

The logo for the Arizona Health Care Cost Containment System is a circular emblem on the left side of the slide. It features a variety of white icons on a teal background, including a fish, a tree, a flower, a hand, a gear, and a sun. The text "ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM" is centered on the right side of the slide in a bold, white, sans-serif font. The word "ARIZONA" is the largest and most prominent, with a stylized mountain range integrated into the letter "O".

ARIZONA

HEALTH CARE COST CONTAINMENT SYSTEM

Participating Provider Reporting Requirements Intensive Outpatient Program Provider Types 05/IC/77

DFSM Provider Training
May 2026

Participating Provider Training Presentation

The objective of this training is to improve efficiency and accuracy and reduce claim denials through proper participating provider formatting.

- This presentation applies to the following Fee-for-Service programs; American Indian Health Program (AIHP), Division of Developmental Disabilities Tribal Health Program (DDD-THP) Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care programs.
- For training questions or requests, email the DFSM Provider Training team at ServiceDesk@azahcccs.gov. Please include “Provider Training” in the subject line for proper routing.

Please note: Effective May 4, 2026, AHCCCS will transition provider and member service requests to ServiceNow@azahcccs.gov

Participating Providers Reporting Requirements Information



Participating Provider Requirement

The participating provider billing requirement became effective for dates of services on and after January 1, 2023.

This requirement applies to new and existing providers types; Integrated Care Clinic (PT IC), Clinic (PT 05), Behavioral Health Outpatient Clinic (PT 77) and Federally Qualified Health Centers (C2) are required to report the individual professional practitioner who performed the services must be reported on each claim submission

- Service/rendering provider,
- Professional practitioner (provider) participating in/performing services.

Participating Provider Requirements

AHCCCS Fee-for-Service recognizes two participating provider qualifier codes (XX) and (9999999999). Additional information and examples on proper qualifier code formatting are provided below.



Participating Provider Qualifier Codes

XXNPI - Provider type who is registered with AHCCCS and has a valid NPI.

9999999999 - Practitioner who does not meet the criteria to be registered with AHCCCS under their own individual NPI.

Additional Information Field

AHCCCS FFS providers can identify up to two participating providers in the “Additional Information” field.

The submitter shall be responsible to determine which participating providers to identify on the claim. Clinical records should always be reviewed for accuracy. Incorrect information may result in claim denials.



Additional Information Field

The Additional Information Field is used for supplemental data required by AHCCCS to process specific claim information.

AHCCCS Online Provider Portal Web Claim: The participating provider information is entered in the “Claims Information” tab.

CMS Form 1500 Paper Claim: The participating provider information is entered in the Additional Claim Information Field 19 on the CMS-1500 (02-12).

Electronic Claim Submission (EDI): The participating provider information is entered in Loop 2300 NTE billing note. Providers must contact their vendor for questions.

Definitions:

- **Billing Provider** - This is the NPI of organization or person who receives payment for the AHCCCS covered service.
- **Servicing/Rendering Provider** - This is the NPI of the licensed individual or facility authorized to perform the service. When the actual service is performed by a non-licensed individual (e.g., a BHT, BHPP), the NPI of the licensed facility the BHT, BHPP is employed with is entered in the service/rendering provider field.
- **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. This is the first and last name of the individual who performed the service billed on a claim.
- **Supervising Physicians** or physicians who sign off on services shall not be listed as the participating provider when services are performed by another provider or practitioner.

Registered and Non-Registered Participating Provider Types



Participating Providers

There are two types of participating providers with one key difference:

- **AHCCCS Registered Provider** (e.g., LCSW, LPC, MD, PA): a contracted provider who enters into a provider agreement with AHCCCS and meets licensing or certification requirements to provide AHCCCS covered services and has a valid NPI number.
- **Non-registrable Provider** (e.g., BHT, BHPP): Does not meet the criteria to register or contact directly with AHCCCS. Services are supervised by a AHCCCS registered provider type.

Participating Providers Reporting Requirements: Providers With an NPI Qualifier Code (XX)



Formatting Requirement - Participating Provider with a NPI Number

When the participating provider has a professional license and NPI, the provider must be reported on the claim submission using the qualifier code **XX** followed by the provider's AHCCCS registered NPI.

Provider credentials, (e.g., LPC, LCSW, PA,), may be included after the last name.

Formatting Requirement - Participating Provider with a NPI Number

- The following examples meet participating provider configuration requirements. In these examples, the qualifier code XX is entered, followed by the provider's NPI, last name, skip a space, designation (comma) space and first name.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES
XX1234567890Doe LCSW, John	<input type="checkbox"/> YES <input type="checkbox"/> NO	

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES
XX1122334455Smith LPC, Tom	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Participating Providers Who Are Not
Registrable Provider Types
Qualifier Code (Ten-9s)
(9999999999)



Formatting Requirement - Participating Providers Who Do Not Qualify for an NPI Number

When the individual does not have a license, but is performing within the scope of their practice, education and under the appropriate clinical oversight or supervision of a AHCCCS registered Behavioral Health Professional (BHP), as specified in A.C.C. R9-10-1011 and identified in AMPM Policy 310-B. The participating provider shall be reported using the qualifier code (10-9) 9999999999 Last Name, First Name.

Provider credentials, (e.g., BHT, BHPP, or PRSS, etc;) may be included after the last name.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 9999999999Doe BHT, John	20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ CHARGES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 9999999999Jones BHPP, Tom	20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	\$ CHARGES

Examples Incorrect Participating Provider Formats

The Additional Claim Information field **shall not** include the facility name, nickname, initials or title.

- The following examples do not meet participating provider configuration requirements. Claims that are not properly formatted will be denied and a correction claim will be required to include the resubmission of clinical records.

Example #1 Incorrect Format Title Only

The participating provider is a registered nurse (RN) and is identified by their grade level and site location. This format does not meet participating provider configuration requirements and the claim will deny.

19. ADDITIONAL CLAIM INFORMATION (Designated by POC)	20. OUTSIDE LAB?	21. CHARGES
999999999Nurse 2, Peoria	<input type="checkbox"/> YES <input type="checkbox"/> NO	

For FILED/PAYOR OR MULTIPLE OF FILED/PAYOR ONLY. Refer to EFT Instructions for details. POC

00 000 (0000000)

Example #2 Incorrect Format First Name Only

The participating provider is a BHT, identified by their first name only. This format does not meet participating provider configuration requirements because the provider's last name is not included, and the claim will deny.

19 - ADDITIONAL CLAIM INFORMATION (Continued by X000)	20 - OUTSIDE LAB	21 - CHARGES
999999999999Jason	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Example #3. Incorrect Format Initials Only

The participating provider is a BHT and is identified by their initials only. This format does not meet participating provider configuration requirements because the provider's full first and last name is not included, and the claim will deny.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB?	\$ CHARGES
999999999, JT	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Replacement Claims and Documentation Resubmission Requirements



Replacement Claims and Medical/Clinical Documentation Submission

Claims that are not properly formatted will be denied, and a correction claim will be required for processing.

- Replacement claims must adhere to AHCCCS timely filing guidelines. If a claim is originally received within the 6-month time frame, the provider has up to **12 months from the date of service** to correctly resubmit the claim in order to achieve clean claim status or to adjust a previously processed claim.

Replacement Claims and Medical/Clinical Documentation Submission (cont.)

When submitting a correction claim, it is important to follow these guidelines to avoid further delay with processing:

- The provider must reference the claim number that is being replaced.
- If the initial claim required corresponding medical or clinical documentation, the originally submitted medical records must also be uploaded with the new replacement claim.
- Failure to submit required documentation with a replacement claim will result in a claim denial.

Replacement Claims Reminders

- **Process:** A replacement claim completely replaces the previous claim. The AHCCCS system will place the identified claim in a Void status and focus will now be on the replacement claim submission.
- **Required Information:** If the replacement claim does not identify the claim number, the replacement claim may deny for untimely filing. In some instances, there may be multiple claims on file, the provider must review the claims to determine what is the correct claim reference number to use.
- **Documents:** AHCCCS will not review or manually transfer clinical documents from one claim submission to another.
- **Timeline:** Replacement claims must be received by AHCCCS within 12- months of the date of service, contingent upon the initial claim being received within six months of the date of service.

Claims in a Void Status

Once a replacement claim is submitted, the identified claim will be voided, and the new corrected or replacement claim will be considered. The replacement claim *replaces the prior version of the claim submission.*

- Once a claim reference number is in a Void status – the claim number cannot be used again as a replacement claim.

Providers should review the claim status on the AHCCCS Online provider portal or on your remittance advice.

Common Documentation Attachment Error: Attaching documents to a claim that is in a Void status.

Submitting Missing Documentation

If you have overlooked submitting the necessary documentation for review and the claim denial states AD364 “No Documentation On File”, it is not required to resubmit the claim, providers can use the AHCCCS 12-digit claim number as the attachment number.

Web Upload Attachment

Payer Claim Control Number * <input type="text" value="250006000099"/> <small>Claim Number should not exceed 50 characters(bytes)</small>	Provider NPI * <input type="text"/> <small>Enter a 10 digit NPI</small>	AHCCCS Provider ID * <input type="text"/> <small>Enter a 6 digit Provider ID</small>
--	--	---

or

The CRN is entered in the **Payer Claim Control Number** field as shown below. *Do not include the line numbers such as 001 or 002, this will cause the linking to fail, and you will have to upload the documents again.*

AHCCCS Online Provider Portal



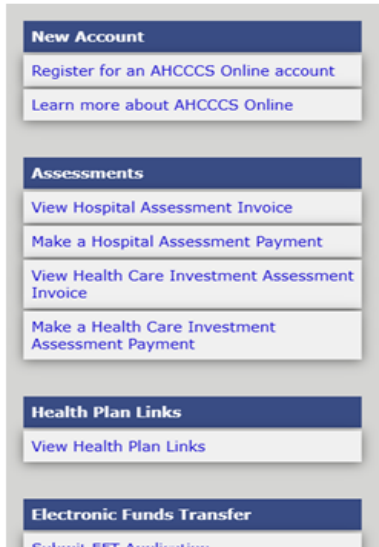
AHCCCS Online Provider Portal

- Access go to <https://ao.azahcccs.gov/Account/Login.aspx> (add this as a “Favorite” or “Bookmark” in your internet browser)
- Passwords are case-sensitive. **After 3 failed login attempts within a 15-minute period, your account will be locked.** If locked, you will either need to contact ***your*** Master Account holder at your organization to unlock your account or use the Password Recovery feature.
- **ID.me Second level verification:** AHCCCS partnered with ID.me to provide secure identity verification and login services to its users. Providers are required to use ID.me to access the AHCCCS Online portal.



AHCCCS Sign-In

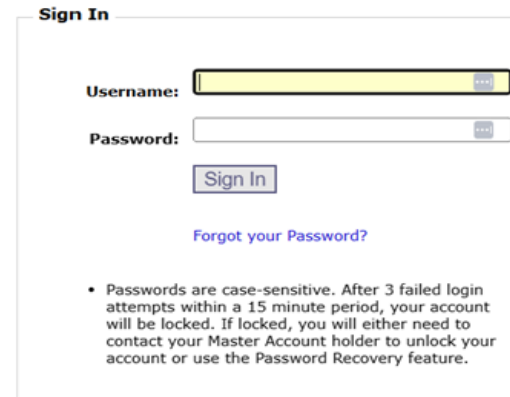
1. Login to AHCCCS Online Portal
2. Enter your username and Password
3. Select Sign In



The screenshot shows a vertical navigation menu with several categories and links:

- New Account**
 - [Register for an AHCCCS Online account](#)
 - [Learn more about AHCCCS Online](#)
- Assessments**
 - [View Hospital Assessment Invoice](#)
 - [Make a Hospital Assessment Payment](#)
 - [View Health Care Investment Assessment Invoice](#)
 - [Make a Health Care Investment Assessment Payment](#)
- Health Plan Links**
 - [View Health Plan Links](#)
- Electronic Funds Transfer**
 - [Submit EFT Application](#)

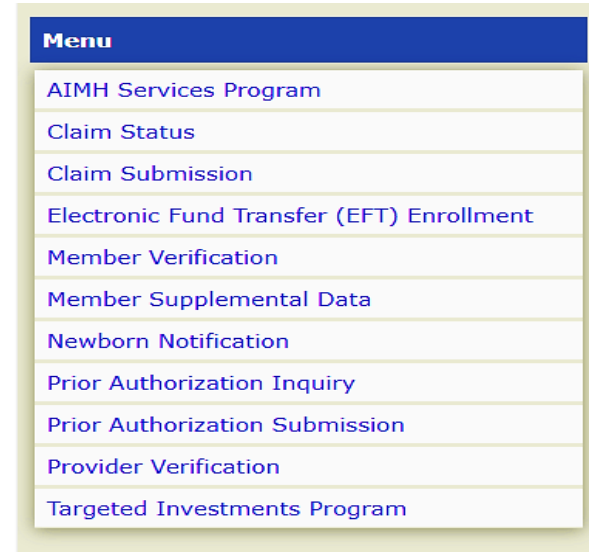
Thank you for visiting AHCCCS Online.



The screenshot shows the Sign In form with the following elements:

- Sign In** header
- Username:** A text input field with a yellow highlight and a "Show" button.
- Password:** A text input field with a "Show" button.
- Sign In** button
- [Forgot your Password?](#) link
- Footnote:
 - Passwords are case-sensitive. After 3 failed login attempts within a 15 minute period, your account will be locked. If locked, you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

The Prior Authorization Submission tool is located under the **Menu** tab



The screenshot shows a vertical menu with the following items:

- Menu** header
- [AIMH Services Program](#)
- [Claim Status](#)
- [Claim Submission](#)
- [Electronic Fund Transfer \(EFT\) Enrollment](#)
- [Member Verification](#)
- [Member Supplemental Data](#)
- [Newborn Notification](#)
- [Prior Authorization Inquiry](#)
- [Prior Authorization Submission](#)
- [Provider Verification](#)
- [Targeted Investments Program](#)



Training Recap

Training Recap

Claim Form Types:

- CMS 1500 (835P), AHCCCS Web Portal and EDI

Two Participating Provider Qualifier Codes

- (XX) AHCCCS registered provider with NPI.
- (9999999999) Non-registered provider type (BHT, BHPP)

Proper Formatting

Qualifier CodeNPILast name (space) designation (comma) (space) first name.

- XX1234567890Jones LCSW, Richard

Qualifier CodeLast name(comma) (space) first name.

- 9999999999Law, Richard





This concludes the training presentation.

*Thank you for your continued partnership
with AHCCCS.*

Division of Fee-for-Service Provider Education and Training



Provider Education and Training

- AHCCCS Fee-for-Service provider training focuses on claim submissions, prior authorization, Submission of documentation using the Electronic Data to attach any required documentation to the claim for review, AHCCCS FFS policies and resources on the Provider Online portal.
- Additionally, the DFSM education and training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.
- Training Resources Web Page:
https://www.azahcccs.gov/Resources/Training/DFSM_Training.html