim that does not contain the correct qualifier codes, individual practitioner name(s) and required documentation, the claim service will be denied. Claims must meet AHCCCS requirements for the submission of claims.

# AHCCCS Provider Types

AHCCCS requires the following provider types to report the participating provider information on each claim submission:

- Integrated Clinic (IC)
- Behavioral Health Outpatient Clinic (77)
- Clinic (05)

For additional guidance- [Participating Provider Billing Information](#)

# CMS 1500 Claim Submission Billing Guidance

AHCCCS providers that are registered as a Integrated Clinic (IC), Outpatient Behavioral Health Clinic (77) or Clinic (05) are allowed to submit claims for covered services using the clinic's NPI as the Service/rendering provider (field 24J) and as the Billing provider (field 33A) on the CMS 1500 (*professional 837P*) claim form.

## **Important Claim Submission Information:**

- The NPI number for the provider types IC, 05 or 77 cannot be reported as the participating provider in the *Additional Information* field.
- If the organization's NPI is listed as the participating provider, the claim will deny and a correction claim will be required.

# ADA 2024 Dental Claim Form

## Important Claim Form Update:

- Effective January 1, 2024, the new version of the ADA dental claim form must be used. Any dental claims submitted on or after January 1, 2024 that is not on the ADA 2024 version will be denied.
- This also applies to replacement/correction dental claims.

# Claim Submission Billing Guidance

AHCCCS providers that are registered as a Integrated Clinic (IC) or Clinic (05) are allowed to submit claims for covered services using the clinic's NPI as the Service/rendering provider (field 24J) and as the Group Billing provider (field 33A).

## **Important Claim Submission Information:**

- The NPI number for the provider types IC, 05 or 77 cannot be reported as the participating provider in the *Additional Information* field.
- If the organization's NPI is listed as the participating provider, the claim will deny and a correction claim will be required.



# UB-04 Institutional Claim

## Important Note:

The participating provider reporting requirement *does not* apply to claims submitted on the UB-04 (*institutional / 837I*) claim form.

# Reporting Participating Provider Claim Information

AHCCCS providers that are registered as a Integrated Clinic (IC), Outpatient Behavioral Health Clinic (77) or Clinic (05) are allowed to submit claims for covered services using the clinic's NPI as the Service/rendering provider (field 24J) and Billing provider (field 33A).

However, there is a caveat to this billing process, in order for AHCCCS to retain information related to the actual individual practitioner(s) that participate / performed the services, the individual practitioner must also be reported on all CMS 1500 (*professional*) and ADA 2012/2024 (*dental*) claim submissions.

Important Note: This requirement does not apply to claims submitted on the UB-04 (*institutional*) claim form.

- For additional guidance- [Participating Provider Billing Information](#)

# What Is Not Changing

What is not changing is the requirement to enter the NPI number of any AHCCCS registered provider that participates in the member's care.

CMS 1500:

- If the individual provider is registered with AHCCCS, the Rendering Provider ID would be entered in **Field 24J**.

ADA:

- If the individual provider is registered with AHCCCS, the Treating Dentist NPI would be entered in **Field 54**.
- Important Note: Providers should become familiar with [AHCCCS FFS Provider Billing Manuals](#) regarding billing and claim submission

requirements.



# Clinical Oversight/Supervision By The BHP

# What is Clinical Oversight and Supervision?

## Clinical Oversight and Supervision

Clinical oversight is monitoring the services provided by a BHT/BHPP to ensure the BHT/BHPPs are providing the behavioral health services according to the health care institution's policies and procedures.

[AHCCCS Contract and Policy Dictionary](#)

# Oversight/Clinical Supervision by the BHP

**Question:** If a BHT is supervised by a BHP, is it correct to include the BHP as one of the participating providers on the claim?

**Answer:**

If the BHP provided clinical oversight/supervision only to the BHT and did not participate in providing a service (i.e counseling) to the client, the BHP is not listed as a participating provider on the claim.

**Claim Billing Reminders** - the participating/performing provider is only required on the claim when the facility NPI is listed as both the servicing/rendering provider as well as the group billing provider.

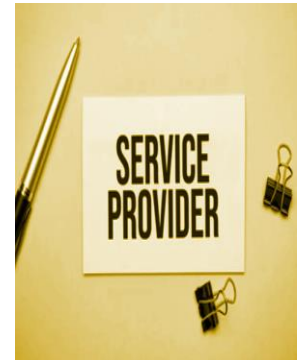


# Participating Provider Qualifier Codes

# What Are Participating Provider Qualifier Codes?

There are two participating provider qualifier code formats that AHCCCS recognizes to identify the provider(s) that performed/participated in the service. The Qualifier Codes will alert PMMIS to validate the participating provider(s) information that is entered on the claim.

- Qualifier codes must be entered to identify the individual provider(s) who rendered and or participating in the service.
- Any provider rendering services and/or participating in the services must report their provider information on the claim.
- All Qualifier codes must be entered in the correct format as shown in the examples on the following slides.







# Claim Fields To Report Participating Provider Claim Information

# Participating Provider Reporting Requirements

- Participating provider reporting requirements apply to service/2024 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 2012/2024 claim form, Field 54 (Treating Dentist) or
    - Field 35 Title: Remarks
- The participating provider is only needed if the clinic is listed as both the servicing and billing provider on the claim.



# Participating Providers Formatting Examples

Non-Registerable Provider Types

Qualifier Code: 9999999999

## Format Examples: Non-Registrable Provider Type

A non-registrable provider type is an individual who does not meet the criteria or qualifications to register individually with AHCCCS under a specific provider type.

Common non-registrable behavioral health practitioners are:

- Behavioral Health Technician (BHT) and,
- Behavioral Health Paraprofessional (BHPP).

BHTs and BHPPs do not meet AHCCCS criteria/qualifications to be individually registered, however, they may meet the educational and work experience requirements to perform the services under supervision by a AHCCCS registered Behavioral Health Professional (BHP).

# Format Examples For A Non-Registrable Provider Type

## Non-Registrable Provider Type Reporting

The **Qualifier Code 9999999999** (*10 consecutive 9's*) is used to identify a non-registrable provider type which may include but not limited to a Behavioral Health Technician (BHT) or a Behavioral Health Paraprofessional (BHPP)

- The Qualifier code 9999999999 alerts the AHCCCS system (PMMIS) that the provider(s) that participated in the services are a *non-registrable provider type*.

# Format Examples: Non-Registrable Provider Type

## Example #1.

- In this example the practitioner is a Behavioral Health Technician (BHT) or a Behavioral Health Paraprofessional (BHPP); (*note*: both types can be reported when applicable).
- To identify the BHT/BHPP that participated in the services, the biller/submitter will enter in the *Additional Information field*, the 10-digit qualifier code 9999999999, include a comma after the provider's last name as shown in the example below:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM   DD   YY	15. OTHER DATE QUAL   MM   DD   YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 	17a.   17b. NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 9999999999Jones, Mary 9999999999Brown, Edward	

# Format Example: Non-Registrable and Registrable Provider Types

## Example #2.

- In this example the practitioners are a Behavioral Health Technician (BHT) and an AHCCCS registered Behavioral Health Professional (BHP.) i.e. a Licensed Professional Counselor (LPC)
- To identify the BHT/BHP that participated in the services, the biller/submitter will enter in the *Additional Information field*, the 10-digit qualifier code 9999999999 for the BHT and the XX qualifier code and NPI for the BHP (registrable provider) as shown below:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM   DD   YY	15. OTHER DATE QUAL   MM   DD   YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.   17b. NPI
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 9999999999Jones, Mary XX1234567890Brown, Thomas	

# Participating Providers Formatting Examples

AHCCCS Registrable Provider Types

Qualifier Code: XX



# Format Examples: Registrable Provider Type

## Registrable Provider Type Reporting

A registrable provider type is an individual who meets the criteria or qualifications to register individually with AHCCCS under a specific provider type.

The **Qualifier Code XX** is used to identify a registrable provider type which may include but not limited to; LCSW (PT85), LPC (PT87), Psychologist (PT11), etc.

- The Qualifier code XX alerts the AHCCCS system (PMMIS) that the provider(s) that participated in the services are a registrable provider type and the next piece of information will be the provider's NPI number.

# Registrable Provider Type

## Example #3.

- In this example the practitioner is a Behavioral Health Professional (BHP).
- To identify the BHP that rendered/performed a service (excluding clinical oversight/supervision), the biller/submitter will enter in the *Additional Information field*, the **Qualifier code XX**, NPI and include a comma after the provider's last name as shown below:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information

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) — <b>XX1234567890Jones, Tom</b>		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO

# How to Report Two AHCCCS Registrable Provider Types

## Example #4.

In this example both participating providers are registered with AHCCCS, the **Qualifier Code XX** will be entered for both participating providers in the *Additional Information field*, followed by the NPI number, and include a comma after the provider's last name as shown below:

- Note: Skip over 3 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 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) <b>XX1234567890Jones, Tom XX9876543210Jones, Sally</b>		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO   \$ CHARGES

# How to Report Two Participating Providers BHP and BHT

**Example #5.** In this example the BHP and BHT both participated in the member's services.

- o To identify the BHP that rendered/performed a service (excluding clinical oversight/supervision), enter in the *Additional Information field*, the **Qualifier code XX**, the NPI number, include a comma after the provider's last name.
- o To identify the BHT enter in the *Additional Information field*, the **10-digit qualifier code 9999999999**, to include a comma after the provider's last name as shown below:
- o **Reminder:** Leave three blank spaces before entering the Qualifier code information for the second provider.

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 NJCC) XX1234567890Jones, Tom 9999999999Brown, Sam		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO



# AHCCCS Online Provider Portal

## How To Complete the Participating Provider Information

# How To Complete the Participating Provider Information via the AHCCCS Online Provider Portal

- Submitting claims via the AHCCCS Online Portal is fast and efficient.
- The participating provider qualifier code information is entered on the **Claims Information tab**.
- The provider qualifier code information is entered in the ***Additional Information*** field in the same format as a paper or EDI submission.
- The upcoming slides will show examples of how to enter the participating providers' information on the AHCCCS Online Provider Portal.

# How To Report A Single AHCCCS Registrable Participating Provider

## Example #1

- In this example the practitioner is a Behavioral Health Professional (BHP)
- To identify the BHP that rendered/performed a service (excluding clinical oversight/supervision), the biller/submitter will enter in the *Additional Information field*, the **Qualifier code XX**, to include a comma after the provider's last name as shown below:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information

## Claim Information

Original Reference Numbers:   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

Additional Information:

(80 character max)

\*\*



# How To Report A Non-Registrable Provider Type BHT or BHPP

## Example #2.

- In this example the practitioner is a Behavioral Health Technician (BHT) or a Behavioral Health Paraprofessional (BHPP); or both can be reported when applicable.
- To identify the BHT/BHPP that participated in the services, the biller/submitter will enter in the *Additional Information field*, the **10-digit qualifier code 9999999999**, to include a comma after the provider's last name as shown on the next slide:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information.

# Format Examples For A Non-Registrable Provider Type

Submitter	Providers	Patient/Subscriber	Ambulance	Other Payer	Attachments	Claim Information	Service Lines
<b>Claim Information</b>							
Original Reference Numbers:		<input type="text"/>	<input type="radio"/> Replacement <input type="radio"/> Void				
Prior Authorization Numbers:		<input type="text"/>					
* Patient Control Number:		<input type="text"/>					
Medical Record ID Numbers:		<input type="text"/>					
Initial Treatment Date:		<input type="text"/>					
Date of Current Injury:		<input type="text"/>	(Accident)				
** Patient's Condition Related To:		<input type="checkbox"/> Employment <input type="checkbox"/> Other Accident <input type="checkbox"/> Auto Accident					
*** Place in which accident occurred:		<input type="text" value=""/>	(State)				
Special Program Indicator:		<input type="text" value=""/>					
* Provider Signature on File:		<input type="radio"/> Yes <input type="radio"/> No					
* Provider Accept Assignment:		<input type="radio"/> Assigned <input type="radio"/> Accepted on Clinical Lab Services Only <input type="radio"/> Not Assigned					
* Benefit Assignment:		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable					
Additional Information:		<input type="text" value="9999999999Brown,Mary"/>					<input type="text"/>
		(80 character max)					**

# How To Report A Registrable and Non-Registrable Providers

## Example #3.

- In this example the practitioners are a Behavioral Health Technician (BHT) and a LCSW.
- To identify the LCSW and the BHT that participated in the services, the biller/submitter will enter in the *Additional Information field*, the **10-digit qualifier code for the BHT and the XX qualifier code for the LCSW, 9999999999**. Remember to include a comma after the provider's last name as shown on the next slide:
- Important Note: When entering up to two practitioners make sure to skip over 3 spaces before entering the second practitioner's qualifier information.

Submitter

Providers

Patient/Subscriber

Ambulance

Other Payer

Attachments

Claim Information

Service Lines

### 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:

(80 character max)

# Wrap-Up!

- There are 2 participating provider qualifier codes.
- Non-registrable provider type use 9999999999.
- Registrable provider type use XX followed by the NPI number.
- The organization's NPI cannot be listed as a participating provider.
- Make sure to include documentation with each claim submission.



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

# DFSM Provider Education and Training

The AHCCCS Provider Training Unit can assist providers with the following:

- AHCCCS Online Provider Portal Training:
  - How to submit and status claims and prior authorization using the AHCCCS Online Provider Portal;
- How to use the Transaction Insight Portal (for the submission of accompanying documentation);
- Provide clarification on AHCCCS policies and system updates;
- Changes to the program; and
- Other details.

For training requests please contact the DFSM Provider Training Team at

[ProviderTrainingFFS@azahcccs.gov](mailto:ProviderTrainingFFS@azahcccs.gov)

# DFSM Provider Education and Training

The provider training and medical coding teams cannot instruct providers on how to code or bill for a particular service. For example, questions regarding the use of modifiers, billing combination of codes, place of service etc., should be directed to your organization's coder/biller for guidance.

**Note:** Questions regarding the processing of claims by the AHCCCS Complete Care (ACC) Health Plans should be directed to the appropriate ACC Health Plan.

## Who to contact?

- Questions on AHCCCS Fee-for-Service rates email [FFSRates@azahcccs.gov](mailto:FFSRates@azahcccs.gov)
- Questions on AHCCCS Coding email: [CodingPolicyQuestions@azahcccs.gov](mailto:CodingPolicyQuestions@azahcccs.gov)



# Need Help!

If you need assistance with the following:

Questions about warrants, paper EOBs, or EFTs please contact the Division of Business & Finance (DBF) at [ahcccswarrantinquiries@azahcccs.gov](mailto:ahcccswarrantinquiries@azahcccs.gov) or call **(602) 417-5500**. Hours: **10:00 AM – 4:00 PM Arizona Time**.

To check the status of your EFT, please email the Division of Business & Finance (DBF) at [ahcccsfinanceeft@azahcccs.gov](mailto:ahcccsfinanceeft@azahcccs.gov)

Questions related to electronic transactions or to request an ERA transaction setup email [servicedesk@azahcccs.gov](mailto:servicedesk@azahcccs.gov) or contact **(602) 417-4451**. Hours: **7:00 AM – 5:00 PM Arizona Time**.

Providers should use the AHCCCS Online website as the first step in checking the status of the prior authorizations and claims. Our Provider Services representatives are skilled to provide help to many *basic* prior authorization and claims questions. To reach **Provider Services call (602) 417-7670**.

Provider Services Call Center Operation Hours: **Monday-Friday from 7:30 A.M. - 5:00 P.M.**

*Providers should not call the Provider Services if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims. Providers should refer to the AHCCCS Website Plans/Providers for more information.*

# Questions?



Thank You.