

Arizona Medicaid: New claim requirements for rendering care provider field

Quick reference guide

The Arizona Health Care Cost Containment System (AHCCCS) will require clinics (provider type 05), integrated clinics (provider type IC) and behavioral health outpatient clinics (provider type 77) to use specific formats when submitting rendering care provider information on claims with dates of service starting **January 1, 2023**.

All claims must report the rendering care provider(s) as outlined below. Dental and atypical providers can submit 9999999999 with or without the preceding XX as a valid provider ID. This helps distinguish between the rendering provider and the atypical provider. For more information, please see chapter 5 of the [AHCCCS Fee-For-Service Provider Billing Manual](#).



To help avoid a claim rejection, follow these guidelines for CMS-1500, ADA, 837 Professional and 837 Dental forms

Guidelines

- XX is the qualifier code designated by the standards body to indicate a National Provider Identifier (NPI) number
- When reporting a second item of data, enter 3 blank spaces and then the next qualifier and number, code and/or care provider name
- Don't add anything between the qualifier code and the NPI number or between the NPI number and the provider name. This includes spaces, hyphens and other characters.
- There's a limit of 2 occurrences for reporting rendering care providers
- There are specific [billing requirements](#) for school place of service

Rendering care provider formatting

CMS 1500 Form (paper or electronic claim)

Additional claim information, item 19

- If there's 1 rendering care provider: XXNPIProviderName (last, first)
XX1987654321Smith,Ann
- If there are 2 rendering care providers: XXNPIProviderName (last, first) 3 blank spaces
XXNPIProviderName (last, first)
XX1987654321Smith,Ann XX2123456789Smith,Joe

ADA Form (paper or electronic claim)

Field 35 remarks

- If there's 1 rendering care provider: XXNPIProviderName (last, first)
XX1987654321Smith,Ann
- If there are 2 rendering care providers: XXNPIProviderName (last, first) 3 blank spaces
XXNPIProviderName (last, first)
XX1987654321Smith,Ann XX2123456789Smith,Joe

37 Professional (electronic claim)

2300 NTE format

- If there's 1 rendering care provider: XXNPIProviderName (last, first)
- If there are 2 rendering care providers: XXNPIProviderName (last, first) 3 blank spaces XXNPIProviderName (last, first)

Examples:

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. max.	Use	Note	AHCCCS usage/ expected value (Codes, notes and 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 DGN = Diagnosis description TPO = Third party organization notes	Expect ADD here (Additional information)
2300	NTE02	Claim note text	AN	1-80	R	Expect claim note text here, such as: Reporting 1 care provider OR Reporting 2 care providers	XX1987654321Smith,Ann XX2123456789Smith,Joe

837 Dental (electronic claim)

2300 NTE format

- If there's 1 rendering care provider: XXNPIDProviderName (last, first)
- If there are 2 rendering care providers: XXNPIDProviderName (last, first) 3 blank spaces XXNPIDProviderName (last, first)

Examples:

Loop	Element	Description 837-P 5010 A1 ENC	ID	Min. max.	Use	Note	AHCCCS usage/ expected value (Codes, notes and 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 DGN = Diagnosis description TPO = Third party organization notes	Expect ADD here (Additional information)
2300	NTE02	Claim note text	AN	1-80	R	Expect claim note text here, such as: Reporting 1 care provider OR Reporting 2 care providers	XX1987654321Smith,Ann XX2123456789Smith,Joe



We're here to help

If you have questions, please call Provider Services at **800-445-1638**