

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 1/1/2023:

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)

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. Max.	Use	Note	AHCCCS Usage/Expected Value (Codes/Notes/Comments)
2300	NTE	CLAIM NOTE		1	S		
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
	NTE02	Claim Note Text	AN	1-80	R	Expect Claim Note Text	One Participating Provider XXNPIProviderName or 9999999999Provider Name Two Participating Providers or Performing ProvidersXXNPIProvi derName or 9999999999Provider Name 3 blanks XXNPIProviderName or 9999999999Provider NameMITHERHOUSE, MICHELLE XX2123456789FRE DRICKBURG, CYNTHIA

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)

Loop	Element	Description 837-D 5010 A2 ENC	ID	Min. Max.	Use	Note	AHCCCS Usage/Expected Value (Codes/Notes/Comments)
2300	NTE	CLAIM NOTE		1	S		
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

- 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 provide 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 0B**NNNNNNNNNN**

Example:

One Participating/Performing Provider –

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

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 0B**NNNNNNNNNN**

Example:

Two Participating/Performing Providers –

0BNNNNNNNNN XXNPI/Provider Name XXNPI/Provider Name

OR

XXNPI/Provider Name XXNPI/Provider Name 0BNNNNNNNNN.

- 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.