

Ordering, referring and supervising care provider billing requirements for CMS-1500 and 837P electronic claims

In accordance with [Chapter 5](#) and [Chapter 10](#) of the Arizona Healthcare Cost Containment System (AHCCCS) Fee-for-Service Provider Manual, as well as the federal [21st Century Cures Act](#), an ordering, referring or supervising care provider must be included on CMS-1500 and 837P claims.

AHCCCS requires care provider enrollment

AHCCCS requires that the referring, ordering, prescribing or attending care provider on a claim be enrolled with AHCCCS. We'll follow AHCCCS guidelines and deny these claims if the care provider isn't enrolled. You can start the enrollment process at [AHCCCS Provider Enrollment](#).

Visit AHCCCS to read more about [their guidelines, requirements and frequently asked questions](#).

Requirements for CMS-1500 claims

When submitting CMS-1500 claims, please be sure to include the following information:

- Box 17: Qualifier and referring provider name (Last Name, First Name, Middle Initial)
 - If applicable, enter one of these qualifiers:
 - DN: Referring Provider
 - DK: Ordering Provider*
 - DQ: Supervising Provider
- Box 17a: AHCCCS provider ID number for providers without a National Provider Identifier (NPI) number
- Box 17b: NPI number

Example:

PREGNANCY(LMP)			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a.	18	
DK Smith Mary L	17b. NPI	100000000	

An ordering provider should be included on CMS-1500 claims billed with the following services:

- 97001-97546
- Drugs (J-codes)
- Durable medical equipment (DME)
- Enteral and parenteral therapy
- Laboratory
- Medical and surgical supplies
- Orthotics
- Prosthetics
- Radiology
- Respiratory
- DME
- Temporary K and Q codes
- V-codes (included but not limited to codes pertaining to vision and hearing)

An ordering provider may be any of the following**:

- Certified nurse midwife
- DO
- Dentist
- MD
- Podiatrist
- Optometrist
- Physician assistant
- Psychologist
- Registered nurse practitioner

**Note: AHCCCS provider type RP is not a valid provider type for purposes of using as a referring or ordering provider NPI. According to AHCCCS, the RP provider types are only valid for Fee-for-Service claim submissions sent directly to AHCCCS. They are not valid for claims processed by AHCCCS managed care organizations (MCOs), including UnitedHealthcare Community Plan.

Requirements for 837P Electronic Claims

For 837P electronic claim requirements for ordering, referring or supervising care providers, please see the current version of the "[1500 - 837P Map](#)" from the National Uniform Claim Committee.

Please note: Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) or Multi-Specialty Interdisciplinary Clinics (MSICs) that are currently required to submit provider information in Box 19 are also required to submit referring, ordering, supervising information in Box 17. Please see our [FQHC and RHC Claim Submission Guidelines](#) for more information.

We're here to help

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