



## IMPORTANT!

# Integrated Clinics, Behavioral Health Outpatient Clinics & Clinics Must Bill Rendering Practitioner on Medicaid Claims Beginning October 1, 2022

June 3, 2022

Dear Arizona Complete Health-Complete Care Plan (AzCH-CCP), Care1st Providers and Billing Staff:

In April we notified you that as of June 1, 2022, the AHCCCS registered providers bulleted below must begin to report the individual practitioner who rendered services on professional and dental claims. Since our initial communication, many of you contacted AHCCCS and asked for more time to implement this change. AHCCCS heard your concerns and confirmed for us they **moved the go live date from June to October 1, 2022.**

- *Integrated Clinics (IC) (Provider Type IC),*
- *Behavioral Health Outpatient Clinics (BHOP) (Provider Type 77), and*
- *Clinics (Provider Type 05).*

For claims with dates of service on and after October 1, 2022, if the individual practitioner who performed the services associated with the clinic visit is not reported, AHCCCS will deny the claim. AHCCCS health plans like AzCH-CCP and Care1st are also required to deny claims if the information is not present.

[Exhibit 10-1 \(https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit10-1.pdf\)](https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/Exhibit10-1.pdf) of the AHCCCS Fee-For-Service Provider Billing Manual provides billing instructions for accurate claims submissions including examples and is a good resource.

In addition, if the service is rendered in a school, Place of Service 03, the School ID is also required to be submitted. AHCCCS has not yet updated Exhibit 10-1 of the AHCCCS Fee-For-Service Provider Billing Manual to include the school-based requirement but has indicated a future update will occur.

### Reminders:

1. The rendering provider on the claim is the IC, BHOP or Clinic, not the practitioner. The site-specific NPI and/or the IC, BHOP or Clinic entity name is placed in the following fields of the claim:

<b><i>Medical Paper Claims</i></b>	<b><i>Dental Paper Claims</i></b>	<b><i>Medical &amp; Dental EDI Claims</i></b>
Box 24J and 32	Box 54 and 56	Loop 2310B

2. The participating/performing practitioner information is listed in the following fields of the claim:

<b><i>Medical Paper Claims</i></b>	<b><i>Dental Paper Claims</i></b>	<b><i>Medical &amp; Dental EDI Claims</i></b>
Box 19	Box 35	Loop 2300 NTE segment

3. When submitting a paper claim, populate box 31 on medical and box 53 on dental claims with 'Signature on file'.

### *AzCH-CCP providers and staff:*

If you have any questions, please contact your AzCH-CCP Provider Engagement Specialist. If you need your assigned Provider Engagement Specialist's contact information, please email us at:

[AzCHProviderEngagement@azcompletehealth.com](mailto:AzCHProviderEngagement@azcompletehealth.com)

### *Care1st providers and staff:*

If you have any questions, please call Provider Network Operations at 602.778.1800 or 866.560.4042 (Options in order: 5, 7) or email [PNOaz@care1st.com](mailto:PNOaz@care1st.com)