



ForwardHealth interChange Companion Document to HIPAA Implementation Guide: 837 Health Care Claim Professional

ForwardHealth interChange
HIPAA Companion Document
X12 837 Health Care Claim – Professional

Companion Document Audience

Companion documents are intended for information technology and/or systems staff who will be coding billing systems or software for compliance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Purpose of Companion Documents

The information contained in this companion document applies to ForwardHealth which includes the following programs: BadgerCare Plus, Wisconsin Medicaid, SeniorCare, Wisconsin Chronic Disease Program (WCDP) and Wisconsin Well Woman Program (WWWP). All of these programs use the ForwardHealth interChange.

The companion documents are designed to be used with HIPAA Implementation Guides. This companion guide supplements the requirements in the X12N implementation guide, but does not contradict those requirements. Companion documents provide ForwardHealth interChange-specific information that details the way to create HIPAA transactions for ForwardHealth and explains how ForwardHealth interChange creates HIPAA transactions. The purpose of the companion documents is to provide trading partners with a guide to communicate the ForwardHealth interChange-specific information required to successfully exchange transactions electronically with ForwardHealth interChange.

ForwardHealth interChange will accept and process any HIPAA-compliant transaction. However, a compliant transaction that does not contain ForwardHealth interChange-specific information, though processed, may be denied for payment. For example, a compliant 837 Health Care Claim created without a ForwardHealth interChange member number will be processed by ForwardHealth interChange but will be denied payment. For questions regarding appropriate billing procedures, providers should refer to their policy-specific area of the ForwardHealth Online Handbook.

As a result of the HIPAA, the federal Department of Health and Human Services (HHS) adopted a standard identifier for health care providers. The Final Rule published by the HHS adopted the National Provider Identifier (NPI) as the standard identifier.

The NPI will replace all payer-specific identification numbers (e.g., Medicaid provider numbers) on nationally recognized electronic transactions (also known as standard transactions). Therefore, all health care providers are required to obtain an NPI to identify themselves on these transactions; the NPI is the only identification number that will be allowed on these transactions.

ForwardHealth interChange has determined that all providers, except for personal care providers, specialized medical vehicle (SMV) providers, Blood Banks, and Community Care Organizations (“Atypical” Providers), are health care providers (per

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the definitions within the NPI Final Rule) and, therefore, are required to obtain and use an NPI. ForwardHealth interChange will require all health care providers to submit their NPI on electronic transactions beginning in March 2008.

Companion documents highlight the data elements significant for ForwardHealth interChange. For transactions created by ForwardHealth interChange, companion documents explain how certain data elements are processed. Refer to the companion document first if there is a question about how ForwardHealth interChange processes a HIPAA transaction. For further information, contact the ForwardHealth Electronic Data Interchange (EDI) Department at (866) 416-4979.

Acceptable Characters

All alpha characters used in 837 transactions must be in an uppercase format. The 837 transaction must not contain any carriage returns nor line feeds; the data must be received in one, continuous stream.

Acknowledgements

An accepted 997 Functional Acknowledgement, rejected 997 Acknowledgement or rejected TA1 InterChange Acknowledgement will be generated in response to all submitted files. Trading partners are responsible for retrieving acknowledgments from the Web to determine the status of their files.

Examples

See Appendix 1 of this document for examples.

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VERSION 6 REVISION LOG

Companion Document: 837 Health Care Claim: Professional

Approved:

Modified by: WJ²

Loop(s) / Segment Revised	Page(s) Revised	Text Revised
2320/AMT	24	Segment Removed – The WI specific rule no longer applies.

VERSION 5 REVISION LOG

Companion Document: 837 Health Care Claim: Professional

Approved: 12/2008

Modified by: WJ²

Loop(s) / Segment Revised	Page(s) Revised	Text Revised
2320/SBR09	21 & 22	Remove “not submitted”
2320/CAS	22	Remove- If this iteration of loop 2320 contains information from a Medicare payer, ForwardHealth interChange will also look for Medicare's coinsurance, copayment and deductible in this segment.
2320/AMT	23	Remove- If this iteration of 2320 is being used to indicate that the claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document, include this segment. Added note that if another payer exists this segment should always be sent.
2430/CAS	29	Changed comment: To generate a Medicare disclaimer code of “7”, a CAS segment for a Medicare payer must be used in loop 2430. The value(s) of the claim adjustment reason code(s) is used to determine which value is applied.

VERSION 4 REVISION LOG

Companion Document: 837 Health Care Claim: Professional

Approved:

Modified by: WJ²

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Loop(s) / Segment Revised	Page(s) Revised	Text Revised
2000A/PRV	11	Added information on entering taxonomy code.
2000A/PRV01	12	Added information for BI qualifier.
2000A/PRV02	12	Added clarification for use of taxonomy codes.
2010AA/NM1	12	Added information on entering NPI.
2010AA/N4	13	Added information on ZIP+4 code.
2310A/NM1	19	Added information on entering NPI.
2310A/PRV	19	Added information on entering taxonomy code.
2310A/PRV01	19	Added information for BI qualifier.
2310A/PRV02	19	Added clarification for use of taxonomy codes.
2310B/NM1	20	Added information on entering NPI.
2310B/PRV	20	Added information on entering taxonomy code.
2310B/PRV01	20	Added information for BI qualifier.
2310B/PRV02	20	Added clarification for use of taxonomy codes.
2330E/NM1	24	Added information on entering NPI.
2420A/NM1	28	Added information on entering NPI.
2420A/PRV	28	Added information on entering taxonomy code.
2420A/PRV01	28	Added information for BI qualifier.
2420A/PRV02	28	Added clarification for use of taxonomy codes.
2420F/NM1	28	Added information on entering NPI.
2420F/PRV	26	Added information on entering taxonomy code.
2420F/PRV01	29	Added information for BI qualifier.
2420F/PRV02	29	Added clarification for use of taxonomy codes.
Appendix 2	35	Crosswalk of taxonomy codes to types and specialties.

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VERSION 3 REVISION LOG

Companion Document: 837 Health Care Claim: Professional

Approved: 05/2008

Modified by: DLR

Loop(s) / Segment Revised	Page(s) Revised	Text Revised
ISA06	10	Enter the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
GS02	10	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
GS03	10	Valid values are: “WISC_TXIX” for BadgerCare Plus, Wisconsin Medicaid and SeniorCare. “WISC_WWWP” for the Wisconsin Well Woman Program (WWWP). “WISC_WCDP” for the Wisconsin Chronic Disease Program (WCDP).
1000A/NM109	11	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
1000B/NM103	11	Enter “FORWARDHEALTH” to indicate the claims are being sent to ForwardHealth interChange.
1000B/NM109	11	Enter the same value as GS03. Enter “WISC_TXIX” to indicate BadgerCare Plus, Wisconsin Medicaid or SeniorCare “WISC_WWWP” to indicate WWWP or “WISC_WCDP” to indicate WCDP.
2000A/PRV01	12	Enter the value "BI" to indicate that the rendering provider is the same entity as the billing provider or enter the value "PT" to indicate that the rendering provider is the same entity as the pay-to provider.
2000A/PRV02	12	Enter the value "ZZ" to indicate the use of Health Care Provider taxonomy.
2000A/PRV03	12	Enter the Provider Taxonomy Code.
2010AA/NM1	12	Include this segment if the provider in loop 2010AA is the provider certified by ForwardHealth interChange to submit claims.

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2010AA/NM108	12	Enter the value “XX” to designate the use of a National Provider Identifier (NPI), “24” to designate an Employer’s Identification Number (EIN) or “34” to designate a Social Security number (SSN). <i>Note:</i> If code “XX” is used in NM108 of this loop, then either the provider’s EIN or SSN must be carried in the REF detail.
2010AA/NM109	12	Enter the billing provider’s 10-digit NPI when “XX” is entered in NM108, enter the billing provider’s EIN when “24” is entered in NM108 or enter the provider’s SSN when “34” is entered in NM108.
2010AA/REF01	13	If code “XX” is used in NM108 of this loop, then enter “SY” for SSN or “EI” for EIN. If code “XX” is not used in NM108 of this loop, then enter the value “1D” for BadgerCare Plus, Wisconsin Medicaid, SeniorCare, WCDP and WWWP.
2010AA/REF02	13	Enter the billing provider’s additional identifier that corresponds with one of the following qualifiers entered in REF01: • If “SY” is entered in REF01, enter the provider’s SSN. • If “EI” is entered in REF01, enter the provider’s EIN. • If “1D” is entered in REF01, enter the provider’s eight-digit or nine-digit provider number assigned by ForwardHealth interChange.
2010BB/NM101	14	Enter the value “PR”.
2010BB/NM102	14	Enter the value “2” to indicate a non-person entity.
2010BB/NM103	14	Enter “FORWARDHEALTH” to indicate that the claims are being sent to ForwardHealth interChange.
2010BB/NM108	14	Enter the value “PI” to indicate Payer Identification.
2010BB/NM109	14	Valid values are:

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		“WISC_TXIX” for BadgerCare Plus, Wisconsin Medicaid or SeniorCare. “WISC_WWWP” for the Wisconsin Well Woman Program (WWWP). “WISC_WCDP” for the Wisconsin Chronic Disease Program (WCDP).
2300/PWK02	17	Enter the value “BM” to indicate that the claim supplemental information is being sent to ForwardHealth interChange by mail.
2300/PWK05	17	Enter the value “AC” (Attachment Control Number). This element is required when PWK02 contains the value “BM”.
2300/PWK06	17	Enter the attachment control number.
2300/REF	18	ForwardHealth interChange does not require the prior authorization (PA) number be submitted on the 837 transaction. <i>Note:</i> For PA policy guidelines, refer to your service area of the ForwardHealth Online Handbook.
2300/NTE01	18	Enter the value “ADD” to indicate Additional Information.
2300/NTE02	18	Enter the billing note text.
2300/HI	18	Enter the diagnosis in this segment. <i>Note:</i> ForwardHealth interChange will use up to eight diagnosis codes to process a claim.
2310A/NM108	19	Enter the value “XX” to designate the use of an NPI.
2310A/NM109	19	Enter the referring provider’s 10-digit NPI.
2310A/PRV01	19	Enter “RF” to indicate Referring Provider.
2310A/PRV02	19	Enter the value “ZZ” to indicate the use of Health Care Provider taxonomy.
2310A/PRV03	19	Enter the Referring Provider Taxonomy Code.
2310A/REF	N/A	Segments removed from this companion document. ForwardHealth interChange will only accept an NPI as the referring provider number.
2310B/NM1	20	Enter the rendering provider’s NPI in this

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		segment if the rendering provider is ForwardHealth certified and different than the billing provider.
2310B/NM108	20	Enter the value "XX" to designate the use of an NPI.
2310B/NM109	20	Enter the rendering provider's 10-digit NPI.
2310B/PRV01	20	Enter "PE" to indicate Rendering Provider.
2310B/PRV02	20	Enter the value "ZZ" to indicate the use of Health Care Provider taxonomy.
2310B/PRV03	20	Enter the Provider Taxonomy Code.
2400/SV103	25	Enter the value "MJ" to indicate minutes or "UN" to indicate units. <i>Note:</i> Use "MJ" to report anesthesia services. All other services should be reported using "UN".
2400/SV104	26	Enter the number of minutes or units for the services provided.
2400/REF	27	ForwardHealth interChange does not require that the PA number be submitted on the 837 transaction. <i>Note:</i> For PA policy guidelines, refer to your service area of the ForwardHealth Online Handbook.
2410/LIN02	27	Enter the value "N4" for National Drug Code (NDC) by format.
2410/LIN03	27	Enter the NDC.
2410/CTP03	27	Enter the drug unit price.
2410/CTP04	27	Enter the national drug unit count.
2410/CTP05-1	27	Enter the code qualifier.
2410/REF01	28	Enter the value "XZ" to indicate the pharmacy prescription number.
2410/REF02	28	Enter the prescription number.
2420A/NM1	28	Enter the rendering provider's NPI in this segment if the rendering provider is ForwardHealth certified and different than the billing provider.
2420A/NM108	28	Enter the value "XX" to designate the use of an NPI.
2420A/NM109	28	Enter the rendering provider's 10-digit NPI.
2420A/PRV01	28	Enter "PE" to indicate the Rendering Provider.

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2420A/PRV02	28	Enter the value “ZZ” to indicate the use of Health Care Provider taxonomy.
2420A/PRV03	28	Enter the Provider Taxonomy Code.
2420F/NM108	29	Enter the value “XX” to designate the use of an NPI.
2420F/NM109	29	Enter the referring provider’s 10-digit NPI.
2420F/PRV01	29	Enter "RF" to indicate a referring provider.
2420F/PRV02	29	Enter the value “ZZ” to indicate the use of Health Care Provider taxonomy.
2420F/PRV03	29	Enter the Referring Provider Taxonomy Code.
2420F/REF	N/A	Segments removed from this companion document. ForwardHealth interChange will only accept an NPI as the referring provider number.

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Loop	Element	Name	Instructions
	ISA	Interchange Control Header	The ISA is a fixed-length record with fixed-length elements. <i>Note:</i> Deviating from the standard ISA element sizes will cause the interchange to be rejected.
	ISA05	Interchange ID (Sender) Qualifier	Enter the value "ZZ" to indicate mutually defined.
	ISA06	Interchange Sender ID	Enter the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
	ISA07	Interchange ID (Receiver) Qualifier	Enter the value "ZZ" to indicate mutually defined.
	ISA08	Interchange Receiver ID	Enter "WISC_DHFS".
	GS02	Application Sender's Code	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
	GS03	Application Receiver's Code	Valid values are: "WISC_TXIX" for Wisconsin Medicaid or BadgerCare Plus or SeniorCare. "WISC_WWWP" for the Wisconsin Well Woman Program (WWWP). "WISC_WCDP" for the Wisconsin Chronic Disease Program (WCDP).
	GS08	Version / Release / Industry Identifier Code	Enter the value "004010X098A1" to indicate the HIPAA-mandated implementation guide release for this transaction. <i>Note:</i> This code represents the HIPAA implementation guide with the most recent addenda changes. Using an earlier guide, without the most recent addenda changes, does not comply with the HIPAA rule and will cause the transaction to be rejected.

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Loop	Element	Name	Instructions
	BHT03	Reference Identification	This identifier should be unique to a single transaction (ST to SE envelope). Repeating a value will cause the transaction to be rejected. ForwardHealth recommends using a value with an easily identifiable pattern to aid research (e.g., "ANY_GROUP_PRACTICE_20031016" or "ANY GROUP PRACTICE #00001").
	REF02	Reference Identification	Enter the value "004010X098A1" to indicate a professional claim. <i>Note:</i> This version includes the addenda.
1000A	NM109	Submitter Identifier	Enter the same value as ISA06, the nine-digit numeric Trading Partner ID assigned by ForwardHealth interChange.
1000B	NM101	Entity Identifier Code	Enter the value "40" to indicate a receiver.
1000B	NM102	Entity Type Qualifier	Enter the value "2" to indicate a non-person entity.
1000B	NM103	Receiver Name	Enter "FORWARDHEALTH" to indicate that the claims are being sent to ForwardHealth interChange.
1000B	NM108	Identification Code Qualifier	Enter the value "46" to indicate an electronic transmitter identification number.
1000B	NM109	Identification Code or Receiver Primary Identifier	Enter the same value as GS03. Enter "WISC_TXIX" to indicate Wisconsin Medicaid, BadgerCare Plus and SeniorCare, "WISC_WWWP" to indicate WWWP or "WISC_WCDP" to indicate WCDP.
2000A	PRV	Billing Provider Specialty Information	Include this segment to include the taxonomy code for the billing provider.

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Loop	Element	Name	Instructions
2000A	PRV01	Provider Code	Enter the value "PT" to indicate that the rendering provider is the same entity as the pay-to provider. Enter the value "BI" to indicate that the rendering provider is the same entity as the billing provider. <i>Note:</i> If a rendering/performing provider is not indicated on the claim, Wisconsin Medicaid will assume the rendering/performing provider and the billing provider are the same entity.
2000A	PRV02	Reference Identification Qualifier	Enter ZZ “mutually defined” to indicate the next element will be the taxonomy code of the billing provider. <i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2000A	PRV03	Reference Identification	Enter the provider’s taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2010AA	NM1	Billing Provider Name	Include this segment if the provider in loop 2010AA is the provider certified by ForwardHealth interChange to submit claims or when NPI is the identifier used for the billing provider.
2010AA	NM108	Identification Code Qualifier	Enter the value “XX” to designate the use of an NPI, “24” to designate an Employer’s Identification Number (EIN) or “34” to designate a Social Security number (SSN). <i>Note:</i> If value “XX” is used in NM108 of this loop, then either the provider’s EIN or SSN must be carried in the REF detail.
2010AA	NM109	Identification Code	Enter either the billing provider’s 10-digit NPI when “XX” is entered in NM108, the billing provider’s EIN when “24” is entered in NM108 or

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Loop	Element	Name	Instructions
			the provider's SSN when "34" is entered in NM108.
2010AA	N4	Geographic Location	Use the physical address as reported on the provider's Wisconsin Medicaid certification.
2010AA	N403	Zip Code	Enter the ZIP+4 code that corresponds to the physical address on file with Wisconsin Medicaid.
2010AA	REF01	Reference Identification Qualifier	If code "XX" is used in NM108 of this loop, then enter "SY" for SSN or "EI" for EIN. If code "XX" is not used in NM108 of this loop, then enter the value "1D" for Wisconsin Medicaid, BadgerCare Plus, SeniorCare, WCDP and WWWP.
2010AA	REF02	Billing Provider Additional Identifier	Enter the billing provider's additional identifier that corresponds with one of the following qualifiers entered in REF01: • If "SY" is entered in REF01, enter the provider's SSN. • If "EI" is entered in REF01, enter the provider's EIN. • If "1D" is entered in REF01, enter the provider's eight-digit or nine-digit provider number assigned by ForwardHealth interChange.
2010AB	NM1	Pay-to Provider Name	The information in this segment will not be used to determine where to send the provider's Remittance and Status (R/S) Reports and/or 835 HealthCare Claim Payment/Advice (835) transactions. The R/S Report and/or the 835 transaction will be sent to the entity established during the provider certification process.
2010BA	NM1	Subscriber Name	Enter information about the subscriber/member in this loop.
2010BA	NM102	Entity Type Qualifier	Enter the value "1" to indicate the subscriber is a person.

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Loop	Element	Name	Instructions
2010BA	NM103	Subscriber Last Name	Enter the member's last name. <i>Note:</i> Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the member's identification card and the EVS do not match, use the spelling from the EVS.
2010BA	NM104	Subscriber First Name	Enter the member's first name. <i>Note:</i> Use the EVS to obtain the correct spelling of the member's name. If the name or spelling of the name on the member's identification card and the EVS do not match, use the spelling from the EVS.
2010BA	NM108	Identification Code Qualifier	Enter the value "MI" to indicate a member identification number.
2010BA	NM109	Subscriber Primary Identifier	Enter the member's 10-digit ForwardHealth identification number.
2010BB	NM101	Payer Name	Enter the value "PR".
2010BB	NM102	Entity Type Qualifier	Enter the value "2" to indicate a non-person entity.
2010BB	NM103	Payer Name	Enter "FORWARDHEALTH" to indicate that the claims are being sent to ForwardHealth interChange.
2010BB	NM108	Identification Code Qualifier	Enter the value "PI" to indicate payer identification.
2010BB	NM109	Identification Code	Valid values are: "WISC_TXIX" for Wisconsin Medicaid, BadgerCare Plus or SeniorCare. "WISC_WWWP" for the Wisconsin Well Woman Program (WWWP). "WISC_WCDP" for the Wisconsin Chronic Disease Program (WCDP).

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Loop	Element	Name	Instructions
2300	CLM01	Patient Account Number	ForwardHealth interChange will process up to 20 characters.
2300	CLM02	Total Claim Charge Amount	Enter the total billed amount for the entire claim.
2300	CLM05-1	Facility Code Value	Enter the place of service code. This is an external code set of the 837. See the CMS Web site, www.cms.hhs.gov/placeofservicecodes/ for appropriate value selections.

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Loop	Element	Name	Instructions
2300	CLM05-3	Claim Frequency Code	The third digit of the type of bill, as defined by the National Uniform Billing Committee (NUBC), is the frequency. Use one of the following claim frequency codes to indicate if the claim is being submitted for the first time or if it is a replacement/void of a previously adjudicated claim and paid claim: • Enter the value "1" to indicate that this is the first claim submitted to ForwardHealth interChange. • Enter the value "7" to indicate that this claim is replacing a previously submitted and adjudicated claim. ForwardHealth interChange will void the previously submitted claim and completely replace it with this corrected claim. • Enter the value "8" to indicate that ForwardHealth interChange should recoup the previously submitted claim in its entirety. <i>Note:</i> The use of values "7" and "8" will result in the previously submitted claim being adjusted. Include the internal control number (ICN) from the previously submitted claim in the original reference number segment in loop 2300.

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Loop	Element	Name	Instructions
2300 (cont.)	CLM05-3	Claim Frequency Code	Electronic adjustments are subject to the same requirements as paper adjustments and therefore may result in a letter to the provider if the requirements are not met. ForwardHealth interChange will not adjust claims if all the details are denied from the previous submission. Do not use adjustment values if reconsideration of the original payment is needed. All requests for reconsideration should be submitted on paper with supporting documentation. The claim frequency code was switched to an external code source during the addenda process. See the NUBC manual or Web site, www.nubc.org/ for additional information on value selections.
2300	PWK02	Report Transmission Code	Enter the value “BM” to indicate that the claim supplemental information is being sent to ForwardHealth interChange by mail.
2300	PWK05	Identification Code Qualifier	Enter the value “AC” (Attachment Control Number). This element is required when PWK02 contains the value “BM”.
2300	PWK06	Identification Code	Enter the attachment control number.
2300	REF	Prior Authorization or Referral Number	ForwardHealth interChange does not require that the prior authorization (PA) number be submitted on the 837 transaction. <i>Note:</i> For PA policy guidelines, refer to your service area of the ForwardHealth Online Handbook.
2300	REF	Original Reference Number	Include this segment when requesting an electronic adjustment. (A value of “7” or “8” in CLM05-3 indicates that an adjustment is being requested.)
2300	REF01	Reference Identification Qualifier	Enter the value “F8” to indicate the original ICN.

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Loop	Element	Name	Instructions
2300	REF02	Claim Original Reference Number	Enter the most recent ICN assigned by ForwardHealth interChange. This is the ICN that will be adjusted
2300	REF	Medical Record Number	Enter the medical record number (MRN) in this segment.
2300	REF01	Reference Identification Qualifier	Enter the value "EA" to indicate the MRN.
2300	REF02	Medical Record Number	Enter the MRN in this element.
2300	NTE01	Note Reference Code	Enter the value "ADD" to indicate additional information.
2300	NTE02	Description	Enter the billing note text.
2300	HI	Health Care Diagnosis Code	Enter the diagnosis in this segment. <i>Note:</i> ForwardHealth interChange will use up to 8 diagnosis codes to process a claim.
2300	HI01-1	Diagnosis Type Code	Enter the value "BK" to indicate the principal diagnosis.
2300	HI01-2	Principal Diagnosis	Enter the principal diagnosis code.
2300	HI02-1	Diagnosis Type Code	Enter the value "BF" to indicate each additional diagnosis code.
2300	HI02-2 HI03-2 HI04-2 HI05-2 HI06-2 HI07-2 HI08-2	Diagnosis Code	Enter additional diagnosis codes in order of importance.

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Loop	Element	Name	Instructions
2310A	NM101	Entity Identifier Code	Enter the value "DN" to indicate a referring provider.
2310A	NM103	Referring Provider Last Name	Enter the referring provider's last name.
2310A	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of an NPI.
2310A	NM109	Identification Code	Enter the referring provider's 10-digit NPI.
2310A	PRV01	Provider Code	Enter "RF" to indicate a referring provider.
2310A	PRV02	Reference Identification Qualifier	Enter the value "ZZ" to indicate the use of health care provider taxonomy. <i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2310A	PRV03	Reference Identification	Enter the referring provider's taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2310B	NM1	Rendering Provider Name	Enter the rendering provider's NPI in this segment if the rendering provider is ForwardHealth certified and different than the billing provider.
2310B	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of an NPI.
2310B	NM109	Identification Code	Enter the rendering provider's 10-digit NPI.
2310B	PRV01	Provider Code	Enter "PE" to indicate a rendering provider.
2310B	PRV02	Reference Identification Qualifier	Enter ZZ "mutually defined" to indicate the next element will be the taxonomy code of the rendering provider.

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Loop	Element	Name	Instructions
			<i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2310B	PRV03	Reference Identification	Enter the rendering provider's taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2320	SBR	Other Subscriber Information	Include this loop when any of the following occur: • The claim will be processed by multiple payers. • The member has commercial health insurance or commercial HMO coverage, but the claim was not billed to the other payer for reasons including, but not limited to, the following: • The member denied coverage or will not cooperate. • The provider knows the service in question is not covered by the carrier. • The member's commercial health insurance failed to respond to initial and follow-up claims. • Benefits are not assignable or cannot get assignment. • Benefits are exhausted. • The claim was not sent to Medicare Part A, and the billing provider identified is certified for Medicare Part A, the member is eligible for Medicare Part A and the service is usually covered by Medicare Part A but not in this circumstance. • The claim was not sent to Medicare Part B, and the billing provider identified is certified for Medicare Part B, the member is eligible for

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Loop	Element	Name	Instructions
			Medicare Part B and the service is usually covered by Medicare Part B but not in this circumstance. <i>Note:</i> ForwardHealth interChange will use this loop to derive the “Other insurance” and “Medicare Disclaimer” codes.
2320	SBR09	Claim Filing Indicator Code	Enter the type of payer. ForwardHealth interChange uses this element to classify the payer identified in each iteration of the loop as either a “Medicare payer” or an “Other Insurance Payer”. This classification is used to determine the other insurance indicator, other insurance amounts, Medicare disclaimer codes, Medicare paid date and Medicare dollars. Multiple elements in this loop and its sub-loops are required to generate the ForwardHealth interChange values. If this claim was submitted to a commercial health insurance plan or commercial HMO plan based on the reasons listed for the SBR segment in loop 2320, use one of the following values: • "12" — Preferred Provider Organization (PPO). • "13" — Point of Service (POS). • "14" — Exclusive Provider Organization (EPO). • "BL" — Blue Cross/Blue Shield. • "CH" — CHAMPUS. • "CI" — Commercial Insurance Company. • "DS" — Disability. • "HM" — Health Maintenance Organization. • "VA" — Veteran Administration Plan. <i>Note:</i> One of these values is required to have an other insurance indicator of “Y” assigned to the claim.

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Loop	Element	Name	Instructions
			If this claim was submitted to Medicare based on the reasons listed for the SBR segment in loop 2320, use one of the following values: • "MB" — Medicare Part B. • "16" — Health Maintenance Organization Medicare Risk.
2320	CAS	Claim Level Adjustments	Include this segment when another payer has made payment at the claim level. If the other payer returned an 835 transaction, the CAS segment from the 835 should be copied to this CAS. To generate an other insurance indicator of "D", a CAS segment for a non-Medicare payer must be used in either loop 2320 or 2430. The value(s) of the claim adjustment reason code(s) is used to determine if the other insurance indicator is "D" or blank.
2320	AMT	Coordination of Benefits (COB) Payer Paid Amount	This segment contains the amount paid on this claim by the payer within this 2320 loop.
2320	AMT01	Amount Qualifier Code	Enter the value "D" to indicate the payer amount paid.
2320	AMT02	Payer Paid Amount	Enter the amount paid on this claim by the payer within this 2320 loop.
2320	MOA	Medicare Outpatient Adjudication Information	Include this segment when it was returned in the 835 transaction from a previous payer or if this iteration of 2320 is being used to indicate that the claim was not submitted to another payer based on the notes in the SBR segment of loop 2320 of this document.
2320	MOA03	Remark Code	If the claim was not submitted to another payer, enter "MA07" in this element to generate either an other insurance indicator of "Y" or a Medicare

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Loop	Element	Name	Instructions
			disclaimer code of "8".
2330B	NM109	Other Payer Primary Identifier	Enter the other payer's identifier. <i>Note:</i> ForwardHealth interChange will use this number in combination with loop 2430 to calculate other insurance and Medicare payments.
2330B	DTP	Claim Adjudication Date	Enter the date Medicare paid the claim in this segment if the member is a dual-entitlee and loop 2320 contains information about the Medicare payer. <i>Note:</i> This information is either included here or in loop 2430.
2330B	DTP01	Date/Time Qualifier	Enter "573" to indicate the date claim paid.
2330B	DTP02	Date Time Period Format Qualifier	Enter the value "D8" to indicate format CCYYMMDD.
2330B	DTP03	Adjudication or Payment Date	Enter Medicare's claim paid date.
2330E	NM1	Other Payer Rendering Provider	Include this segment when NPI is the identifier used for the other payer rendering provider.
2330E	NM108	ID Code Qualifier	Enter the value "XX" to indicate that the next element will be the NPI for the other payer rendering provider.
2330E	NM109	Identification Code	Enter the NPI for the other payer rendering provider.
2330E	REF01	Reference Identification Qualifier	Enter the value "1D" for the Wisconsin Medicaid provider number.
2330E	REF02	Other Payer Rendering Provider	Enter the eight-digit Wisconsin Medicaid billing provider number assigned by Wisconsin Medicaid.

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Loop	Element	Name	Instructions
		Additional Identifier	
2400	SV101-1	Product or Service ID Qualifier	Enter the value "HC" to indicate Healthcare Common Procedure Coding System (HCPCS). <i>Note:</i> Because <i>Current Procedural Terminology</i> (CPT) procedure codes are also level 1 HCPCS codes, they are reported with qualifier "HC".
2400	SV101-2	Procedure Code	Enter the HCPCS or CPT code to indicate the procedures performed.
2400	SV101-3	Procedure Modifier 1	Enter a HCPCS or CPT modifier code, if necessary, to clarify the procedure code.
2400	SV101-4	Procedure Modifier 2	Enter a HCPCS or CPT modifier code, if necessary, to clarify the procedure code.
2400	SV101-5	Procedure Modifier 3	Enter a HCPCS or CPT modifier code, if necessary, to clarify the procedure code.
2400	SV101-6	Procedure Modifier 4	Enter a HCPCS or CPT modifier code, if necessary, to clarify the procedure code.
2400	SV102	Line Item Charge Amount	Enter the billed amount for each service line.
2400	SV103	Unit or Basis for Measurement Code	Enter the value "MJ" to indicate minutes or "UN" to indicate units. <i>Note:</i> Use "MJ" to report anesthesia services. All other services should be reported using "UN".
2400	SV104	Service Unit Count	Enter the number of minutes or units for the services provided.
2400	SV105	Place of Service	Enter the place of service code. <i>Note:</i> This is an external code set of the 837. See the CMS Web site, www.cms.hhs.gov/placeofservicecodes/ for appropriate value selections.

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Loop	Element	Name	Instructions
2400	SV107-1	Diagnosis Code Pointer	Enter a value of 1 through 8 corresponding to the primary diagnoses in element HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2 or HI08-2.
2400	SV109	Emergency Indicator	Enter the value "Y" if the services were performed as a result of an emergency.
2400	SV112	Family Planning Indicator	Enter the value "Y" if the services are related to family planning.
2400	DTP01	Date/Time Qualifier	Enter the value "472" to indicate service dates.
2400	DTP02	Date Time Period Format Qualifier	Enter value "D8" to indicate a single date of service or "RD8" to indicate a range of service dates. <i>Note:</i> When "RD8" is used, ForwardHealth interChange will assume that the exact same service, including the number of units, was performed on each day within the range.
2400	DTP03	Service Date	Enter the date(s) that the procedure was performed.
2400	REF	Prior Authorization or Referral Number	ForwardHealth interChange does not require that the PA number be submitted on the 837 transaction. <i>Note:</i> For PA policy guidelines, refer to the applicable service area of the ForwardHealth Online Handbook.
2400	REF	Line Item Control Number	Enter the line item control number in this segment.
2400	REF01	Reference Identification Qualifier	Enter the value "6R" to indicate the provider control number.

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Loop	Element	Name	Instructions
2400	REF02	Line Item Control Number	This field will be returned on the 835 transaction. It should be used by providers if they need a way to uniquely match up service lines in their payment reconciliation process.
2410	LIN02	Product/ Service ID Qualifier	Enter the value “N4” for National Drug Code (NDC) by format.
2410	LIN03	Product/ Service ID	Enter the NDC.
2410	CTP03	Unit Price	Enter the drug unit price.
2410	CTP04	Quantity	Enter the national drug unit count.
2410	CTP05-1	Unit or Basis for Measurement Code	Enter the code qualifier.
2410	REF01	Reference Identification Qualifier	Enter the value “XZ” to indicate the pharmacy prescription number.
2410	REF02	Reference Identification	Enter the prescription number.
2420A	NM1	Rendering Provider Name	Enter the rendering provider’s NPI in this segment if the rendering provider is ForwardHealth certified and different than the billing provider.
2420A	NM108	Identification Code Qualifier	Enter the value “XX” to designate the use of an NPI.
2420A	NM109	Rendering Provider Identifier	Enter the rendering provider’s 10-digit NPI.
2420A	PRV	Rendering Provider Specialty Information	Include this segment to include the taxonomy code for the rendering provider.
2420A	PRV02	Reference Identification Qualifier	Enter the value “ZZ”, mutually defined, to indicate the next element will be the taxonomy code of the rendering provider.

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Loop	Element	Name	Instructions
			<i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2420A	PRV03	Reference Identification	Enter the rendering provider's taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2420F	NM101	Entity Identifier Code	Enter the value "DN" to indicate a referring provider.
2420F	NM103	Referring Provider Last Name	Enter the referring provider's last name.
2420F	NM108	Identification Code Qualifier	Enter the value "XX" to designate the use of an NPI.
2420F	NM109	Identification Code	Enter the referring provider's 10-digit NPI.
2420F	PRV01	Provider Code	Enter "RF" to indicate a referring provider.
2420F	PRV02	Reference Identification Qualifier	Enter the value "ZZ" to indicate the use of health care provider taxonomy. <i>Note:</i> Taxonomy codes are only required if the NPI has multiple certifications and the taxonomy is necessary to determine the appropriate one.
2420F	PRV03	Reference Identification	Enter the referring provider's taxonomy code. <i>Note:</i> The provider must use the appropriate taxonomy code that is associated to the provider type and specialty currently on file with WI Medicaid. Refer to Appendix 2 for a crosswalk of taxonomy codes to types and specialties.
2430	SVD01	Other Payer Primary	Enter the other payer's primary identifier if another payer has paid on the service line.

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Loop	Element	Name	Instructions
		Identifier	
2430	SVD02	Service Line Paid Amount	Enter the amount the other payer paid on the service line.
2430	CAS	Line Adjudication Information	Include this segment when another payer has made payment at the service line. If the other payer returned an 835 remittance, the CAS segment from the 835 should be copied to this CAS. <i>Note:</i> ForwardHealth interChange will use the information in the CAS segment in place of the "other insurance indicator" and "Medicare disclaimer code" submitted prior to HIPAA. To generate a Medicare disclaimer code of "7", a CAS segment for a Medicare payer must be used in loop 2430. The value(s) of the claim adjustment reason code(s) is used to determine which value is applied. To generate an other insurance indicator of "D", a CAS segment for a non-Medicare payer must be used in either loop 2320 or 2430. The value(s) of the claim adjustment reason code(s) is used to determine if the other insurance indicator is "D" or blank. If this iteration of loop 2430 contains information from a Medicare payer, ForwardHealth interChange will also look for Medicare's coinsurance, copayment and deductible.
2430	DTP	Line Adjudication Date	Include this segment when another payer has made a payment at the service line of this claim.
2430	DTP01	Date/Time Qualifier	Enter the value "573" for the claim paid date.

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Loop	Element	Name	Instructions
2430	DTP02	Date Time Period Format Qualifier	Enter the value "D8" to indicate format CCYYMMDD.
2430	DTP03	Adjudication or Payment Date	Enter the date the other payer paid the claim.

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Appendix 1

Examples

ForwardHealth interChange must derive coordination of benefit information from the 837 that providers previously submitted directly to ForwardHealth. This companion document points out the pieces of information that ForwardHealth interChange uses to derive those values; however, the implementation guide frequently requires additional information in the segments where this information is found. The following are examples that show how the information may appear on the 837.

Other Insurance Indicators

In order to have an other insurance indicator assigned to a claim, at least one additional payer must be represented on the claim. The inclusion of a 2320 loop and any required subloops represent each payer.

ForwardHealth interChange can assign one of three Other Insurance codes to electronic claims based on information supplied on the claim.

Other Insurance = D

In this example, the provider billed \$100.00. The other payer has paid \$0.00. The reason that payer did not pay the claim is indicated with the CAS segment copied from the 835 received from that payer.

Loop 2320

```
SBR*P*19***C1****CI~  
CAS*PR*35*100~  
AMT*D*0~  
DMG*D8*19400101*M~  
OI***Y*B**Y~
```

Loop 2330A

```
NM1*IL*1*LAST NAME*FIRST NAME****MI*999999999~
```

Loop 2330B

```
NM1*PR*2*COMMERCIAL/OTHER INS*****PI*001~  
DTP*573*D8*20031016~
```

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Other Insurance = P

In this example, the provider billed \$115.66. The other payer allowed \$115.66 and has paid \$83.56. The difference between the allowed amount and the paid amount is \$32.10 and is represented on the CAS segment copied from the 835 received from that payer.

Loop 2320

SBR*P*18***AP***CI~
CAS*PR*2*32.10~
AMT*D*83.56~
DMG*D8*19400101*M~
OI***Y*B**Y~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME****MI*999999999~

Loop 2330B

NM1*PR*2*OTHER INSURANCE CARRIER*****PI*001~
DTP*573*D8*20031016~

Other Insurance = Y

In this example, the provider billed \$52.00. The member had a second insurance policy, but the claim was not submitted to the other payer.

Refer to the ForwardHealth interChange Online Handbook to determine when it is appropriate to submit claims to ForwardHealth interChange without first receiving payment from the primary payer.

Loop 2320

SBR*P*19***C1***CI~
DMG*D8*19400101*F~
AMT*D*0~
OI***Y*B**Y~
MOA***MA07~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME****MI*999999999~

Loop 2330B

NM1*PR*2*OTHER INSURANCE CARRIER*****PI*001~

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Medicare Disclaimers

In order to have a Medicare disclaimer code assigned to a claim, at least one Medicare payer must be represented on the claim. The inclusion of a 2320 loop and any required subloops represent each payer.

ForwardHealth interChange can assign one of two Medicare disclaimer codes to electronic claims based on information supplied on the claim.

Medicare Disclaimer = 7

In this example, the provider billed \$146.00. Medicare allowed zero and paid zero. The reason Medicare did not pay the claim is indicated with the CAS segment copied from the 835 received from Medicare.

Loop 2320

SBR*P*18***CP***MB~
CAS*PR*50*146.00~
AMT*D*0~
DMG*D8*10400101*F~
OI***Y*B**Y~

Loop 2330A

NM1*IL*1*LAST NAME*FIRST NAME***MI*999999999~

Loop 2330B

NM1*PR*2*MEDICARE*****PI*001~
DTP*573*D8*20031016~

Medicare Disclaimer = 8

In this example, the provider billed \$40.00. The member is a Medicare beneficiary, but the claim was not submitted to Medicare. Refer to the ForwardHealth Online Handbook to determine when it is appropriate to submit claims to ForwardHealth interChange without first receiving payment from Medicare.

Loop 2320

SBR*P*18***MB***MB~
AMT*D*0~
DMG*D8*19400101*F~
OI***Y*B**M~
MOA***MA07~

Loop 2330A

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NM1*IL*1*LAST NAME*FIRST NAME****MI*99999999~
Loop 2330B
NM1*PR*2*MEDICARE*****PI*001~

Dual-Entitlee Claim (Crossover Claim from Medicare to Medicaid)

In this example, the provider billed \$456.00. Medicare paid \$192.06.
Medicare's coinsurance is \$48.01 and the non-covered amount is \$215.93.

Loop 2320
SBR*P*18***MB***MB~
AMT*D*192.06~
DMG*D8*19400101*F~
OI***Y*B**Y~
Loop 2330A
NM1*IL*1*LAST NAME*FIRST NAME****MI*99999999~
Loop 2330B
NM1*PR*2*MEDICARE*****PI*001~
Loop 2430
SVD*001*192.06*HC:E0431**31.00~
CAS*PR*2*48.01~
CAS*CO*42*215.93~
DTP*573*D8*20031016~

APPENDIX 2

BadgerCare Plus Required Taxonomy Codes

Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Ambulance	Air Ambulance	3416A0800X	Air Transport
Ambulance	Land Ambulance	3416L0300X	Land Transport
Ambulance	Water Ambulance	3416S0300X	Water Transport
Ambulatory Surgical Center (ASC)	N/A	261QA1903X	Ambulatory Surgical
Anesthetist	Anesthesiologist Assistant	367H00000X	Anesthesiologist Assistant
Anesthetist	• Certified Registered Nurse Anesthetist (CRNA) • CRNA group	367500000X	Nurse Anesthetist, Certified Registered
Audiologist	• Audiologist • Audiology group	231H00000X	Audiologist
Case Management	All	251B00000X	Case Management
Chiropractor	• Chiropractor • Chiropractic Group	111N00000X	Chiropractor
Community Support Program (CSP)	All	251S00000X	Community/Behavioral Health
Comprehensive Community Services (CCS)	All	251S00000X	Community/Behavioral Health
Crisis Intervention	All	251S00000X	Community/Behavioral Health
Day Treatment	• Adult Mental Health • Substance Abuse	261Q00000X	Clinic/Center
Day Treatment	Child Adolescent	261QM0855X	Adolescent and Children Mental Health
Dentist	Endodontics	1223E0200X	Endodontics
Dentist	General Practice	1223G0001X	General Practice
Dentist	Oral Pathology	1223P0106X	Oral and Maxillofacial Pathology
Dentist	Oral Surgery	1223S0112X	Oral and Maxillofacial Surgery
Dentist	Orthodontics	1223X0400X	Orthodontics and Dentofacial Orthopedics
Dentist	Pediatric Dentist	1223P0221X	Pediatric Dentistry

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Dentist	Periodontics	1223P0300X	Periodontics
Dentist	Prosthodontics	1223P0700X	Prosthodontics
Dental Group	N/A	261QD0000X	Dental
Dental Hygienist	N/A	124Q00000X	Dental Hygienist
End Stage Renal Disease (ESRD)	All	261QE0700X	End-Stage Renal Disease Treatment (ESRD)
Facility for the Developmentally Disabled (FDD)	All	315P00000X	Intermediate Care Facility
Family Planning Clinic	All	261QF0050X	Family Planning, Non-Surgical
Federally Qualified Health Clinic (FQHC)	N/A	261QF0400X	Federally Qualified Health Center (FQHC)
HealthCheck	All	261QP2300X	Clinic Center/Primary
HealthCheck Other Services	N/A	261QH0100X	Health Service
Hearing Instrument Specialist	- Hearing Instrument Specialist - Hearing Instrument Specialist Group	237700000X	Hearing Instrument Specialist
Home Health/Personal Care Agency	- Home Health Only Provider - Home Health/Personal care Dually Certified Provider	251E00000X	Home Health
Hospice	All	251G00000X	Hospice Care, Community Based
Hospital	Inpatient/Outpatient Hospital	282N00000X	General Acute Care Hospital
Independent Lab	Independent Lab	291U00000X	Clinical Medical Laboratory
Individual Medical Supply	Federally Qualified Health Center (FQHC)	332B00000X	Durable Medical Equipment & Medical Supplies
Individual Medical Supply	- Orthotist - Orthotist/Prosthetist	222Z00000X	Orthotist
Individual Medical Supply	Prosthetist	224P00000X	Prosthetic
Individual Medical Supply	Specialties other than Federally Qualified Health Center (FQHC), Orthotist, Prosthetist, and Orthotist/Prosthetist	335E00000X	Prosthetic Orthotic Supplier
Institution for Mental Disease	All	283Q00000X	Psychiatric Hospital
Medical Vendor	Federally Qualified Health Center (FQHC)	261QF0400X	Federally Qualified Health Center (FQHC)
Medical Vendor	Medical Equipment/Supplies	332B00000X	Durable Medical Equipment &

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
			Medical Supplies
Mental Health and Substance Abuse Agency	All	261QM0801X	Mental Health, including Community Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Advanced Practice Nurse Prescriber	363LP0808X	Psychiatric/Mental Health
Mental Health and Substance Abuse Services Provided by Individuals	Alcohol and Other Drug Abuse Counselor	101YA0400X	Addiction (Substance Use Disorder)
Mental Health and Substance Abuse Services Provided by Individuals	- Licensed Psychologist (PhD) - Licensed Psychologist (PhD) Group	103T00000X	Psychologist
Mental Health and Substance Abuse Services Provided by Individuals	- Master's-Level Psychotherapist - Master's-Level Psychotherapist/Alcohol and Other Substance Abuse Counselor	104100000X	Social Worker
Mental Health and Substance Abuse Services Provided by Individuals	Psychiatric Nurse	163WP0808X	Psychiatric/Mental Health (RN)
Narcotic Treatment Service	Licensed Practical Nurse	164W000000X	Licensed Practical Nurse (LPN)
Narcotic Treatment Service	Registered Alcohol and Drug Counselor (RADC)/Narcotic Treatment Service (RTS)	101YA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service	Registered Nurse	163WA0400X	Addiction (Substance Use Disorder)
Narcotic Treatment Service Agency	N/A	261QM2800X	Methadone
Nurse Practitioner	Certified Family Nurse Practitioner	363LF0000X	Family
Nurse Practitioner	Certified Pediatric Nurse Practitioner	363LP0200X	Pediatrics
Nurse Practitioner	Nurse Practitioner/Nurse Midwife	367A00000X	Midwife, Certified Nurse

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Nurse Practitioner	- Specialties other than Pediatric Nurse Practitioner, Family Nurse Practitioner, Nurse Practitioner/Nurse Midwife - Group	363L00000X	Nurse Practitioner
Nurses in Independent Practice	Licensed Practical Nurse (LPN)	164W00000X	Licensed Practical Nurse (LPN)
Nurses in Independent Practice	Registered Nurse (RN)	163W00000X	Registered Nurse (RN)
Nurse Midwife	N/A	176B00000X	Midwife, Certified
Nursing Facility	N/A	314000000X	Skilled Nursing Facility
Occupational Therapy	- Occupational Therapist - Occupational Therapy Group	225X00000X	Occupational Therapist
Occupational Therapy	Occupational Therapy Assistant	224Z00000X	Occupational Therapy Assistant
Optician	Optician	156FX1800X	Optician
Optometry	- Optometrist - Optometry Group	152W00000X	Optometrist
Pharmacy	Pharmacy	333600000X	Pharmacy
Physical Therapy	Group	261QP2000X	Physical Therapy
Physical Therapy	Physical Therapist	225100000X	Physical Therapist
Physical Therapy	Physical Therapy Assistant	225200000X	Physical Therapy Assistant
Physician Clinic	Multi-Specialty	193200000X	Multi-Specialty
Physician and Physician Specialty Clinic	Allergy & Immunology	207K00000X	Allergy & Immunology
Physician and Physician Specialty Clinic	Anesthesiology	207L00000X	Anesthesiology
Physician and Physician Specialty Clinic	Cardiovascular Disease	207RC0000X	Cardiovascular Disease
Physician and Physician Specialty Clinic	Dermatology	207N00000X	Dermatology
Physician and Physician Specialty Clinic	Emergency Medicine	207P00000X	Emergency Medicine
Physician and Physician Specialty Clinic	Family Practice	207Q00000X	Family Practice
Physician and Physician Specialty Clinic	Gastroenterology	207RG0100X	Gastroenterology
Physician and Physician Specialty Clinic	General Practice	208D00000X	General Practice
Physician and Physician Specialty Clinic	General Surgery	208600000X	Surgery

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Physician and Physician Specialty Clinic	Geriatrics	207QG0300X	Geriatric Medicine
Physician and Physician Specialty Clinic	Internal Medicine	207R00000X	Internal Medicine
Physician and Physician Specialty Clinic	Manipulative Therapy	208D00000X	General Practice
Physician and Physician Specialty Clinic	Miscellaneous	208D00000X	General Practice
Physician and Physician Specialty Clinic	Nephrology	207RN0300X	Nephrology
Physician and Physician Specialty Clinic	Neurological Surgery	207T00000X	Neurological Surgery
Physician and Physician Specialty Clinic	Neurology	2084N0400X	Neurology
Physician and Physician Specialty Clinic	Nuclear Medicine	207U00000X	Nuclear Medicine
Physician and Physician Specialty Clinic	Obstetrics and Gynecology	207V00000X	Obstetrics and Gynecology
Physician and Physician Specialty Clinic	Oncology and Hematology	207RH0003X	Hematology & Oncology
Physician and Physician Specialty Clinic	Ophthalmology	207W00000X	Ophthalmology
Physician and Physician Specialty Clinic	Orthopedic Surgery	207X00000X	Orthopedic Surgery
Physician and Physician Specialty Clinic	Otolaryngology	207Y00000X	Otolaryngology
Physician and Physician Specialty Clinic	Pathology	207ZC0500X	Pathologist
Physician and Physician Specialty Clinic	• Pediatrician • Pediatric Allergy • Pediatric Cardiology	208000000X	Pediatrics
Physician and Physician Specialty Clinic	Physical Medicine and Rehab	208100000X	Physical Medicine & Rehabilitation
Physician and Physician Specialty Clinic	Plastic Surgery	208200000X	Plastic Surgery
Physician and Physician Specialty Clinic	Preventative Medicine	2083P0901X	Public Health and General Preventative Medicine
Physician and Physician Specialty Clinic	Proctology	208C00000X	Colon and Rectal Surgery
Physician and Physician Specialty Clinic	Psychiatry	2084P0800X	Psychiatry
Physician and Physician Specialty Clinic	Pulmonary Disease	207RP1001X	Pulmonary Disease
Physician and Physician Specialty Clinic	Radiation Therapy	2085R0202X	Diagnostic Radiology
Physician and Physician Specialty Clinic	Radiology	2085R0202X	Diagnostic Radiology

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Provider Type	Provider Specialty	Taxonomy Code	Taxonomy Description
Physician and Physician Specialty Clinic	Thoracic and Cardiovascular Surgery	208G00000X	Thoracic Surgery (Cardiothoracic Vascular Surgery)
Physician and Physician Specialty Clinic	Urgent Care	208D00000X	General Practice
Physician and Physician Specialty Clinic	Urology	208800000X	Urology
Physician Assistant	N/A	363A00000X	Physician Assistant
Podiatry	• Podiatrist • Podiatry Group	213E00000X	Podiatrist
Portable X-Ray	N/A	261QR0208X	Radiology Mobile
Prenatal Care Coordination	All	251B00000X	Case Management
Rehabilitation Agency	All	261QR0400X	Rehabilitation
Rural Health Clinic	All	261QR1300X	Rural Health
School Based Services	All	251300000X	Local Education Agency (LEA)
Speech & Hearing Clinic	N/A	261QH0700X	Hearing and Speech
Speech Language Pathology (SLP)	Speech Language Pathology (SLP)- Bachelor 's Level	2355S0801X	Speech-Language Assistant
Speech Language Pathology (SLP)	Speech Language Pathology (SLP) - Master's Level	235Z00000X	Speech-Language Pathologist
Speech Language Pathology (SLP) Clinic	N/A	235Z00000X	Speech-Language Pathologist
Therapy Group	Group	261QR0400X	Rehabilitation