



CLAIMS & ERA PAYER LIST

March 28, 2025

LEGEND:
 I = Institutional, P = Professional, D = Dental
 COB = Coordination of Benefits

Transaction Column: 837 = Claims, 835 = ERA

Available Column: A Check-mark indicates that the transaction type is available.

Enrollment Column: A Check-mark indicates that enrollment is required for the transaction type.

COB Column: A Check-mark Indicates that the payer accepts secondary claims electronically for the transaction type.

Attachments: A Check-mark indicates that the payer accepts medical attachments electronically for the transaction type.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
1199 National Benefit Fund	13162	835	✓	✓		✓	✓								
1199 National Benefit Fund	13162	837	✓	✓											
1st Medical Network - Atlanta GA	29076	835	✓	✓		✓	✓								
1st Medical Network - Atlanta GA	29076	837	✓	✓					✓	✓					
1st MN--Atlanta GA	29076	835	✓	✓		✓	✓								
1st MN--Atlanta GA	29076	837	✓	✓					✓	✓					
21st Century Health and Benefits	59069	837	✓	✓											
6 Degrees Health	20446	837	✓	✓											
A & I Benefit Plan Administrators	93044	837	✓	✓											
A-G Administrators LLC	11370	837	✓	✓					✓	✓					
A.G.I.A. Inc.	95241	835	✓	✓											
A.G.I.A. Inc.	95241	837	✓	✓											
AAG Benefit Plan Administrators Inc.	75240	837	✓	✓					✓	✓					
AAG-American Administravie Group	37283	835	✓	✓		✓	✓								
AAG-American Administravie Group	37283	837	✓	✓					✓	✓					
AARP - UnitedHealthcare Insurance Company	36273	835	✓	✓		✓	✓								
AARP - UnitedHealthcare Insurance Company	36273	837	✓	✓					✓	✓					
AARP Dental Insurance Plan	AARP1	835			✓			✓							
AARP Dental Insurance Plan	AARP1	837			✓						✓				
AARP MedicareComplete through UnitedHealthcare/AARP MedicareComplete	87726	835	✓	✓		✓	✓								
AARP MedicareComplete through UnitedHealthcare/AARP MedicareComplete	87726	837	✓	✓					✓	✓		✓	✓		
AblePay Health	ABLPY	835	✓												
AblePay Health	ABLPY	837	✓	✓											
Abrazo Advantage Health Plan	03443	837	✓	✓					✓	✓					Also known as Phoenix Advantage

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Absolute Total Care	68069	835	✓	✓		✓	✓								
Absolute Total Care	68069	837	✓	✓					✓	✓		✓	✓		
Accelerated Claims Inc.	99999-0748	837	✓	✓					✓	✓					
Accendo Health	62118	835	✓	✓		✓	✓								
Access Administrators	AHS01	837	✓	✓											
Access Community Health Network	ACCOM	835	✓	✓		✓	✓								
Access Community Health Network	ACCOM	837	✓	✓											
Access IPA	ACC01	835	✓	✓		✓	✓								
Access IPA	ACC01	837	✓	✓					✓	✓					
Access Medical Group	AMG02	835	✓	✓		✓	✓								
Access Medical Group	AMG02	837	✓	✓											
Access Medicare	19305	837	✓	✓											
Access Primary Care Medical Group (APCMG)	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Access Primary Care Medical Group (APCMG)	NMM01	837	✓	✓											Formerly known as Network Medical Management
Acclaim IPA	IP095	837	✓	✓					✓	✓					
Accountable Care Management Group, LLC	45328	837	✓	✓	✓										
Accountable Healthcare IPA (AHCIPA)	AHIPA	837	✓	✓					✓	✓					
Ace Property & Casualty Ins - MedSup (ERA Only)	IAS21	835	✓	✓		✓	✓								ERA Only
ACMG	37118	837	✓	✓											
ACS Benefit Services Inc.	72467	835	✓	✓		✓	✓								
ACS Benefit Services Inc.	72467	837	✓	✓											
ACTIN Care Groups	24585	837	✓	✓					✓	✓					Also known as Clifton Health Systems
Activa Benefit Services LLC	38254	837	✓	✓											
Administration Systems Research Corporation	38265	837	✓	✓											ERA Payer Code TLU02
Administration Systems Research Corporation	TLU02	835	✓	✓		✓	✓								
Administrative Concepts Inc.	22384	835	✓	✓		✓	✓								
Administrative Concepts Inc.	22384	837	✓	✓											
Administrative Services Inc.	59141	837	✓	✓											
ADVANCED DATA SOLUTIONS	58202	837	✓	✓											
Advanced Medical Doctors of California	AMDC1	837	✓	✓					✓	✓					
Advanced Medical Management	AMM03	837	✓	✓											
Advanced Physicians IPA	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Advanced Physicians IPA	NMM01	837	✓	✓											Formerly known as Network Medical Management
Advantage by Bridgeway Health Solutions	68069	835	✓	✓		✓	✓								
Advantage by Bridgeway Health Solutions	68069	837	✓	✓					✓	✓		✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
AMERICAN HEALTH ADVANTAGE UTAH	31145	837	✓	✓					✓	✓					
American Healthcare Alliance	01066	835	✓	✓		✓	✓								
American Healthcare Alliance	01066	837	✓	✓											
American Heritage	77083	837		✓											
American Income Life Insurance Company (ERA Only)	60577	835	✓	✓		✓	✓								
American Insurance Administrators (AIA) (ERA Only)	26119	835	✓	✓		✓	✓								
American Insurance Co. of Texas	81949	837	✓	✓											
American National Ins. Co. (ANICO)	74048	835	✓	✓		✓	✓								
American National Ins. Co. (ANICO)	74048	837	✓	✓											
American National Life Insurance Company of Texas (ERA Only)	IAS23	835	✓	✓		✓	✓								ERA Only
American Postal Workers Union Health Plan	44444	835	✓	✓		✓	✓								
American Postal Workers Union Health Plan	44444	837	✓	✓											
American Progressive Life and Health Insurance Company	48055	835	✓	✓		✓	✓								
American Progressive Life and Health Insurance Company	48055	837	✓	✓											
American Republic Insurance	42011	835	✓	✓		✓	✓								
American Republic Insurance	42011	837	✓	✓											
American Sentinel Co.	17965	837		✓						✓					
American Specialty Health Plans	43146	837		✓											
American Specialty Health Plans	ASHP1	835		✓			✓								ERA Payer Code ASHP1
AMERICAN THERAPY ADMINISTRATORS	ATHAL	837	✓	✓					✓	✓					
American Trust Administrators Inc.	56195	837	✓	✓											
American West Health Care Solution	AWHCS	837	✓	✓											
Americas Health Plan	AHP01	835	✓	✓											Payer returns ERA's automatically once electronic claim submission begins. Office Ally ERA Transfer Letter is required to receive files
Americas Health Plan	AHP01	837	✓	✓					✓	✓					
Americhoice Maryland and Washington (ERA Only)	04567	835	✓	✓		✓	✓								
Americo (ERA Only)	IAS01	835	✓	✓		✓	✓								ERA Only
Amerigroup Community Care - Iowa/Maryland	27514	835	✓	✓		✓	✓								
Amerigroup Florida	27519	837	✓	✓					✓	✓					
Amerigroup Illinois	27518	837	✓	✓					✓	✓					
Amerigroup/Wellpoint Arizona	WLPNT	835	✓	✓		✓	✓								
Amerigroup/Wellpoint Arizona	WLPNT	837	✓	✓					✓	✓		✓	✓		
Amerigroup/Wellpoint Iowa	WLPNT	835	✓	✓		✓	✓								
Amerigroup/Wellpoint Iowa	WLPNT	837	✓	✓					✓	✓		✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Angle Insurance Company of Utah	39856	835	✓	✓		✓	✓								
Angle Insurance Company of Utah	39856	837	✓	✓											
Antares Management Solutions	34192	835	✓	✓		✓	✓								
Antares Management Solutions	34192	837	✓	✓					✓	✓					
Antelope Valley Medical Associates	SMG01	837	✓	✓											
Anthem BCBS Dental	84105	835			✓			✓							
Anthem BCBS Dental	84105	837			✓										
Anthem BCBS Maine Dental	AD180	835			✓			✓							
Anthem BCBS Maine Dental	AD180	837			✓										
Anthem Blue Cross and Blue Shield of New York	00303	835	✓			✓									
Anthem Blue Cross and Blue Shield of New York	00303	837	✓					✓			✓				
Anthem Blue Cross and Blue Shield of New York	00803	835		✓			✓								ERA Payer Code 00803.
Anthem Blue Cross and Blue Shield of New York	00803	837		✓					✓			✓			
Anthem Blue Cross Blue Shield of California (Claims and Encounters)	47198	835	✓	✓	✓	✓	✓	✓							
Anthem Blue Cross Blue Shield of California (Claims and Encounters)	47198	837	✓	✓	✓				✓	✓		✓	✓	✓	
Anthem Blue Cross Blue Shield of Colorado	12B03	835	✓			✓									
Anthem Blue Cross Blue Shield of Colorado	12B03	837	✓						✓			✓			
Anthem Blue Cross Blue Shield of Colorado	AD050	835			✓			✓							
Anthem Blue Cross Blue Shield of Colorado	AD050	837			✓										
Anthem Blue Cross Blue Shield of Colorado	SB550	835		✓			✓								
Anthem Blue Cross Blue Shield of Colorado	SB550	837		✓					✓			✓			
Anthem Blue Cross Blue Shield of Connecticut	12B04	835	✓			✓									
Anthem Blue Cross Blue Shield of Connecticut	12B04	837	✓						✓			✓			
Anthem Blue Cross Blue Shield of Connecticut	SB560	835		✓			✓								
Anthem Blue Cross Blue Shield of Connecticut	SB560	837		✓					✓			✓			
Anthem Blue Cross Blue Shield of Georgia	00101	835	✓			✓									
Anthem Blue Cross Blue Shield of Georgia	00601	835		✓			✓								
Anthem Blue Cross Blue Shield of Georgia	12015	837	✓						✓			✓			
Anthem Blue Cross Blue Shield of Georgia	SB600	837		✓						✓			✓		
Anthem Blue Cross Blue Shield of Indiana	12B09	835	✓			✓									
Anthem Blue Cross Blue Shield of Indiana	12B09	837	✓						✓			✓			
Anthem Blue Cross Blue Shield of Indiana	SB630	835		✓			✓								
Anthem Blue Cross Blue Shield of Indiana	SB630	837		✓						✓			✓		
Anthem Blue Cross Blue Shield of Kentucky	12B11	835	✓			✓									
Anthem Blue Cross Blue Shield of Kentucky	12B11	837	✓						✓			✓			

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Associated Dignity Medical Group Professional Corp	HSM01	837	✓	✓											
Associated Hispanic Physicians	AHPSC	837	✓	✓					✓	✓					
Associated Hispanic Physicians of Southern California IPA	AHPSC	837	✓	✓					✓	✓					
Associates for Health Care Inc. (AHC)	36326	837	✓	✓											
Assurant Health	70408	837			✓							✓			
Assurant Health Self Funded	75068	835	✓	✓		✓	✓								
Assurant Health Self Funded	75068	837	✓	✓					✓	✓					
Assurecare, Inc	88035	837	✓	✓					✓	✓					
Assured Benefits Administrators	74240	835	✓	✓		✓	✓								
Assured Benefits Administrators	74240	837	✓	✓											
Astiva Health	84320	837	✓	✓											
Astrana Health Management	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Astrana Health Management	NMM01	837	✓	✓											Formerly known as Network Medical Management
Asuris NW Health	93221	835	✓	✓		✓	✓								
Asuris NW Health	93221	837	✓	✓					✓	✓					
Athens Area Health Plan Select	95691	837	✓	✓											
Atlantic Coast Life	87020	835	✓	✓		✓	✓								
Atlantic Coast Life	87020	837	✓	✓					✓	✓					
Atlantic Medical Insurance	22285	837	✓	✓											
Atlas Life Insurance Company	90956	837		✓											
ATRIO Health Plans	ATRIO	835	✓	✓		✓	✓								
ATRIO Health Plans	ATRIO	837	✓	✓											
Aultcare	341488123	835	✓	✓		✓	✓								
Aultcare	341488123	837	✓	✓											
Aultra Administrative Group	37242	835	✓	✓		✓	✓								
Aultra Administrative Group	37242	837	✓	✓											
Automated Benefit Services	38259	835	✓	✓		✓	✓								
Automated Benefit Services	38259	837	✓	✓					✓	✓					
Automated Benefit Services, Inc	38260	837	✓	✓											
Automated Group Administration Inc.	37280	837	✓	✓											
Auxiant	AUX01	835	✓	✓		✓	✓								
Auxiant	AUX01	837	✓	✓					✓	✓					
Auxiant (Wisconsin)	CX024	837			✓										
Avalon Healthcare Solutions Capital Blue Cross	AVA03	835		✓			✓								
Avalon Healthcare Solutions Capital Blue Cross	AVA03	837		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Avalon Healthcare Solutions North Carolina	AVA02	835		✓			✓								
Avalon Healthcare Solutions North Carolina	AVA02	837		✓			✓			✓					
Avalon Healthcare Solutions South Carolina	AVA01	835		✓			✓								
Avalon Healthcare Solutions South Carolina	AVA01	837		✓						✓					
Avalon Healthcare Solutions Vermont	AVA04	835		✓			✓								
Avalon Healthcare Solutions Vermont	AVA04	837		✓						✓					
Avante Health	AH001	837		✓						✓					
Avera Health Plans	46045	835	✓	✓		✓	✓								
Avera Health Plans	46045	837	✓	✓											
AveraAdvantage	48055	837	✓	✓											
Avesis (Vision)	87098	835		✓			✓								
Avesis (Vision)	87098	837		✓											
Avesis Dental	86098	837			✓						✓			✓	
AvMed Inc.	59274	835	✓	✓		✓	✓								
AvMed Inc.	59274	837	✓	✓											
AXA Assistance_USA	65101	837	✓	✓											
Axminster Medical Group	AXM01	837	✓	✓											
AZ Complete Health (for claim DOS on or after 10/01/18)	68069	835	✓	✓		✓	✓								
AZ Complete Health (for claim DOS on or after 10/01/18)	68069	837	✓	✓					✓	✓		✓	✓		
Azeros Health Plans Inc.	16644	835	✓	✓		✓	✓								
Azeros Health Plans Inc.	16644	837	✓	✓											
Bakersfield Family Medical Center	BKRFM	837	✓	✓					✓	✓					
Bakersfield Family Medical Group	77005	837	✓	✓											
Bakery & Confectionery Union and Industry International Health	BCTF1	837	✓	✓											
Banker's Life	36066	835		✓			✓								
Banker's Life	99999-0178	837	✓	✓					✓	✓					
Banker's Life & Casualty (ERA Only)	36066	835		✓			✓								
Bankers Fidelity Life Insurance Company (ERA Only)	30152	835	✓	✓		✓	✓								
Banner - University Family Care	66901	835	✓	✓		✓	✓								
Banner - University Family Care	66901	837	✓	✓					✓	✓					
Banner Aetna	67895	835	✓	✓		✓	✓								
Banner Aetna	67895	837	✓	✓					✓	✓					
Banner Health	12X42	835	✓	✓		✓	✓								
Banner Health	12X42	837	✓	✓					✓	✓					
Banner Health AZ	SX145	835		✓			✓								aka Banner Health Network

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of Delaware	12B76	837	✓			✓			✓						
Blue Cross Blue Shield of Delaware	SB570	835		✓			✓								
Blue Cross Blue Shield of Delaware	SB570	837		✓			✓			✓					
Blue Cross Blue Shield of District of Columbia (Carefirst)	12000	835	✓			✓									
Blue Cross Blue Shield of District of Columbia (Carefirst)	12000	837	✓												
Blue Cross Blue Shield of District of Columbia (Carefirst)	SB580	835		✓			✓								
Blue Cross Blue Shield of District of Columbia (Carefirst)	SB580	837		✓											
Blue Cross Blue Shield of Florida (Florida Blue)	00590	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Florida (Florida Blue)	00590	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Hawaii (HMSA)	12B62	837	✓												
Blue Cross Blue Shield of Hawaii (HMSA)	HMSA1	835	✓	✓		✓	✓								ERA Payer Code HMSA1
Blue Cross Blue Shield of Hawaii (HMSA)	SB971	837		✓						✓					
Blue Cross Blue Shield of Illinois	00621	835	✓	✓	✓	✓	✓	✓							
Blue Cross Blue Shield of Illinois	00621	837			✓										
Blue Cross Blue Shield of Illinois	12B08	837	✓							✓					ERA Payer Code 00621
Blue Cross Blue Shield of Illinois	SB621	837		✓						✓					ERA Payer Code 00621
Blue Cross Blue Shield of Iowa (Wellmark)	88848	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Iowa (Wellmark)	88848	837	✓	✓						✓	✓				
Blue Cross Blue Shield of Kansas	47163	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Kansas	47163	837	✓	✓						✓	✓				
Blue Cross Blue Shield of Kansas	CBKS1	835			✓			✓							
Blue Cross Blue Shield of Kansas	CBKS1	837			✓							✓			
Blue Cross Blue Shield of Kansas City	47171	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Kansas City	47171	837	✓	✓						✓	✓				
Blue Cross Blue Shield of Louisiana	53120	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Louisiana	53120	837	✓	✓		✓	✓			✓	✓				
Blue Cross Blue Shield of Maryland (Carefirst)	12011	837	✓												
Blue Cross Blue Shield of Maryland (Carefirst)	SB690	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Maryland (Carefirst)	SB690	837		✓											
Blue Cross Blue Shield of Massachusetts	12B14	835	✓			✓									
Blue Cross Blue Shield of Massachusetts	12B14	837	✓							✓					
Blue Cross Blue Shield of Massachusetts	CBMA1	835			✓			✓							
Blue Cross Blue Shield of Massachusetts	CBMA1	837			✓						✓				
Blue Cross Blue Shield of Massachusetts	SB700	835		✓			✓								
Blue Cross Blue Shield of Massachusetts	SB700	837		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of Michigan	00210	835	✓			✓									
Blue Cross Blue Shield of Michigan	00210	837	✓												
Blue Cross Blue Shield of Michigan	00710	835		✓			✓								
Blue Cross Blue Shield of Michigan	00710	837		✓											
Blue Cross Blue Shield of Minnesota	00720	835	✓	✓		✓	✓								Payer Requires Copy of EOB for Missing ERAs
Blue Cross Blue Shield of Minnesota	00720	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Mississippi	12B17	835	✓			✓									
Blue Cross Blue Shield of Mississippi	12B17	837	✓			✓			✓						
Blue Cross Blue Shield of Mississippi	CBMS1	837			✓			✓			✓				
Blue Cross Blue Shield of Mississippi	SB730	835		✓			✓								
Blue Cross Blue Shield of Mississippi	SB730	837		✓			✓			✓					
Blue Cross Blue Shield of Montana	00751	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Montana	00751	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Nebraska	00760	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Nebraska	00760	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Nebraska	CBNE1	835			✓			✓							
Blue Cross Blue Shield of Nebraska	CBNE1	837			✓						✓				
Blue Cross Blue Shield of New Mexico	00790	835	✓	✓		✓	✓								
Blue Cross Blue Shield of New Mexico	00790	837	✓	✓					✓	✓					
Blue Cross Blue Shield of North Carolina	12B23	835	✓			✓									
Blue Cross Blue Shield of North Carolina	12B23	837	✓						✓						
Blue Cross Blue Shield of North Carolina	61473	837			✓										
Blue Cross Blue Shield of North Carolina	SB810	835		✓			✓								
Blue Cross Blue Shield of North Carolina	SB810	837		✓						✓					
Blue Cross Blue Shield of North Dakota	12B78	837	✓	✓					✓	✓					
Blue Cross Blue Shield of North Dakota	55891	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Oklahoma	00840	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Oklahoma	00840	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Oklahoma	SB840	837		✓											
Blue Cross Blue Shield of Rhode Island	12B74	835	✓			✓									
Blue Cross Blue Shield of Rhode Island	12B74	837	✓						✓						
Blue Cross Blue Shield of Rhode Island	SB870	835		✓			✓								
Blue Cross Blue Shield of Rhode Island	SB870	837		✓						✓					
Blue Cross Blue Shield of South Carolina	12B55	835	✓			✓									
Blue Cross Blue Shield of South Carolina	12B55	837	✓						✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of South Carolina	SB880	835		✓			✓								
Blue Cross Blue Shield of South Carolina	SB880	837		✓						✓					
Blue Cross Blue Shield of South Carolina - Dental	38520	835			✓			✓							
Blue Cross Blue Shield of South Carolina - Dental	38520	837			✓										
Blue Cross Blue Shield of South Dakota (Wellmark)	88848	835	✓	✓		✓	✓								
Blue Cross Blue Shield of South Dakota (Wellmark)	88848	837	✓	✓					✓	✓					
Blue Cross Blue Shield Of Tennessee	00390	835	✓	✓		✓	✓								
Blue Cross Blue Shield Of Tennessee	00390	837	✓	✓		✓	✓		✓	✓					
Blue Cross Blue Shield of Texas	84980	835	✓	✓	✓	✓	✓	✓							
Blue Cross Blue Shield of Texas	84980	837	✓	✓	✓				✓	✓	✓				
Blue Cross Blue Shield of Texas - Medicaid STAR Kids	66001	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Texas - Medicaid STAR Kids	66001	837	✓	✓					✓	✓		✓	✓		
Blue Cross Blue Shield of Texas - Medicaid STAR/CHIP	66001	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Texas - Medicaid STAR/CHIP	66001	837	✓	✓					✓	✓		✓	✓		
Blue Cross Blue Shield of Vermont	BCBSVT	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Vermont	BCSVT	837	✓	✓											
Blue Cross Blue Shield of Wyoming	53767	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Wyoming	53767	837	✓	✓					✓	✓					SB960;
Blue Cross Community Health Plans	66005	837	✓	✓											
Blue Cross Community Health Plans	MCDIL	835	✓	✓		✓	✓								Equivalent to payer code 66005
Blue Cross Community Health Plans	MCDIL	837	✓	✓					✓	✓					Equivalent to payer code 66005
Blue Cross Complete (JVHL)	KPJVH	835	✓	✓		✓	✓								
Blue Cross Complete (JVHL)	KPJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Blue Cross Medicare Advantage (IL, MT, NM, OK, TX)	66006	835	✓	✓		✓	✓								
Blue Cross Medicare Advantage (IL, MT, NM, OK, TX)	66006	837	✓	✓											
Blue Cross Personal Choice	54704	835	✓	✓		✓	✓								
Blue Cross Personal Choice	54704	837	✓	✓					✓	✓					
Blue Medicare Advantage	00772	835	✓	✓		✓	✓								
Blue Medicare Advantage	00772	837	✓	✓					✓	✓					
Blue Ridge Independence At Home Pace	R3464	835	✓	✓		✓	✓								
Blue Ridge Independence At Home Pace	R3464	837	✓	✓											
Blue Shield of California	BSCA1	837			✓										As of November 09, 2023, Electronic Remits Advice (ERA) is not available for this payer at this time.
Blue Shield Of California (Claims and Encounters)	BS001	835		✓			✓								
Blue Shield Of California (Claims and Encounters)	BS001	837		✓					✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Buckeye Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓								Medicaid
Buenaventura Affiliated Physicians Inc.	BVAP1	837	✓	✓					✓	✓					
Business Administrators & Consultants	49984	837	✓	✓	✓										
Butler Benefit	42150	837	✓	✓					✓	✓					
Bywater	12090	837	✓	✓											
C&O Employees Hospital Association	23708	835		✓			✓								
C&O Employees Hospital Association	23708	837		✓											
Cal Care IPA	PROSP	835	✓	✓											
Cal Care IPA	PROSP	837	✓	✓					✓	✓					
Cal Care IPA Encounters	PPM02	837	✓	✓					✓	✓					Encounters
Cal Viva Health	95567	835	✓	✓		✓	✓								
Cal Viva Health	95567	837	✓	✓					✓	✓		✓	✓		
California Health and Wellness	68047	837	✓	✓					✓	✓		✓	✓		
California Health and Wellness	68069	835	✓	✓		✓	✓								
California Hospital Medical Center	HSM01	837	✓	✓											
California IPA	CAIPA	837	✓	✓											
California IPA (Capital MSO)	CTPL1	837	✓	✓											
California Kids Care (CKC)	CKC01	835	✓	✓											Payer returns ERAs automatically once electronic claim submission begins.
California Kids Care (CKC)	CKC01	837	✓	✓											
California Medicaid - Medi-Cal	57016	837	✓	✓											
California Medicaid (Medi-Cal)	CAMC1	835	✓			✓									
California Medicaid (Medi-Cal)	CAMC1	837	✓			✓						✓			
California Medicaid (Medi-Cal)	SKCA0	835		✓			✓								
California Medicaid (Medi-Cal)	SKCA0	837		✓			✓			✓			✓		
California Medicare	12M64	835	✓			✓									
California Medicare	12M64	837	✓			✓			✓						
California Medicare - Northern Region	SMCA1	835		✓			✓								
California Medicare - Northern Region	SMCA1	837		✓			✓			✓					
California Medicare - Southern Region	SMCA2	835		✓			✓								
California Medicare - Southern Region	SMCA2	837		✓			✓			✓					
California Pacific Medical Center	94056	837	✓	✓					✓	✓					
California Pacific Physicians Medical Group, Inc.	HSM01	837	✓	✓											
CalOptima Direct	CALOP	835	✓	✓		✓	✓								
CalOptima Direct	CALOP	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Catholic Life Insurance	87020	837	✓	✓					✓	✓					
Catholic United Financial	87020	835	✓	✓		✓	✓								
Catholic United Financial	87020	837	✓	✓					✓	✓					
CBA Blue	03036	835	✓	✓		✓	✓								
CBA Blue	03036	837	✓	✓											
CBHNP - HealthChoices	65391	835	✓	✓		✓	✓								
CBHNP - HealthChoices	65391	837	✓	✓											
CCA Health California FFS Claims	TU127	837	✓	✓											formerly known as Vitality Health Plan of California
CCA-Reliance	MKJVH	835	✓	✓		✓	✓								
CCA-Reliance	MKJVH	837	✓	✓		✓	✓		✓	✓					Provider has been approved per JVHL lab
Cedar Valley Community HealthCare (CVCH)	42558	835	✓	✓		✓	✓								
Cedar Valley Community HealthCare (CVCH)	42558	837	✓	✓					✓	✓					
Cedars Sinai Medical	95164	835	✓	✓											
Cedars Sinai Medical	95164	837	✓	✓											
Cedars Towers Surgical Medical Group (Encounters Only)	HPIPA	837		✓											
Cedars-Sinai Medical Network Services	95166	835	✓	✓											
Cedars-Sinai Medical Network Services	95166	837	✓	✓											
Cedars-Sinai Medical Network Services	95167	837	✓	✓											
Celtic Insurance	68063	835	✓	✓		✓	✓								
Celtic Insurance	68063	837	✓	✓					✓	✓					
CeltiCare	68069	835	✓	✓		✓	✓								
CeltiCare	68069	837	✓	✓					✓	✓		✓	✓		
Cement Masons & Plasterers Health & Welfare Trust	91136	837	✓	✓											
Cencal Health	95386	835	✓	✓		✓	✓								ERA Payer Code 95386
Cencal Health	99111	837	✓	✓					✓	✓					
Cenpatico - Arizona (for DOS prior to 10/01/18)	68068	835	✓	✓		✓	✓								
Cenpatico - Arizona (for DOS prior to 10/01/18)	68068	837	✓	✓					✓	✓					
Cenpatico - Florida	68068	835	✓	✓		✓	✓								
Cenpatico - Florida	68068	837	✓	✓					✓	✓					
Cenpatico - Georgia	68068	835	✓	✓		✓	✓								
Cenpatico - Georgia	68068	837	✓	✓					✓	✓					
Cenpatico - Illinois	68068	835	✓	✓		✓	✓								
Cenpatico - Illinois	68068	837	✓	✓					✓	✓					
Cenpatico - Indiana	68068	835	✓	✓		✓	✓								
Cenpatico - Indiana	68068	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Cenpatico - Kansas	68068	835	✓	✓		✓	✓								
Cenpatico - Kansas	68068	837	✓	✓					✓	✓					
Cenpatico - Kentucky	68068	835	✓	✓		✓	✓								
Cenpatico - Kentucky	68068	837	✓	✓					✓	✓					
Cenpatico - Massachusetts	68068	835	✓	✓		✓	✓								
Cenpatico - Massachusetts	68068	837	✓	✓					✓	✓					
Cenpatico - Mississippi	68068	835	✓	✓		✓	✓								
Cenpatico - Mississippi	68068	837	✓	✓					✓	✓					
Cenpatico - Missouri	68068	835	✓	✓		✓	✓								
Cenpatico - Missouri	68068	837	✓	✓					✓	✓					
Cenpatico - Ohio	68068	835	✓	✓		✓	✓								
Cenpatico - Ohio	68068	837	✓	✓					✓	✓					
Cenpatico - South Carolina	68068	835	✓	✓		✓	✓								
Cenpatico - South Carolina	68068	837	✓	✓					✓	✓					
Cenpatico - Texas	68068	835	✓	✓		✓	✓								
Cenpatico - Texas	68068	837	✓	✓					✓	✓					
Cenpatico - Wisconsin	68068	835	✓	✓		✓	✓								
Cenpatico - Wisconsin	68068	837	✓	✓					✓	✓					
Cenpatico Behavioral Health	68068	835	✓	✓		✓	✓								
Cenpatico Behavioral Health	68068	837	✓	✓					✓	✓					
Centauri Health Solutions	14043	837	✓						✓						Formerly NHI Billing Services. Claims enrollment not required; however, payer must be notified prior to sending claims to a new provider.
Centene Medical	68069	835	✓	✓		✓	✓								
Centene Medical	68069	837	✓	✓					✓	✓		✓	✓		
Center for Elders Independence	94312	837	✓	✓					✓	✓					
Center IPA	POP01	837		✓											
CenterLight Healthcare	13360	837	✓	✓											
Centers Plan for Healthy Living	CPHL1	835	✓	✓		✓	✓								
Centers Plan for Healthy Living	CPHL1	837	✓	✓					✓	✓					
Centinela Valley IPA	MPM03	837	✓	✓					✓	✓					
Centivo	45564	835	✓	✓		✓	✓								
Centivo	45564	837	✓	✓											
CentraCare	66698	837	✓	✓											
Central & Southwest Services	75177	837		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Christus Texas Medicaid	45210	837	✓	✓					✓	✓					
CIGNA	62308	835	✓	✓	✓	✓	✓	✓							
CIGNA	62308	837	✓	✓	✓				✓	✓	✓				
CIGNA - (Health Partners)	KQJVH	835	✓	✓		✓	✓								
CIGNA - (Health Partners)	KQJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
CIGNA - PPA	62308	835	✓	✓		✓	✓								
CIGNA - PPA	62308	837	✓	✓					✓	✓					
CIGNA - PPO	62308	835	✓	✓		✓	✓								
CIGNA - PPO	62308	837	✓	✓					✓	✓					
CIGNA (Non-HAP & CIGNA-HAP)	KDJVH	835	✓	✓		✓	✓								
CIGNA (Non-HAP & CIGNA-HAP)	KDJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
CIGNA Behavioral Health	62308	835	✓	✓		✓	✓								ERA Payer Code 62308
CIGNA Behavioral Health	MCCBV	837	✓												ERA Payer Code 62308
CIGNA Behavioral Health	SX071	837		✓						✓					ERA Payer Code 62308
CIGNA Dental	62308	835			✓						✓				
CIGNA Dental	62308	837			✓							✓			
Cigna Encounters	99139	837	✓	✓											
CIGNA Health Plan - HMO	62308	835	✓	✓		✓	✓								
CIGNA Health Plan - HMO	62308	837	✓	✓					✓	✓					
CIGNA Medicare Advantage	62308	835	✓	✓		✓	✓								
CIGNA Medicare Advantage	86033	837	✓	✓											ERA Payer Code 62308
Cigna-Healthspring	52192	835	✓	✓		✓	✓								
Cigna-Healthspring	52192	837	✓	✓											
Cincinnati Financial Corporation	46871	837	✓	✓					✓	✓					Payer code being deactivated; send claims to payer code 37283
CITIZENS CHOICE HEALTH PLAN	CCHPC	835	✓	✓		✓	✓								
CITIZENS CHOICE HEALTH PLAN	CCHPC	837	✓	✓											
Citrus Valley IPA	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Citrus Valley IPA	NMM01	837	✓	✓											Formerly known as Network Medical Management
Citrust Health Plan	10207	837	✓	✓					✓	✓					
City Of New Orleans (LA)	J2309	837	✓												
ClaimChoice Administrators	83063	835	✓	✓		✓	✓								
ClaimChoice Administrators	83063	837	✓	✓											
ClaimChoice Administrators (DOS >1.1.21)	38219	835	✓	✓		✓	✓								formerly known as AmeraPlan
ClaimChoice Administrators (DOS >1.1.21)	38219	837	✓	✓											formerly known as AmeraPlan

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Claims Development Corporation	43056	837		✓											
ClaimsBridge HPN	11752	837	✓	✓											
Claimshop- Employers Coalition on Health - MULTIPLAN PHCS/ECOH	27008	837	✓	✓											
Clear Health Alliance	CLEAR	835	✓	✓		✓	✓								
Clear Health Alliance	CLEAR	837	✓	✓					✓	✓		✓	✓		
Clear Spring Heath	85468	835	✓	✓		✓	✓								
Clear Spring Heath	85468	837	✓	✓					✓	✓					
Clearchoice Health Plan / COIHS	77201	837		✓						✓					
Clearwater Benefit Administrators	DCRSS	837	✓	✓					✓	✓					
Clever Care Health Plan	CC168	837	✓	✓											
Client First	41201	837	✓	✓											
Clinicas del Camino Real	CDCR1	835	✓	✓											
Clinicas del Camino Real	CDCR1	837	✓	✓					✓	✓					
Clover Health	13285	835	✓	✓		✓	✓								
Clover Health	13285	837	✓	✓											
CMHC	02041	837	✓						✓						
Coachella Valley Physicians	IP079	835	✓	✓		✓	✓								
Coachella Valley Physicians	IP079	837	✓	✓											
CoachellaMed	COMG1	835	✓	✓											
CoachellaMed	COMG1	837	✓	✓											
Coastal Administrative Services	77052	835	✓	✓		✓	✓								
Coastal Administrative Services	77052	837	✓	✓											
Coastal Care Services Inc	47394	837		✓											
Coastal Communities Physician Network	51579	837	✓	✓											
Coeur Plan Services, LLC	11854	837	✓	✓	✓										
Cofinity - Group Resources	42049	837	✓	✓											
Colonial Life (ERA Only)	37077	835	✓	✓		✓	✓								
Colonial Medical	22284	837	✓	✓											
Colorado Access	84129	835	✓	✓		✓	✓								
Colorado Access	84129	837	✓	✓					✓	✓					
Colorado Community Health Alliance	COCHA	835	✓	✓		✓	✓								
Colorado Community Health Alliance	COCHA	837	✓	✓								✓	✓		
Colorado Health OP	49718	837	✓	✓											
Colorado Medicaid	77016	835	✓	✓		✓	✓								
Colorado Medicaid	77016	837	✓	✓		✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Colorado Medicare	12M03	835	✓			✓									
Colorado Medicare	12M03	837	✓			✓			✓						
Colorado Medicare	SMCO0	835		✓			✓								
Colorado Medicare	SMCO0	837		✓			✓			✓					
Commerce Benefits Group	34181	835	✓	✓		✓	✓								
Commerce Benefits Group	34181	837	✓	✓											
Commercial Travelers/PHX	88091	835	✓	✓		✓	✓								
Commercial Travelers/PHX	88091	837	✓	✓											
Common Ground Health Cooperative	77170	835	✓	✓		✓	✓								
Common Ground Health Cooperative	77170	837	✓	✓											
Commonwealth Care Alliance	14315	835	✓	✓		✓	✓								
Commonwealth Care Alliance	14315	837	✓	✓											
Commonwealth Care Alliance - Medicare Advantage	14316	837	✓	✓											
Commonwealth Care Alliance (DOS > 4/1/23)	A2793	835	✓	✓		✓	✓								
Commonwealth Care Alliance (DOS > 4/1/23)	A2793	837	✓	✓											Effective 4/1/23, claims with DOS after April 1st should be submitted to new payer code A2793. For transactions prior to 4/1/23, use 14315 and 14316.
CommuniCare Advantage	34525	837	✓	✓											
Community Care Alliance of Illinois	85468	837	✓	✓					✓	✓					
Community Care Associates (Healthchoice)	JWJVH	835	✓	✓		✓	✓								
Community Care Associates (Healthchoice)	JWJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Community Care Associates.(HealthChoice)	17902	837		✓						✓					
Community Care BHO	23282	835	✓	✓		✓	✓								
Community Care BHO	23282	837	✓	✓											
Community Care Health	CCH25	837	✓	✓					✓	✓					For dates of service on/after 01/01/2025.
Community Care Inc. - Family Care (Wisconsin)	60995	835	✓	✓		✓	✓								
Community Care Inc. - Family Care (Wisconsin)	60995	837	✓	✓											
Community Care Inc. (Wisconsin)	39126	835	✓	✓		✓	✓								
Community Care Inc. (Wisconsin)	39126	837	✓	✓					✓	✓					
Community Care IPA	MPM48	835	✓	✓		✓	✓								
Community Care IPA	MPM48	837	✓	✓											Former payer code CCI01
Community Care Managed Health Care Plans of Oklahoma	73143	835	✓	✓		✓	✓								
Community Care Managed Health Care Plans of Oklahoma	73143	837	✓	✓					✓	✓					
Community Care Plan	59064	835	✓	✓		✓	✓								formerly known as South Florida Community Care Network - SFCCN

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Consociate Group	37135	837	✓	✓					✓	✓					
Consolidated Associates Railroad	75284	837	✓	✓											
Consolidated Health Plans	87843	835	✓	✓		✓	✓								
Consolidated Health Plans	87843	837	✓	✓											
Consumer's Mutual Insurance	KWJVH	835	✓	✓		✓	✓								
Consumer's Mutual Insurance	KWJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Consumers Choice Health SC	45321	835	✓	✓		✓	✓								
Consumers Choice Health SC	45321	837	✓	✓					✓	✓					
Consumers Life Insurance Company	29076	835	✓	✓		✓	✓								
Consumers Life Insurance Company	29076	837	✓	✓					✓	✓					
Container Graphics Corporation	08680	837	✓	✓					✓	✓					
Contessa Health	99433	837	✓	✓											
Contessa Health	CH201	835	✓	✓		✓	✓								
Contigo Health	34158	837	✓	✓											
Continental General Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓								
Continental General Ins Co-Medicare Supplement	13193	837	✓	✓											
Continental General Insurance Company	71404	835	✓	✓		✓	✓								
Continental General Insurance Company	71404	837	✓	✓											Claim Address: PO Box 21670 Eagan MN 55121
Continuum (formerly Marrick WRx)	46478	837	✓	✓											
Continuum Health Solutions (Workers Comp)	59557	837	✓	✓					✓	✓					
CONTRA COSTA BEHAVIORAL HEALTH PLAN	CCMHP	837		✓											
CONTRA COSTA HEALTH PLAN	CCHS	835	✓	✓		✓	✓								
CONTRA COSTA HEALTH PLAN	CCHS	837	✓	✓											
Contractors, Laborers, Teamsters & Engineers (Local 14B)	47046	837	✓	✓					✓	✓					
Conversion Plan-APWU	55544	837	✓	✓											
Cook Children's Health	12T58	837	✓												
Cook Children's Health	TH104	837		✓											
Cook Childrens Health Plan Star	CCHP9	835	✓	✓		✓	✓								
Cook Childrens Health Plan Star	CCHP9	837	✓	✓					✓	✓					
Cook Group Health Plan	35149	837	✓	✓					✓	✓					
Cook Medical Group	60065	837	✓	✓											
Cooks Children's Health Plan	CCHP1	835	✓	✓		✓	✓								
Cooks Children's Health Plan	CCHP1	837	✓	✓											
Cooperative Benefit Administrators (CBA)	39026	835	✓	✓		✓	✓								
Cooperative Benefit Administrators (CBA)	39026	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
CVS Accountable Care	CVSACO	835	✓	✓		✓	✓								
Davis Vision	00157	835		✓			✓								
Davis Vision	00157	837		✓											
DC Risk Solutions	DCRSS	837	✓	✓					✓	✓					
Dean Health Plan	39113	835	✓	✓		✓	✓								
Dean Health Plan	39113	837	✓	✓					✓	✓					
Dean Health Plan by Medica	41822	837	✓	✓					✓	✓					Inst: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time. ; Prof: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time.;
DELANO IPA	77124	835		✓			✓								
DELANO IPA	77124	837		✓											
Delaware First Health	68069	835	✓	✓		✓	✓								
Delaware First Health	68069	837	✓	✓					✓	✓		✓	✓		
Delaware Medicaid	12K87	835	✓			✓									
Delaware Medicaid	12K87	837	✓						✓						
Delaware Medicaid	SKDE0	835		✓			✓								
Delaware Medicaid	SKDE0	837		✓					✓						
Delaware Medicare	12M76	835	✓			✓									
Delaware Medicare	12M76	837	✓			✓			✓						
Delaware Medicare	SMDE0	835		✓			✓								
Delaware Medicare	SMDE0	837		✓			✓			✓					
Dell Children's Health Plan (DCHP)	38261	835	✓	✓		✓	✓								
Dell Children's Health Plan (DCHP)	38261	837	✓	✓											
Delta Dental (DDIC)	94276	835			✓			✓							
Delta Dental (DDIC)	94276	837			✓						✓				
Delta Dental CA FedVIP	CDCA1	835			✓			✓							
Delta Dental CA FedVIP	CDCA1	837			✓						✓				
Delta Dental Northeast	02027	835			✓			✓							
Delta Dental Northeast	02027	837			✓						✓			✓	
Delta Dental of Alabama	DDAL1	835			✓			✓							
Delta Dental of Alabama	DDAL1	837			✓						✓			✓	
Delta Dental of Alaska	DDAK1	835			✓			✓							
Delta Dental of Alaska	DDAK1	837			✓						✓				
Delta Dental of Arizona	86027	835			✓			✓							
Delta Dental of Arizona	86027	837			✓						✓			✓	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental of Arkansas	DDPAR	835			✓			✓							
Delta Dental of Arkansas	DDPAR	837			✓						✓			✓	
Delta Dental of California	77777	835			✓			✓							
Delta Dental of California	77777	837			✓						✓				
Delta Dental of Colorado	DDPCO	835			✓			✓							
Delta Dental of Colorado	DDPCO	837			✓						✓			✓	
Delta Dental of Connecticut	22189	835			✓			✓							
Delta Dental of Connecticut	22189	837			✓						✓			✓	
Delta Dental of Delaware	51022	835			✓			✓							
Delta Dental of Delaware	51022	837			✓						✓				
Delta Dental of Florida	DDFL1	835			✓			✓							
Delta Dental of Florida	DDFL1	837			✓						✓			✓	
Delta Dental of Georgia	DDGA1	835			✓			✓							
Delta Dental of Georgia	DDGA1	837			✓						✓				
Delta Dental of Idaho	82029	835			✓			✓							
Delta Dental of Idaho	82029	837			✓						✓			✓	
Delta Dental of Illinois	05030	835			✓			✓							
Delta Dental of Illinois	05030	837			✓						✓			✓	
Delta Dental of Illinois - Individual	IDIND	835			✓			✓							
Delta Dental of Illinois - Individual	IDIND	837			✓						✓			✓	
Delta Dental of Indiana	DDPI	835			✓			✓							
Delta Dental of Indiana	DDPI	837			✓						✓			✓	
Delta Dental of Iowa	CDIA1	835			✓										
Delta Dental of Iowa	CDIA1	837			✓						✓			✓	
Delta Dental of Kansas	CDKS1	835			✓			✓							
Delta Dental of Kansas	CDKS1	837			✓						✓				
Delta Dental of Kentucky	CDKY1	835			✓			✓							
Delta Dental of Kentucky	CDKY1	837			✓						✓			✓	
Delta Dental of Louisiana	DDLA1	835			✓			✓							
Delta Dental of Louisiana	DDLA1	837			✓						✓			✓	
Delta Dental of Maryland	DDMD1	835			✓			✓							
Delta Dental of Maryland	DDMD1	837			✓						✓				
Delta Dental of Massachusetts	04614	835			✓			✓							
Delta Dental of Massachusetts	04614	837			✓						✓			✓	
Delta Dental of Michigan	DDPM	835			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental of Michigan	DDPM	837			✓						✓			✓	
Delta Dental of Minnesota	07000	835			✓			✓							
Delta Dental of Minnesota	07000	837			✓						✓			✓	
Delta Dental of Mississippi	DDMS1	835			✓			✓							
Delta Dental of Mississippi	DDMS1	837			✓						✓			✓	
Delta Dental of Missouri	43090	835			✓			✓							
Delta Dental of Missouri	43090	837			✓						✓			✓	
Delta Dental of Montana	DDMT1	835			✓			✓							
Delta Dental of Montana	DDMT1	837			✓						✓			✓	
Delta Dental of Nebraska	07027	835			✓			✓							
Delta Dental of Nebraska	07027	837			✓						✓			✓	
Delta Dental of Nevada	DDNV1	835			✓			✓							
Delta Dental of Nevada	DDNV1	837			✓						✓			✓	
Delta Dental of New Jersey	22189	835			✓			✓							
Delta Dental of New Jersey	22189	837			✓						✓			✓	
Delta Dental of New Mexico	DDPNM	835			✓			✓							
Delta Dental of New Mexico	DDPNM	837			✓						✓			✓	
Delta Dental of New York	11198	835			✓			✓							
Delta Dental of New York	11198	837			✓						✓				
Delta Dental of North Carolina	56101	835			✓			✓							
Delta Dental of North Carolina	56101	837			✓						✓			✓	
Delta Dental of North Dakota	07029	835			✓			✓							
Delta Dental of North Dakota	07029	837			✓						✓			✓	
Delta Dental of Ohio	DDPO	835			✓			✓							
Delta Dental of Ohio	DDPO	837			✓						✓			✓	
Delta Dental of Oklahoma	DDPOK	835			✓			✓							
Delta Dental of Oklahoma	DDPOK	837			✓						✓			✓	
Delta Dental of Oregon	CDOR1	835			✓			✓							
Delta Dental of Oregon	CDOR1	837			✓						✓				
Delta Dental of Pennsylvania	23166	835			✓			✓							
Delta Dental of Pennsylvania	23166	837			✓						✓				
Delta Dental of Puerto Rico	66043	835			✓			✓							
Delta Dental of Puerto Rico	66043	837			✓						✓			✓	
Delta Dental of Rhode Island	05029	835			✓			✓							
Delta Dental of Rhode Island	05029	837			✓						✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental of South Carolina	43091	835			✓			✓							
Delta Dental of South Carolina	43091	837			✓					✓			✓		
Delta Dental of South Dakota	54097	837			✓					✓			✓		
Delta Dental of Tennessee	DDPTN	835			✓			✓							
Delta Dental of Tennessee	DDPTN	837			✓					✓			✓		
Delta Dental of Texas	DDTX1	835			✓			✓							
Delta Dental of Texas	DDTX1	837			✓					✓			✓		
Delta Dental of Utah	DDUT1	835			✓			✓							
Delta Dental of Utah	DDUT1	837			✓					✓			✓		
Delta Dental of Virginia	54084	835			✓			✓							
Delta Dental of Virginia	54084	837			✓					✓					
Delta Dental of Washington	91062	835			✓			✓							
Delta Dental of Washington	91062	837			✓					✓					
Delta Dental of Washington DC	52147	835			✓			✓							
Delta Dental of Washington DC	52147	837			✓					✓					
Delta Dental of West Virginia	31096	835			✓			✓							
Delta Dental of West Virginia	31096	837			✓					✓			✓		
Delta Dental of Wisconsin	39069	835			✓			✓							
Delta Dental of Wisconsin	39069	837			✓					✓			✓		
Delta Dental of Wisconsin - Individual	WDENC	835			✓			✓							
Delta Dental of Wisconsin - Individual	WDENC	837			✓										
Delta Dental of Wyoming	CDWY1	835			✓			✓							
Delta Dental of Wyoming	CDWY1	837			✓					✓			✓		
Delta Dental Wisconsin Medicare Advantage	WIMAN	837			✓					✓			✓		
Delta Health Systems	DHS01	835	✓	✓		✓	✓								
Delta Health Systems	DHS01	837	✓	✓					✓	✓					
Delta Minnesota M.A. Public Programs	07031	837			✓					✓			✓		
DELTACARE USA	DDCA2	835			✓			✓							
DELTACARE USA	DDCA2	837			✓					✓					
Dental Professionals of Wisconsin	39148	837			✓					✓					
DentaQuest Government Plans	CX014	835			✓			✓							
DentaQuest Government Plans	CX014	837			✓										
DentaQuest Vision	63740	835		✓			✓								Also known as EyeQuest
DentaQuest Vision	63740	837		✓											
Dentegra	88888	835			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Dignity Health MSO	27133	837	✓	✓											
Dignity Health MSO	MCS03	835	✓	✓		✓	✓								
Direct Care Administrators	DCA62	837		✓						✓					
District 9 Machinists Wel	MWELT	835	✓	✓	✓										ERA Only for 837I, 837P, and 837D
District of Columbia Medicaid	12001	835	✓			✓									
District of Columbia Medicaid	12001	837	✓			✓			✓						
District of Columbia Medicaid	SKDC0	835		✓			✓								
District of Columbia Medicaid	SKDC0	837		✓			✓			✓					
District of Columbia Medicare	12M63	837	✓			✓									
District of Columbia Medicare	SMDCO	835		✓			✓								
District of Columbia Medicare	SMDCO	837		✓			✓			✓					
Diversified Administration Corporation	06102	837	✓	✓											
Diversified Benefit Administrators	DBA20	835	✓	✓		✓	✓								
Diversified Benefit Administrators	DBA20	837	✓	✓					✓	✓					
DMC Care	JSJVH	835	✓	✓		✓	✓								
DMC Care	JSJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Doctors Healthcare Plans	DRHCP	835	✓	✓		✓	✓								
Doctors Healthcare Plans	DRHCP	837	✓	✓											
Dolton Medical Group	DOLMG	837	✓	✓					✓	✓					
Dominion Dental	DOM01	837			✓									✓	
Downey Select IPA	APP01	835	✓	✓		✓	✓								
Downey Select IPA	APP01	837	✓	✓					✓	✓					
Dreyer Health	DREYR	837		✓						✓					
Driscoll Children's Health Plan	74284	835	✓	✓		✓	✓								
Driscoll Children's Health Plan	74284	837	✓	✓											
Dunn and Associates Benefits Administrators Inc.	35186	835	✓	✓		✓	✓								
Dunn and Associates Benefits Administrators Inc.	35186	837	✓	✓											
DuPage Medical Group	57140	835	✓	✓		✓	✓								
E-V Benefits Management Inc (Columbus OH)	34159	837	✓	✓											
E.S. BEVERIDGE & ASSOCIATES	34108	837	✓	✓											
Early Intervention Central	TH084	837		✓											
East Boston Neighborhood Pace	25849	835	✓	✓		✓	✓								
East Boston Neighborhood Pace	25849	837	✓	✓											
East Pointe Behavioral Health	08044	837	✓	✓					✓	✓					For claims with date of service on or after 7/1/2023.
Eastern Iowa Community Healthcare (EICH)	23861	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Eastland Medical Group	66122	837	✓	✓											
Easy Access Care IPA	EAIIPA	837	✓	✓					✓	✓					
Easy Care MSO	ECMSO	837	✓	✓											
Easy Choice Health Plan of California	20532	837	✓	✓					✓	✓					
Easy Choice Health Plan of New York	24770	837	✓	✓											
EBIX HEALTH ADMINISTRATION EXCHANGE (EHAE)	IAC01	837	✓	✓											
EBMC	31074	835	✓	✓		✓	✓								
EBMC	31074	837	✓	✓											
EBMS (Employee Benefit Management Services Inc.)	12X44	837	✓						✓						ERA Payer Code 81039
EBMS (Employee Benefit Management Services Inc.)	81039	835	✓	✓		✓	✓								
EBMS (Employee Benefit Management Services Inc.)	81039	837		✓						✓					ERA Payer Code 81039
Edison Health	66456	835	✓	✓		✓	✓								
Edison Health	66456	837	✓	✓											
Educator's Mutual (EMIA)	SX110	837		✓			✓			✓					
EGID (Employees Group Insurance Division)	22521	837	✓	✓											
EHS Medical Group - Fresno	SYMED	837	✓	✓											
El Paso First - CHIP	12T27	837	✓												
El Paso First - CHIP	TH090	837		✓											
El Paso First Health Plan Premier Plan Star Medicaid HMO	EPF02	835	✓	✓		✓	✓								
El Paso First Health Plan Premier Plan Star Medicaid HMO	EPF02	837	✓	✓		✓	✓								
EL PASO HEALTH ADVANTAGE DUAL SNP (HMO D-SNP)	EPF07	835	✓	✓		✓	✓								
EL PASO HEALTH ADVANTAGE DUAL SNP (HMO D-SNP)	EPF07	837	✓	✓					✓	✓					
El Proyecto Del Barrio	MPM04	837	✓	✓					✓	✓					
Elderhaus Inc.	64192	837	✓	✓											
ElderPlan Inc.	31625	835	✓	✓		✓	✓								
ElderPlan Inc.	31625	837	✓	✓											
Elderwood Health	03964	837	✓	✓											
Element Care Inc.	04326	835	✓	✓		✓	✓								
Element Care Inc.	04326	837	✓	✓											
elipsLife (ERA Only)	IAS20	835	✓	✓		✓	✓								ERA Only
Emanate Health IPA	MPM62	837	✓	✓					✓	✓					New payer effective 1/1/23
Emanate Health IPA (NMM)	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Emanate Health IPA (NMM)	NMM01	837	✓	✓											Formerly known as Network Medical Management
Emanate Health Med Center NMM	MPM46	837	✓	✓					✓	✓					
Emanate Health Med Center PDT MSO	MPM47	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Emblem Dental	11271	837			✓						✓			✓	
Emblem Dental	EMBDQ	837			✓						✓			✓	
Emerald Health Network Inc. (All PPO Business)	34167	837	✓	✓											
Emergency Medical Services Fund - Orange County CA	95600	837		✓											
EMHS Employee Health Plan	16565	835	✓	✓		✓	✓								
EMHS Employee Health Plan	16565	837	✓	✓					✓	✓					
EMI Health	SX110	835	✓	✓		✓	✓								
EMI Health	SX110	837	✓	✓		✓	✓		✓	✓					
EMI-KP Ambulance Claims	59299	837		✓											
Empire Dental	55093	835			✓					✓					
Empire Dental	55093	837			✓						✓				✓
Empire Healthcare IPA	EHI01	835	✓	✓		✓	✓								
Empire Healthcare IPA	EHI01	837	✓	✓					✓	✓					
Empire Omnipro (BC NY City)	12B36	837	✓						✓						
Empire Omnipro (BC NY State)	12B35	837	✓						✓						
Empire Physician's Medical Group	EMP01	837		✓											
Employee Benefit Concepts (Farmington Hills MI)	38241	837	✓	✓											
Employee Benefit Consultants, Inc.	37257	835	✓	✓		✓	✓								
Employee Benefit Consultants, Inc.	37257	837	✓	✓	✓						✓				
Employee Benefit Logistics	92135	835	✓	✓		✓	✓								
Employee Benefit Logistics	92135	837	✓	✓					✓	✓					
Employee Benefit Services	37216	835	✓	✓		✓	✓								
Employee Benefit Services	37216	837	✓	✓					✓	✓					
Employee Benefit Services Inc. (EBSI)	60221	837	✓	✓											
Employee Benefit Systems	42149	837	✓	✓											
Employee Benefits Administration & Management Company	22262	835		✓			✓								
Employee Benefits Administration & Management Company	22262	837		✓											
Employee Benefits Plan Administration Inc. (E.B.P.A.)	03036	835	✓	✓		✓	✓								
Employee Benefits Plan Administration Inc. (E.B.P.A.)	03036	837	✓	✓											
Employee Health Systems	SYMED	837	✓	✓											
Employee Plans LLC	35112	837	✓	✓											
Employee Security, Inc.	54098	837		✓						✓					
Employer Direct Healthcare	48888	837	✓	✓											
Employer Plan Services, Inc.	74212	835	✓	✓		✓	✓								aka Fringe Benefit Group - Houston
Employer Plan Services, Inc.	74212	837	✓	✓					✓	✓					aka Fringe Benefit Group - Houston

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Excellus - Blue Cross Blue Shield Central NY	SB805	837		✓						✓					
Excellus - Blue Cross Blue Shield Rochester Area	12B40	835	✓			✓									
Excellus - Blue Cross Blue Shield Rochester Area	12B40	837	✓												
Excellus - Blue Cross Blue Shield Rochester Area	SB804	835		✓			✓								
Excellus - Blue Cross Blue Shield Rochester Area	SB804	837		✓						✓					
ExclusiCare	71412	835	✓	✓		✓	✓								
ExclusiCare	71412	837	✓	✓											
Exemplar Health	83383	837	✓	✓					✓	✓					
Extended Care MLTC	46166	837	✓	✓					✓	✓					
Eye Management, Inc. (EMI)	65062	837		✓											
F40 Alaska Carpenters Trust	91136	837	✓												
FABOH(CHP/RPU)	39112	837	✓	✓					✓	✓					
Facey Medical Foundation	95432	835		✓											Payer returns ERA automatically upon claim submission
Facey Medical Foundation	95432	837		✓											
FACS Group	37300	837	✓	✓											
Fallon Community Health Plan	22254	835	✓	✓		✓	✓								
Fallon Community Health Plan	22254	837	✓	✓											
Family Care Specialists (FCS)	MPM40	837	✓	✓					✓	✓					Formerly payer code FCS01
Family Choice Medical Group	CAPMN	835	✓	✓		✓	✓								
Family Choice Medical Group	CAPMN	837	✓	✓					✓	✓					
Family Practice Medical Group	10145	835	✓	✓		✓	✓								
Family Practice Medical Group	10145	837	✓	✓											
Family Seniors Medical Group	HCMG1	837	✓	✓					✓	✓					
Farm Bureau Health Plans (ERA Only)	62045	835	✓	✓		✓	✓								
Farm Bureau Health Plans & MAPD	RP061	837	✓	✓											
FCE Benefit Administrators	33033	835	✓	✓		✓	✓								
FCE Benefit Administrators	33033	837	✓	✓					✓	✓					
FCL Dental	CX090	837			✓						✓			✓	
FDNY World Trade Center Health Plan	FDNYP	837		✓			✓								
FDNY World Trade Center Health Plan	FDNYU	837	✓			✓									
Federal Employee Plan of South Carolina (BCBS SC)	00402	835	✓	✓		✓	✓								
Federal Employee Plan of South Carolina (BCBS SC)	00402	837	✓	✓											
Federated Benefits	37300	837	✓	✓											
Federated HR Services	37300	837	✓	✓											
Fenix Medical Group	60818	835	✓	✓		✓	✓								EFT enrollment required to obtain ERA's

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Florida Community Care	FLCCR	837	✓	✓					✓	✓					
Florida Complete Care	FLCPC	835	✓	✓		✓	✓								
Florida Complete Care	FLCPC	837	✓	✓											
Florida First	59276	837		✓											
Florida Health Administrators	86753	835	✓	✓		✓	✓								
Florida Health Administrators	86753	837	✓	✓					✓	✓					
Florida Health Care Plan	59322	837	✓	✓											
Florida Hospital Orlando VBR	VB001	837	✓	✓					✓	✓					
Florida Medicaid	77027	835	✓	✓		✓	✓								
Florida Medicaid	77027	837	✓	✓		✓	✓		✓	✓					
Florida Medicare	09101	835	✓			✓									
Florida Medicare	09101	837	✓			✓									
Florida Medicare	09102	835		✓			✓								
Florida Medicare	09102	837		✓			✓			✓					
Florida PACE Center	FLPAC	837	✓	✓											
Flume Health	FH205	837	✓	✓											
FMH Benefit Services Inc.	48117	835	✓	✓		✓	✓								
FMH Benefit Services Inc.	48117	837	✓	✓											
Forest County Potawatomi Insurance	25059	835	✓	✓		✓	✓								
Forest County Potawatomi Insurance	25059	837	✓	✓	✓							✓			
Foundation for Medical Care of Tulare & Kings County	TKFMC	837	✓	✓											
Fountain Valley IPA	CAPMN	837	✓	✓					✓	✓					
Fox Valley Medicine Site 199	FVMCH	837	✓	✓											
Fox-Everett Inc.	64069	835	✓	✓		✓	✓								
Fox-Everett Inc.	64069	837	✓	✓	✓							✓			
Franciscan Purdue	FAIPUR	835	✓	✓		✓	✓								
Franciscan Purdue	FAIPUR	837	✓	✓											
Freedom Claims Management	67136	837	✓	✓					✓	✓					
Freedom Health Plan	41212	835	✓	✓		✓	✓								
Freedom Health Plan	41212	837	✓	✓											
Freedom Life Insurance	62324	837	✓	✓											
Freedom Life Insurance	USHA1	835	✓	✓		✓	✓								
Friant Water Users	TKFMC	837	✓	✓											
Friday Health Plans	H0657	835	✓	✓		✓	✓								Formerly known as Colorado Choice Health Plans
Friday Health Plans	H0657	837	✓	✓					✓	✓					Formerly known as Colorado Choice Health Plans

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Fringe Benefit Coordinators	59204	835	✓	✓		✓	✓								
Fringe Benefit Coordinators	59204	837	✓	✓					✓	✓					
Fringe Benefit Group	45289	835	✓	✓		✓	✓								
Fringe Benefit Group	45289	837	✓	✓											
Fringe Benefit Management	59069	837	✓	✓											
FrontPath Health Coalition	34171	837	✓	✓											
Galveston County Indigent Health Care	30005	837	✓	✓											
Garden State Life Insurance Company (ERA Only)	IAS24	835	✓	✓		✓	✓								ERA Only
Gardena Memorial Medical Center	SYMED	837	✓	✓											
Gary and Mary West Pace	GMWP1	837	✓	✓											
Gateway	SX078	837		✓						✓					
Gateway Health Plan - Medicare Assured	60550	835	✓	✓		✓	✓								
Gateway Health Plan - Medicare Assured	60550	837	✓	✓											
Gateway Health Plan Medicaid PA	25169	835	✓	✓		✓	✓								
Gateway Health Plan Medicaid PA	25169	837	✓	✓											
Gateway IPA (Pinnacle Health Resources) (Prospect Medical Group)	PROSP	835		✓											
Gateway IPA (Pinnacle Health Resources) (Prospect Medical Group)	PROSP	837		✓						✓					
GBS Group Benefit Services, Inc	80241	837	✓	✓											
Geisinger Health Plan	75273	835	✓	✓		✓	✓								
Geisinger Health Plan	75273	837	✓	✓						✓					
Geisinger Health Plan	GHP22	835			✓			✓							
Geisinger Health Plan	GHP22	837			✓						✓				
GEMCare (Golden Empire Managed Care System)	MCS01	835		✓			✓								
GEMCare (Golden Empire Managed Care System)	MCS01	837		✓											
Gemcare Health Plan	20376	837	✓	✓											
GemCare Health Plan, Kern County EPO	MCS03	835	✓	✓		✓	✓								
Gemcare IPA	27133	837	✓	✓											
General Vision Services	GVS01	837		✓											
Generations Healthcare	46050	837	✓	✓											
Generations-Hillcrest	46051	835	✓	✓											
Generations-Hillcrest	46051	837	✓	✓											
Genesee Health Plan (JVHL)	MBJVH	835	✓	✓		✓	✓								
Genesee Health Plan (JVHL)	MBJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Genesis Healthcare	PROSP	835	✓	✓											
Genesis Healthcare	PROSP	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Great-West Healthcare	80705	837	✓	✓											
Great-West Healthcare (formerly American General)	63665	837	✓	✓											
Greater Covina Medical Group	GCMG1	837		✓											
Greater Newport Physicians	GNPMG	835	✓	✓		✓	✓								
Greater Newport Physicians	GNPMG	837	✓	✓					✓	✓					
Greater Newport Physicians Medical Group	33010	837	✓	✓											
Greater Orange County Medical Group	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Greater Orange County Medical Group	NMM01	837	✓	✓											Formerly known as Network Medical Management
Greater San Gabriel Med Grp	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
Greater San Gabriel Med Grp	NMM01	837	✓	✓											Formerly known as Network Medical Management
Greater Valley	HCP01	837	✓						✓						This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Group Administrators Ltd.	36338	835	✓	✓		✓	✓								
Group Administrators Ltd.	36338	837	✓	✓	✓										
Group and Pension Administrators	48143	835	✓	✓	✓	✓	✓	✓							
Group and Pension Administrators	48143	837	✓	✓	✓										
Group Benefit Services Inc.	CB951	835	✓	✓		✓	✓								
Group Benefit Services Inc.	CB951	837	✓	✓											
Group Benefits - Louisiana	72087	837		✓											
Group Health Co-op	12X16	837	✓												
Group Health Cooperative of South Central Wisconsin	39167	835	✓	✓		✓	✓								
Group Health Cooperative of South Central Wisconsin	39167	837	✓	✓											
Group Insurance Service Center Inc.	37276	837	✓	✓											
Group Management Services Inc	OBA16	837	✓	✓											
Group Marketing Services, Inc.	66701	835	✓	✓		✓	✓								
Group Marketing Services, Inc.	66701	837	✓	✓											
Group Resources	28680	837	✓	✓					✓	✓					
Guarantee Trust Life Insurance	TLW81	835	✓	✓		✓	✓								
Guardian Life Insurance Company of America	64246	835	✓	✓	✓	✓	✓	✓							
Guardian Life Insurance Company of America	64246	837	✓	✓	✓						✓			✓	
Guidant Health Plan	GHP01	837	✓	✓											
Gulf Guaranty	99943	837	✓	✓					✓	✓					
Gulf Guaranty	99953	835	✓	✓		✓	✓								
Gulf South	60389	837	✓	✓	✓				✓	✓	✓				
Gulf Stream-General Dynamics	CB624	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Gundersen Health Plan	39180	835	✓	✓		✓	✓								
Gundersen Health Plan	39180	837	✓	✓					✓	✓					
H.E.R.E.I.U Welfare Pension Funds	37114	837	✓	✓											
HAA Preferred Partners	65101	837	✓	✓											
Halcyon Behavioral Health	HALCY	837	✓	✓					✓	✓					
Hamaspik Choice	47738	835	✓	✓		✓	✓								
Hamaspik Choice	47738	837	✓	✓											
Hammerman and Gainer, Inc	97258	837	✓	✓											
HAP CareSource Michigan Dual Medicare Medicaid	MIMCRCS1	837	✓	✓											
HAP CareSource Michigan Marketplace	MICS1	835	✓	✓		✓	✓								
HAP CareSource Michigan Marketplace	MICS1	837	✓	✓											
HAP Midwest Health Plan (JVHL)	JBVH	835	✓	✓		✓	✓								
HAP Midwest Health Plan (JVHL)	JBVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
HAP/AHL/Curanet	38224	835	✓	✓		✓	✓								
HAP/AHL/Curanet	38224	837	✓	✓											
Harbor Health Plan	M1JVH	835	✓	✓		✓	✓								
Harbor Health Plan	M1JVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Harmony Health Plan of Illinois	14163	835	✓	✓		✓	✓								
Harmony Health Plan of Illinois	36406	837	✓	✓					✓	✓					ERA Payer Code 14163
Harmony Health Plan of Indiana	36405	835	✓	✓		✓	✓								
Harmony Health Plan of Indiana	36405	837	✓	✓						✓					ERA Payer Code 14163
Harpeth IPA - Amerivantage	75126	837		✓						✓					
Harrimon Jones	HCP01	837	✓						✓						This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Harrington Health Non-EPO	59143	837	✓	✓											
Harrington Health-Kansas (formerly known as Fiserv Health-Kansas)	62061	837	✓	✓											
Harris Methodist Health Plan	75201	837	✓												
Harvard Community Health Plan	04245	835	✓	✓		✓	✓								
Harvard Community Health Plan	04245	837	✓	✓					✓	✓					
Harvard Pilgrim	04271	835	✓	✓		✓	✓								
Harvard Pilgrim	04271	837	✓	✓					✓	✓					
Hawaii Dental Service	99010	835			✓						✓				
Hawaii Dental Service	99010	837			✓							✓			
Hawaii Mainland Administrators PHCS HMA Employees PMO	86070	837	✓	✓											
Hawaii Medicaid	12K62	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
HealthScope Benefits (UMR)	40026	837	✓	✓					✓	✓					Only for claims whose patient ID card shows 40026 as the payer ID.
HealthSelect IPA (IL)	SB621	837		✓						✓					ERA Payer Code 00621
HealthSmart -Noble Mid Orange	HSM01	837	✓	✓											
Healthsmart Accel	75237	837	✓	✓					✓	✓					
HealthSmart Benefit Solutions	37272	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions	37272	837	✓	✓											
HealthSmart Benefit Solutions	37283	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions	37283	837	✓	✓					✓	✓					
HealthSmart Benefit Solutions fka Wells Fargo TPA.Inc.	87815	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions fka Wells Fargo TPA.Inc.	87815	837	✓	✓					✓	✓					
HealthSmart Preferred Care Inc.	75250	837	✓	✓					✓	✓					
Healthsource AR (Med) (CIGNA)	71075	837	✓	✓					✓	✓					
Healthsource CMHC	02041	837	✓	✓					✓	✓					
Healthsource GA (CIGNA)	58210	837	✓	✓					✓	✓					
Healthsource KY	61127	837	✓	✓					✓	✓					
Healthsource Massachusetts Inc.	02041	837	✓	✓					✓	✓					
Healthsource ME	01041	837	✓	✓											
Healthsource N. TX (CIGNA)	75255	837	✓	✓					✓	✓					
Healthsource NC (CIGNA)	56147	837	✓	✓					✓	✓					
Healthsource NH	02038	837		✓						✓					
Healthsource OH	31141	837	✓	✓					✓	✓					
Healthsource Provident	68195	837	✓	✓					✓	✓					
Healthsource SC	06119	837	✓	✓					✓	✓					
Healthsource TN (CIGNA)	62129	837	✓	✓					✓	✓					
HealthSpring HMO/HealthSpring Medicare+Choice	63092	835	✓	✓		✓	✓								
HealthSpring HMO/HealthSpring Medicare+Choice	63092	837	✓	✓											
Healthsun Health Plans	HESUN	835	✓	✓		✓	✓								
Healthsun Health Plans	HESUN	837	✓	✓											
HealthTeam Advantage	88250	835	✓	✓		✓	✓								
HealthTeam Advantage	88250	837	✓	✓					✓	✓					
HealthTeam Advantage Diabetes and Heart Care Plan (DOS < 1/1/23)	88350	837	✓	✓											Effective 1/1/23, claims with 2023 DOS need to be submitted to payer code 88250
Healthways WholeHealth Networks	58213	837		✓											
Healthy Blue Kansas	00047	835	✓	✓		✓	✓								
Healthy Blue Kansas	00047	837	✓	✓								✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Highmark Blue Cross Blue Shield West Virginia	54828	837	✓	✓					✓	✓					Formerly Mountain State Blue Cross Blue Shield of West Virginia
Highmark Health Options Dual	47183	837	✓	✓											
Highmark Health Options West Virginia	RP118	837	✓	✓											2024.
Highmark Senior Solutions (PA)	95462	835	✓	✓		✓	✓								
Highmark Senior Solutions (PA)	95462	837	✓	✓		✓	✓		✓	✓					(aka Freedom Blue Medicare Advantage)
Highmark Senior Solutions (WV)	95461	835	✓	✓		✓	✓								
Highmark Senior Solutions (WV)	95461	837	✓	✓			✓		✓	✓					
Hill Physicians Medical Group	00046	837	✓	✓											
Hill Physicians Medical Group	HIL01	835	✓	✓		✓	✓								
HIP - Health Insurance Plan of Greater New York	55247	835	✓	✓		✓	✓								
HIP - Health Insurance Plan of Greater New York	55247	837	✓	✓					✓	✓					
Hispanic Physicians IPA	HPFFS	837		✓											
Hispanic Physicians IPA (Encounters Only)	HPIPA	837		✓											
HMA - Health Management Admin	12T11	837	✓												
HMA Hawaii	86066	835	✓	✓		✓	✓								
HMA Hawaii	86066	837	✓	✓											
HMC HealthWorks aka Health Management Co	75318	837	✓	✓											
HMO Louisiana Inc	84555	835	✓	✓		✓	✓								
HMO Louisiana Inc	84555	837	✓	✓											
HMSO-Highline Medical Service Organization	91164	837	✓	✓											
HN1 Therapy Network (HN1TN)	65062	837		✓											
Hoag Physician Partners	HPPZZ	835	✓	✓		✓	✓								
Hoag Physician Partners	HPPZZ	837	✓	✓											
Holista (Novant Health Direct to Employer)	HLSTA	835	✓	✓		✓	✓								
Holista (Novant Health Direct to Employer)	HLSTA	837	✓	✓											
Holista, LLC	ATHAL	837	✓	✓					✓	✓					
Hollywood Presbyterian Global	MPM29	837	✓	✓					✓	✓					
Hollywood Presbyterian Medical Center - Preferred	AMM18	837	✓	✓											
Hollywood Presbyterian Medical Center - San Judas IPA	AMM17	837	✓	✓											
Hollywood Presbyterian San Judas	MPM49	837	✓	✓					✓	✓					
Home Health & Hospice J6 NGS - Wisconsin (06001)	RHHWI	835	✓			✓									J6 Part A HHH – Contractor Code 06001. For any neighboring states, please reference the NGS Crosswalk to confirm contractor code.
Home Health & Hospice J6 NGS - Wisconsin (06001)	RHHWI	837	✓			✓									J6 Part A HHH – Contractor Code 06001. For any neighboring states, please reference the NGS Crosswalk to confirm contractor code.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
HSBS World Trade Center Health Program	31172	835	✓	✓		✓	✓								
HSBS World Trade Center Health Program	31172	837	✓	✓					✓	✓					
HSBS Medical Group IPA	37137	835	✓	✓		✓	✓								
HSBS Medical Group IPA	37137	837	✓	✓											
Humana (JVHL)	KVJVH	835	✓	✓		✓	✓								
Humana (JVHL)	KVJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Humana Choice Care Network	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Choice Care Network	61101	837	✓	✓					✓	✓		✓	✓		
Humana CompBenefits	CX021	835			✓			✓							
Humana CompBenefits	CX021	837			✓						✓				
Humana Dental	73288	835			✓			✓							
Humana Dental	73288	837			✓						✓			✓	
Humana Dermatology - New Century Health	NCH02	837		✓											
Humana EmpheSys	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana EmpheSys	61101	837	✓	✓					✓	✓		✓	✓		
Humana Employers Health Insurance	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Employers Health Insurance	61101	837	✓	✓					✓	✓		✓	✓		
Humana Inc.	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Inc.	61101	837	✓	✓					✓	✓		✓	✓		
Humana Long Term Care	61115	837	✓	✓											
Humana of Puerto Rico	65018	837	✓	✓											
Humana Ohio Medicaid	61103	837	✓	✓											
Humana Ohio Medicaid	SKOH0	835	✓	✓		✓	✓								Medicaid
Humana Ohio Medicaid Vision	6110V	837	✓	✓											
Humana Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓								Medicaid
Humboldt-Del Norte Foundation for Medical Care	94154	837	✓	✓					✓	✓					
Huron PACE	54750	837	✓	✓											
Hylton Payroll (Benefit Plan Administrators)	19753	837	✓	✓											
I. E. Shaffer (West Trenton NJ)	22175	835	✓	✓		✓	✓								
I. E. Shaffer (West Trenton NJ)	22175	837	✓	✓											
I'Mcare	41600	835	✓	✓		✓	✓								
I'Mcare	41600	837	✓	✓											
IAA	37279	835	✓	✓		✓	✓								
IAA	37279	837	✓	✓											
IBC Personal Choice	12X26	837	✓						✓						ERA Payer Code SX055

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
IBC Personal Choice	SX055	835	✓	✓		✓	✓								
IBC Personal Choice	SX083	837		✓						✓					ERA Payer Code SX055
IBEW Local 1	44602	835	✓	✓		✓	✓								
IBEW Local 1	44602	837	✓	✓					✓	✓					
IBEW Local 640 & Arizona Chapter NECA Health & Welfare Trust	74234	837	✓	✓											
IBG Administrators, LLC	81810	837	✓	✓											
IBM Business Transformation Outsourcing Insurance Services Corporate	19028	837	✓	✓											
iCare Health Solutions	26054	835		✓											
iCare Health Solutions	26054	837		✓					✓						
ICE Health Services (Immigration)	VAICE	835	✓	✓		✓	✓								
ICE Health Services (Immigration)	VAICE	837	✓	✓											
iCircle Care of New York	ICRCL	835	✓	✓											
iCircle Care of New York	ICRCL	837	✓	✓											
Idaho Medicaid	12K07	835	✓			✓									
Idaho Medicaid	12K07	837	✓						✓						
Idaho Medicaid	SKID0	835		✓			✓								
Idaho Medicaid	SKID0	837		✓						✓					
Idaho Medicare	12M07	835	✓			✓									
Idaho Medicare	12M07	837	✓			✓			✓						
Idaho Medicare	SMID0	835		✓			✓								
Idaho Medicare	SMID0	837		✓			✓			✓					
IEC Group - AmeriBen	97661	837	✓	✓					✓	✓					
IHG Direct	75274	837	✓	✓											
Illinois Complete	MHPIL	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
Illinois Complete	MHPIL	837	✓	✓					✓	✓		✓	✓		For DOS on or after 1/1/21
Illinois Health Partners	36364	835	✓	✓		✓	✓								
Illinois Health Partners	36364	837	✓	✓											
Illinois Health Partners (DOS < 1/1/23)	66727	835	✓	✓		✓	✓								
Illinois Health Partners (DOS < 1/1/23)	DMG01	837	✓	✓											Claims with DOS after Jan 1 2023, please submit to payer code 36364
Illinois Medicaid	CKIL1	835			✓			✓							
Illinois Medicaid	CKIL1	837			✓						✓				
Illinois Medicaid	SKIL0	837	✓	✓					✓	✓					
Illinois Medicare	12M08	835	✓			✓									
Illinois Medicare	12M08	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Illinois Medicare	SMILO	835		✓			✓								
Illinois Medicare	SMILO	837		✓			✓			✓					
Illinois Physicians Alliance IPA	IPA99	837	✓	✓											
IMA, Inc	64556	837	✓	✓											
Imagine Health	43123	837	✓	✓											
IMPACT HEALTH SHARE INC	IH400	837	✓	✓					✓	✓					
Imperial County Physicians Med Group (SCPMCS)	SCP01	837	✓	✓											
Imperial County Physicians Medical Group	MPM68	837	✓	✓					✓	✓					As of April 23rd, 2024 Electronic Remittance Advice (ERA) is not available at this time.
Imperial Health Holdings Medical Group	IHHMG	837	✓	✓					✓	✓					
Imperial Health Plan of California, Inc.	IHP01	837	✓	✓					✓	✓					
Imperial Insurance Companies	IICTX	837	✓	✓					✓	✓					Formerly known as Imperial Insurance Company of Texas
Imperial Insurance Companies Inc Exchange AZ	IEXAZ	837	✓	✓											
Imperial Insurance Companies Inc Exchange NV	IEXNV	837	✓	✓											
Imperial Insurance Companies Inc Exchange UT	IEXUT	837	✓	✓											
Imperial Insurance Inc Exchange TX	IEXTX	837	✓	✓											
IMS Management Services	TH099	837		✓											
IMS Management Svcs - Texas	12T64	837	✓												
IMS TrialCard	56155	835	✓	✓		✓	✓								
IMS TrialCard	56155	837	✓	✓					✓	✓					
IMX Easy	86070	837	✓	✓											
IN Physician Associates	INPA1	835	✓	✓		✓	✓								
IN Physician Associates	INPA1	837	✓	✓					✓	✓					
IN Physicians Associates - ACTY	INP12	837	✓	✓											
IncentiCare	18151	837	✓	✓											
INDECS Corporation	40585	835	✓	✓		✓	✓								
INDECS Corporation	40585	837	✓	✓											
Independence Administrators	TA720	835		✓			✓								
Independence Administrators	TA720	837		✓						✓					
Independence American Insurance Company	CB231	837	✓	✓											
Independence Medical	IMG02	837	✓	✓					✓	✓					For DOS prior to 07/01/2019
Independence Medical Group	MHM01	837		✓											
Independence Medical Group - Kern County	IMG01	837	✓	✓					✓	✓					For DOS prior to 07/01/2019
Independent Health Association	95308	835	✓	✓		✓	✓								
Independent Health Association	95308	837	✓	✓		✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Louisiana Healthcare Connections	68069	837	✓	✓					✓	✓		✓	✓		
Louisiana Medicaid	MCDLA	835	✓	✓		✓	✓								
Louisiana Medicaid	MCDLA	837	✓	✓		✓	✓		✓	✓					
Louisiana Medicaid - Ambulance claims	SKLA2	837		✓						✓					
Louisiana Medicaid - DME Claims	SKLA1	837		✓			✓			✓					
Louisiana Medicaid - KidMed Claims	SKLA3	837		✓						✓					
Louisiana Medicaid - Rehab	SKLA4	837		✓											
Louisiana Medicaid-Home Health	12K94	837	✓												
Louisiana Medicare	12M12	835	✓			✓									
Louisiana Medicare	12M12	837	✓			✓									
Louisiana Medicare	SMLA0	835		✓			✓								
Louisiana Medicare	SMLA0	837		✓			✓			✓					
Lovelace Sandia Health Plan (as of 9/27/14)	90328	837	✓	✓					✓	✓					
Loyal American Life Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓								
Loyal American Life Ins Co-Medicare Supplement	13193	837	✓	✓											
Loyola Physician Partners	37175	835	✓	✓		✓	✓								
Loyola Physician Partners	37175	837	✓	✓											
Lucent Health Solutions	88056	835	✓	✓		✓	✓								
Lucent Health Solutions	88056	837	✓	✓											
Lucent Health Solutions (LHS Gov Operations)	17380	835	✓	✓		✓	✓								
Lucent Health Solutions (LHS Gov Operations)	17380	837	✓	✓					✓	✓					Also Known As Heritage Health Solutions
Lucentis Copay Program	82694	835	✓	✓		✓	✓								
Lucentis Copay Program	82694	837	✓	✓											
Lumico (ERA Only)	IAS13	835	✓	✓		✓	✓								ERA Only
Luminare Health (CoreSource AZ MN)	35182	835	✓	✓		✓	✓								Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luminare Health (CoreSource AZ MN)	35182	837	✓	✓						✓					
Luminare Health (CoreSource OH)	35183	835	✓	✓		✓	✓								
Luminare Health (CoreSource OH)	35183	837	✓	✓											
Luminare Health Internal (CoreSource-Internal)	35187	835	✓	✓		✓	✓								
Luminare Health Internal (CoreSource-Internal)	35187	837	✓	✓											
Luminare Health Little Rock (CoreSource Little Rock)	75136	835	✓	✓		✓	✓								
Luminare Health Little Rock (CoreSource Little Rock)	75136	837	✓	✓											
Luminare Health (Coresoure AZ MN)	35182	835	✓	✓		✓	✓								Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luninare Health (Coresoure AZ MN)	35182	837	✓	✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Luninare Health (Coresoure MD IL PA)	35182	835	✓	✓		✓	✓								Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luninare Health (Coresoure MD IL PA)	35182	837	✓	✓						✓					
Luninare Health (Coresoure NC IN)	35182	835	✓	✓		✓	✓								Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luninare Health (Coresoure NC IN)	35182	837	✓	✓						✓					
LUTHER CARE	CB212	837	✓	✓											
LUTHERAN SERVICES CAROLINAS	LSC01	837	✓	✓											
MacNeal Health Providers- CHS	36334	835	✓	✓		✓	✓								
MacNeal Health Providers- CHS	36334	837	✓	✓											
Maestro Health Plan	56139	835	✓	✓		✓	✓								
Maestro Health Plan	56139	837	✓	✓											
Magan Medical Clinic	HCP01	837	✓							✓					This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Magellan Complete Care of Arizona	MCC01	835	✓	✓		✓	✓								
Magellan Complete Care of Arizona	MCC01	837	✓	✓											
Magellan Complete Care of Virginia	MCC02	835	✓	✓		✓	✓								
Magellan Complete Care of Virginia	MCC02	837	✓	✓											
Magellan Health Services	01260	835	✓	✓		✓	✓								
Magellan Health Services	01260	837	✓	✓						✓	✓				
Magellan Health Services	12X27	835	✓			✓									
Magnacare	11303	835	✓	✓		✓	✓								Payer requires EFT in order to receive ERA files
Magnacare	11303	837	✓	✓											
Magnolia	68069	835	✓	✓		✓	✓								
Magnolia	68069	837	✓	✓						✓	✓		✓	✓	
Maine Community Health Options	45341	835	✓	✓		✓	✓								
Maine Community Health Options	45341	837	✓	✓											
Maine Medicaid	12K13	835	✓			✓									
Maine Medicaid	12K13	837	✓												
Maine Medicaid	SKME0	835		✓			✓								
Maine Medicaid	SKME0	837		✓						✓					
Maine Medicare	12M13	835	✓			✓									
Maine Medicare	12M13	837	✓			✓				✓					
Maine Medicare	SMME0	835		✓			✓								
Maine Medicare	SMME0	837		✓			✓			✓					
Managed Care of North America, Inc. (MCNA)	65030	837			✓						✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
MED PAY	99999-0733	837	✓	✓											
MedAdmin Solutions	58202	837	✓	✓											
MedBen (Newark OH)	74323	835	✓	✓		✓	✓								
MedBen (Newark OH)	74323	837	✓	✓											
MedCare Partners	MCP01	837	✓	✓					✓	✓					
MedCom	59231	837	✓	✓					✓	✓					
Medcore HP	31057	837	✓	✓											
MedCost Benefit Services	56205	835	✓	✓		✓	✓								
MedCost Benefit Services	56205	837	✓	✓					✓	✓					
MedCost Inc.	56162	835	✓	✓		✓	✓								
MedCost Inc.	56162	837	✓	✓					✓	✓					
Medfocus	95321	837		✓											
Medi-Cal (Vision)	SKCA1	837		✓											
Medi-cal Dental	94146	835			✓				✓						
Medi-cal Dental	94146	837			✓										✓
Medi-Share	59355	837	✓	✓											
Medica	39113	837	✓	✓					✓	✓					
Medica	94265	835	✓	✓		✓	✓								
Medica	94265	837	✓	✓					✓	✓					
Medica	MEDM1	835	✓	✓		✓	✓								Payer Code Effective 1/1/21
Medica	MEDM1	837	✓	✓					✓	✓					Payer Code Effective 1/1/21
Medica Health Plan Solutions	71890	835	✓	✓		✓	✓								
Medica Health Plan Solutions	71890	837	✓	✓											
Medica HealthCare Plan of Florida	78857	835	✓	✓		✓	✓								
Medica HealthCare Plan of Florida	78857	837	✓	✓											
MEDICA of Minnesota	07031	837			✓							✓			✓
Medica2	12422	835	✓	✓		✓	✓								
Medica2	12422	837	✓	✓					✓	✓					
Medicaid Hawaii Waivers	77059	837		✓						✓					
Medicaid of New Jersey	CKNJ1	835			✓			✓							
Medicaid of New Jersey	CKNJ1	837			✓						✓				
Medicaid of New York (UHC Community Plan)	GP133	835			✓			✓							
Medicaid of New York (UHC Community Plan)	GP133	837			✓					✓					✓
Medicaid of Texas - MCNA	MCNA1	837			✓						✓				
Medicaid of Texas (UHC Community Plan)	GP133	835			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Menifee Valley Community Medical Group	HCMG1	837	✓	✓					✓	✓					
Mental Health Consultants Inc.	37050	837	✓	✓											
Merchants Benefit Administration	86087	835	✓	✓		✓	✓								
Merchants Benefit Administration	86087	837	✓	✓											
Merchants Benefit Administration, Inc.	MBAM1	837	✓	✓											
Merchants Benefit Administrator	IHS24	837	✓	✓					✓	✓					
Mercy Benefit Administration	37264	837	✓	✓											Formerly known as St. John's Claims Administration
Mercy Care Plan (AHCCCS)	86052	835	✓	✓		✓	✓								
Mercy Care Plan (AHCCCS)	86052	837	✓	✓											
Mercy Maricopa Integrated Care	33628	837	✓	✓					✓	✓					
Mercy Physicians Medical Group (MPMG) (NAMM Southern CA)	IP079	835	✓	✓		✓	✓								
Mercy Physicians Medical Group (MPMG) (NAMM Southern CA)	IP079	837	✓	✓											
Mercy Provider Network	43185	837	✓	✓											
MercyCare Insurance	39114	835	✓	✓		✓	✓								
MercyCare Insurance	39114	837	✓	✓											
Meridian Health Plan Michigan Complete	MHPMI	835	✓	✓		✓	✓								Payer Requires EFT in order to receive ERA
Meridian Health Plan Michigan Complete	MHPMI	837	✓	✓											
Meridian Health Plan of Illinois Complete	MHPIL	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
Meridian Health Plan of Illinois Complete	MHPIL	837	✓	✓					✓	✓		✓	✓		For DOS on or after 1/1/21
Meridian Health Plan of Michigan (JVHL)	J2JVH	835	✓	✓		✓	✓								
Meridian Health Plan of Michigan (JVHL)	J2JVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Meridian PACE Solutions	MPSAB	835	✓	✓		✓	✓								
Meridian PACE Solutions	MPSAB	837	✓	✓											
MeridianComplete - Illinois	MHPIL	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
MeridianComplete - Illinois	MHPIL	837	✓	✓					✓	✓		✓	✓		For DOS on or after 1/1/21
MeridianComplete - Michigan	MHPMI	835	✓	✓		✓	✓								Payer Requires EFT in order to receive ERA
MeridianComplete - Michigan	MHPMI	837	✓	✓											
MeridianHealth Illinois	13189	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA.
MeridianHealth Illinois	13189	837	✓	✓					✓	✓					For claims with a DOS before 07/01/2021
MeridianHealth Illinois	MHPIL	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
MeridianHealth Illinois	MHPIL	837	✓	✓					✓	✓		✓	✓		For DOS on or after 1/1/21
MeridianTotal	68069	835	✓	✓		✓	✓								
MeridianTotal	68069	837	✓	✓					✓	✓		✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Mississippi Public Entity Employee Benefit Trust	37233	837	✓	✓											
Mississippi Select Health Care	64088	835	✓	✓		✓	✓								
Mississippi Select Health Care	64088	837	✓	✓											
Missoula County Medical Benefits Plan	37275	837	✓	✓											
Missouri Medicaid	12K15	835	✓			✓									
Missouri Medicaid	12K15	837	✓						✓						
Missouri Medicaid	SKMO0	835		✓			✓								
Missouri Medicaid	SKMO0	837		✓						✓					
Missouri Medicare	12M15	835	✓			✓									
Missouri Medicare	12M15	837	✓			✓			✓						
Missouri Medicare	SMMO0	835		✓			✓								
Missouri Medicare	SMMO0	837		✓			✓			✓					
Missouri Medicare Select	MMS01	837	✓	✓											
MMM Florida	MMMFL	835	✓	✓		✓	✓								
MMM Florida	MMMFL	837	✓	✓					✓	✓					
MMSI (Mayo Clinic Health Solutions)	71890	835	✓	✓		✓	✓								
MMSI (Mayo Clinic Health Solutions)	71890	837	✓	✓											
MO - Missouri Home State Health Care	68069	835	✓	✓		✓	✓								
MO - Missouri Home State Health Care	68069	837	✓	✓					✓	✓		✓	✓		
Moda Health	13350	835	✓	✓		✓	✓								
Moda Health	13350	837	✓	✓											
Molina Complete Care of Virginia (Medicare & Medicaid)	MCC02	835	✓	✓		✓	✓								
Molina Complete Care of Virginia (Medicare & Medicaid)	MCC02	837	✓	✓											
Molina Healthcare Dental	SKYGN	835			✓			✓							
Molina Healthcare Dental	SKYGN	837			✓					✓				✓	
Molina Healthcare of California	38333	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Molina Healthcare of California	38333	837	✓	✓											
Molina Healthcare of California Encounters	33373	837	✓	✓											
Molina Healthcare of Florida	51062	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Molina Healthcare of Florida	51062	837	✓	✓					✓	✓					
Molina Healthcare of Idaho	61799	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Mutual of Omaha Insurance Company	71412	837	✓	✓											
Mutual of Omaha Insurance Company	CX087	835			✓			✓							
Mutual of Omaha Insurance Company	CX087	837			✓						✓				
Mutually Preferred	71412	835	✓	✓		✓	✓								
Mutually Preferred	71412	837	✓	✓											
MVP Health Plan (Mohawk Valley)	14165	835	✓	✓		✓	✓								
MVP Health Plan (Mohawk Valley)	14165	837	✓	✓					✓	✓					
MVP Health Rochester	12X04	837	✓												
My Choice Wisconsin	27004	835	✓	✓		✓	✓								
My Choice Wisconsin	27004	837	✓	✓											
My Choice Wisconsin BadgerCare Plus	62777	835	✓	✓		✓	✓								
My Choice Wisconsin BadgerCare Plus	62777	837	✓	✓											
My Family Medical Group	33020	837		✓											
MyDecision HealthSmart	18840	837	✓	✓					✓	✓					
MyTruAdvantage	MTAMA	837	✓	✓					✓	✓					
MyTruAdvantage	SIHOMA	835	✓	✓	✓	✓	✓	✓							
MyTruAdvantage	SIHOMA	837	✓	✓	✓				✓	✓					
N.W. Ironworkers Health & Security Trust Fund	91136	835	✓	✓		✓	✓								
N.W. Ironworkers Health & Security Trust Fund	91136	837	✓	✓											
N.W. Roofers & Employers Health & Security Trust Fund	91136	835	✓	✓		✓	✓								
N.W. Roofers & Employers Health & Security Trust Fund	91136	837	✓	✓											
N.W. Textile Processors	91136	835	✓	✓		✓	✓								
N.W. Textile Processors	91136	837	✓	✓											
NAA (North America Administrators L.P.) (Nashville TN)	65085	835	✓	✓		✓	✓								
NAA (North America Administrators L.P.) (Nashville TN)	65085	837	✓	✓											
NALC/Affordable	53011	837	✓	✓					✓	✓					
NAMCI/Global Care	L0110	837	✓	✓					✓	✓					
NAMM-IL (Senior Care Partners) (ERA Only)	NANPR	835	✓	✓		✓	✓								ERA Only
NAPHCARE INC.	58182	837	✓	✓	✓				✓	✓					
Nascentia Health Plan	45529	835	✓	✓		✓	✓								Payer requires EFT Enrollment in order to receive ERA
Nascentia Health Plan	45529	837	✓	✓											
National Accident and Health General Agency Inc. (NAHGA)	67788	835	✓	✓		✓	✓								
National Accident and Health General Agency Inc. (NAHGA)	67788	837	✓	✓					✓	✓					
National Association of Letter Carriers/NALCHBP	53011	835	✓	✓		✓	✓								
National Association of Letter Carriers/NALCHBP	53011	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Network Health Plan of Wisconsin Inc.	39144	835	✓	✓		✓	✓								
Network Health Plan of Wisconsin Inc.	39144	837	✓	✓											
Network Solutions IPA	NSIPA	837		✓						✓					
Network TPA LLC	58204	837	✓	✓											
NEUEHEALTH	NEUEH	835	✓	✓		✓	✓								
NEUEHEALTH	NEUEH	837	✓	✓											
Nevada Medicaid	NVMMIS	835	✓	✓		✓	✓								
Nevada Medicaid	NVMMIS	837	✓	✓		✓	✓		✓	✓					
Nevada Medicare	SMNV0	835		✓			✓								
Nevada Medicare	SMNV0	837		✓			✓			✓					
NEW AVENUES INC.	95998	837	✓	✓					✓	✓					
New Century Health - IEHP Oncology	NCH11	837		✓											
New Century Health - Vista Cardiology	NCH09	837		✓											
New Directions Behavioral Health (NDBH)	NDX99	837	✓	✓					✓	✓					
New England Dental Administrators (ERA Only)	43351	835	✓	✓	✓			✓							ERA Only
New Era Employee Welfare Benefit Plan Trust	76031	837	✓	✓											
New Era Life	98798	835	✓	✓		✓	✓								
New Era Life	98798	837	✓	✓											
New Era Life - Employee Benefit Plans	96396	837	✓	✓											
New Hampshire Medicaid	12K90	835	✓			✓									
New Hampshire Medicaid	12K90	837	✓			✓			✓						
New Hampshire Medicaid	SKNH0	835		✓			✓								
New Hampshire Medicaid	SKNH0	837		✓			✓			✓					
New Hampshire Medicare	12M21	835	✓			✓									
New Hampshire Medicare	12M21	837	✓			✓			✓						
New Hampshire Medicare	SMNH0	835		✓			✓								
New Hampshire Medicare	SMNH0	837		✓			✓			✓					
New Jersey Medicaid	MDNJI	835	✓			✓									
New Jersey Medicaid	MDNJI	837	✓			✓			✓						
New Jersey Medicaid	MDNJP	835		✓			✓								
New Jersey Medicaid	MDNJP	837		✓			✓			✓					
New Jersey Medicaid-Charity Care	CKNJ2	835	✓			✓									
New Jersey Medicaid-Charity Care	CKNJ2	837	✓			✓			✓						
New Jersey Medicare	12005	835	✓			✓									
New Jersey Medicare	12005	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
NGS American Inc	38225	837	✓	✓											
NH Healthy Families	68069	835	✓	✓		✓	✓								
NH Healthy Families	68069	837	✓	✓					✓	✓		✓	✓		
NH Healthy Families' Behavioral Health	68068	835	✓	✓		✓	✓								
NH Healthy Families' Behavioral Health	68068	837	✓	✓					✓	✓					
NHBCAUX	88050	837	✓	✓											
NHC Advantage	NHC01	837	✓	✓											As of January 23, 2024, the payer does not offer an electronic remittance.
Nippon Life Insurance Company of America	81264	835	✓	✓	✓	✓	✓	✓							
Nippon Life Insurance Company of America	81264	837	✓	✓	✓										
Nivano Physicians Group	MBA01	837	✓	✓					✓	✓					
NJ Carpenters Health Fund	22603	837	✓	✓					✓	✓					
Noble AMA Select IPA	PDT01	835	✓	✓		✓	✓								
Noble AMA Select IPA	PDT01	837	✓	✓											
Nomi Health	1NOMI	835	✓	✓		✓	✓								
Nomi Health	1NOMI	837	✓	✓											
North American Medical Management - Southern California	IP079	835	✓	✓		✓	✓								
North American Medical Management - Southern California	IP079	837	✓	✓											
North Carolina Department of Public Safety Correctional Claims	38520	835			✓			✓							
North Carolina Department of Public Safety Correctional Claims	38520	837	✓	✓	✓				✓	✓					
North Carolina Medicaid	12K23	835	✓			✓									
North Carolina Medicaid	12K23	837	✓			✓			✓						Encounter Claims Accepted
North Carolina Medicaid	SKNCO	835		✓			✓								
North Carolina Medicaid	SKNCO	837		✓			✓			✓					Encounter Claims Accepted
North Carolina Medicare	12M23	835	✓			✓									
North Carolina Medicare	12M23	837	✓			✓									
North Carolina Medicare	SMNCO	835		✓			✓								
North Carolina Medicare	SMNCO	837		✓			✓								
North County Health Services	SCP01	837	✓	✓											
North Dakota Medicaid	12K78	835	✓			✓									
North Dakota Medicaid	12K78	837	✓			✓			✓						
North Dakota Medicaid	SKND0	835		✓			✓								
North Dakota Medicaid	SKND0	837		✓			✓			✓					
North Dakota Medicare	12M82	835	✓			✓									
North Dakota Medicare	12M82	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Optum Care Network	OCN01	837	✓	✓						✓	✓				Inst: Effective January 1st, 2024, please submit all claims with Date of service prior to 1/1/2024 to EXC01, PMGSJ .Please submit all claims with Date of Service 1/1/2024 and onward to OCN01, Optum Care Network.Formerly Healthcare Partners California; Prof: Effective January 1st, 2024, please submit all claims with Date of service prior to 1/1/2024 to EXC01, PMGSJ .Please submit all claims with Date of Service 1/1/2024 and onward to OCN01, Optum Care Network.Formerly Healthcare Partners California;
Optum Care Network - Inland Faculty Medical Group	MPM70	837	✓	✓											
Optum Maryland Behavioral Health	OMDBH	835	✓	✓		✓	✓								
Optum Maryland Behavioral Health	OMDBH	837	✓	✓						✓	✓				
Optum Medical Network / AZ, UT (formerly Lifepoint Arizona)	LIFE1	835	✓	✓		✓	✓								
Optum Medical Network / AZ, UT (formerly Lifepoint Arizona)	LIFE1	837	✓	✓						✓	✓				For claim Dates of Service on or after 01/01/21.
Optum MedicalRx	ORXM1	835		✓			✓								
Optum MedicalRx	ORXM1	837		✓											For claims with DOS on or after 1/1/2024.
OptumCare Network of CT	E3287	835	✓	✓		✓	✓								
OptumCare Network of CT	E3287	837	✓	✓											
OptumHealth	87726	837		✓							✓		✓	✓	
OptumHealth Behavioral Solutions (formerly Pacificare Behavioral Health)	87726	837	✓	✓						✓	✓		✓	✓	
OptumHealth Behavioral Solutions (formerly United Behavioral Health)	87726	837	✓	✓						✓	✓		✓	✓	
OptumHealth Care Solutions (formerly United Resource Networks)	41194	835	✓	✓		✓	✓								
OptumHealth Care Solutions (formerly United Resource Networks)	41194	837	✓	✓						✓	✓				
OptumHealth Physical Health	41161	835		✓			✓								
OptumHealth Physical Health	41161	837		✓							✓				Former payer codes 41159, 41160 (includes Oxford)
OptumHealth Physical Health - includes Oxford (formerly ACN & ACNIPA)	41160	837		✓											
OptumHealth Vision	00773	835		✓			✓								
OptumHealth Vision	00773	837		✓							✓				
Orange Coast Memorial IPA	IP095	837	✓	✓						✓	✓				
Orange County Advantage Medical Group	HSM01	837	✓	✓											
Orange County Health Care Agency	65021	837	✓	✓						✓	✓				
Oregon Medicaid	12K41	835	✓			✓									
Oregon Medicaid	12K41	837	✓			✓				✓					
Oregon Medicaid	SKOR0	835		✓			✓								
Oregon Medicaid	SKOR0	837		✓			✓				✓				
Oregon Medicare	12M41	835	✓			✓									
Oregon Medicare	12M41	837	✓			✓				✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Partnership Health Plan Of California	SX140	837		✓			✓								Claim Enrollment AND Testing is Required for Every NPI.
Passport Advantage	66008	835	✓	✓		✓	✓								
Passport Advantage	66008	837	✓	✓											
Passport Health Plan by Molina Healthcare	61325	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Passport Health Plan by Molina Healthcare	61325	837	✓	✓											
PATH Administrators	25172	837	✓	✓					✓	✓					
Patient Advocates LLC	10525	835			✓			✓							
Patient Advocates LLC	10525	837			✓										
Patient Advocates LLC	55489	835	✓	✓		✓	✓								
Patient Advocates LLC	55489	837	✓	✓					✓	✓					
PATIENTPAY	26335	837		✓											
Payer Compass	PA331	837	✓	✓					✓	✓					
Payer Fusion	27048	837	✓	✓											
Peach State Health Plan	68069	835	✓	✓		✓	✓								
Peach State Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Peak Health	PEAK0	835	✓	✓		✓	✓								
Peak Health	PEAK0	837	✓	✓											
Peak Pace Solutions	27034	835	✓	✓		✓	✓								
Peak Pace Solutions	27034	837	✓	✓	✓										
PEF Clinic	PEF01	837	✓	✓											
Pegasus Medical Group	PROSP	835		✓											
Pegasus Medical Group	PROSP	837		✓						✓					
Pegasus Medical Group	SMG01	837	✓	✓											
PEHP - Utah Public Employee Health Plan	SX106	835	✓	✓		✓	✓								
PEHP - Utah Public Employee Health Plan	SX106	837	✓	✓		✓	✓		✓	✓					
Pekin Insurance	37086	835	✓	✓		✓	✓								
Pekin Insurance	37086	837	✓	✓											
Penn Behavioral Health	53226	837	✓	✓											
Pennsylvania Health Care Plan (ERA Only)	VALHLTH	835	✓	✓		✓	✓								ERA Only
Pennsylvania Medicaid	12008	835	✓			✓									
Pennsylvania Medicaid	12008	837	✓						✓						
Pennsylvania Medicaid	SKPA0	835		✓			✓								
Pennsylvania Medicaid	SKPA0	837		✓	✓					✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
PIEDMONT COMMUNITY HEALTH PLAN	55768	837	✓	✓											
PIH Health	BHP01	835	✓	✓		✓	✓								
PIH Health	BHP01	837	✓	✓											
PIH Health (ERA Only)	PIH01	835	✓	✓		✓	✓								ERA Only
Pinnacle Claims Management Inc.	24735	837	✓	✓											
Pinnacle Health Resources (Prospect Medical Group)	PROSP	835		✓											
Pinnacle Health Resources (Prospect Medical Group)	PROSP	837		✓					✓						
Pinnacle Medical Group	95271	835	✓	✓		✓	✓								
Pinnacle Medical Group	95271	837	✓	✓											
Pinnacle Physician Management ORG	45985	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Pioneer Medical Group	PIONR	837		✓											
Pioneer Provider Network (for claims with DOS prior to 3/31/19)	PPNZZ	835		✓			✓								
Pioneer Provider Network (for claims with DOS prior to 3/31/19)	PPNZZ	837		✓					✓						
Pittsburgh Care Partnership Inc.	23283	835	✓	✓		✓	✓								
Pittsburgh Care Partnership Inc.	23283	837	✓	✓											
Plan de Salud Hospital Menonita	L0190	837	✓	✓											
Planned Administrators, Incorporated (PAI)	37287	835	✓	✓		✓	✓								
Planned Administrators, Incorporated (PAI)	37287	837	✓	✓					✓	✓					
PLANSTIN	65241	835	✓	✓		✓	✓								
PLANSTIN	65241	837	✓	✓					✓	✓					
Podi Care Managed Care	58204	837	✓	✓											
PODIATRY NETWORK FL	59324	837	✓	✓											
Point Comfort Underwriters	PCU01	837	✓	✓											For claims where patient is less than 18 years old.
Point Comfort Underwriters	PCU02	837	✓	✓											For claims where patient is 18 years old or older
Polish Falcons of America	87020	835	✓	✓		✓	✓								
Polish Falcons of America	87020	837	✓	✓					✓	✓					
Pomona Valley Medical Group	PROSP	837		✓						✓					
Pool Administrators, Inc. (PAI)	PAI02	835		✓			✓								
Pool Administrators, Inc. (PAI)	PAI02	837		✓						✓					
Positive Healthcare - California	95422	837	✓	✓											
Positive Healthcare Florida (FL MCO PHC/PHP)	95411	837	✓	✓					✓	✓					
Prairie States Enterprises Inc.	36373	835	✓	✓		✓	✓								
Prairie States Enterprises Inc.	36373	837	✓	✓	✓										
Preferred Administrators	60338	837	✓	✓					✓	✓					Claims previously submitted to payer code 88057. Effective June 30th, 2023, please submit all claims to 60338.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Premier HealthCare Exchange	88056	837	✓	✓											
Premier HealthCare Exchange, Inc. (PHX)	88051	837	✓	✓											
Premier Patient Care IPA	PPCIP	835	✓	✓											Payer returns ERAs automatically once electronic claim submission begins.
Premier Patient Care IPA	PPCIP	837	✓	✓											
Premier Physician Network	MPM22	837	✓	✓					✓	✓					
Presbyterian (NM)	05003	837	✓	✓					✓	✓					
Presbyterian (NM)	TH061	835	✓	✓		✓	✓								
Presbyterian Health Plan	PREHP	837	✓	✓											
Presence ERC	46311	835	✓	✓		✓	✓								aka Amita ERC
Presence ERC	46311	837	✓	✓											
Presence Health Partners	36396	837	✓	✓											
Prevea 360 Health Plan	39113	835	✓	✓		✓	✓								
Prevea 360 Health Plan	39113	837	✓	✓					✓	✓					
Prevea360 Health Plan	39113	837	✓	✓					✓	✓					
Prevea360 Health Plan	41822	837	✓	✓					✓	✓					Inst: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time. ; Prof: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time.;
Primary Care Associates Medical Group (PCAMG)	IP079	835	✓	✓		✓	✓								
Primary Care Associates Medical Group (PCAMG)	IP079	837	✓	✓											
Primary Care Associates of California	PCACZ	837	✓	✓											
Primary Care Practices Of Sacramento - EHS	SYMED	837	✓	✓											
Primary Care Services	MSO44	837	✓												
Primary Health Network	82048	837	✓	✓											
Primary PhysicianCare Inc.	56144	835	✓	✓		✓	✓								
Primary PhysicianCare Inc.	56144	837	✓	✓											
Prime Community Care Central Valley	MVCV1	835	✓	✓											Payer returns ERA automatically upon claim submission
Prime Community Care Central Valley	MVCV1	837	✓	✓											Payer returns ERA automatically upon claim submission
Prime West Health Plan	61604	835	✓	✓		✓	✓								
Prime West Health Plan	61604	837	✓	✓											
PrimeCare Medical Network	IP079	835	✓	✓		✓	✓								
PrimeCare Medical Network	IP079	837	✓	✓											
PrimeWest Health Dental	LX049	837			✓						✓				
Principal Financial Group (Dental claims only)	61271	835			✓			✓							
Principal Financial Group (Dental claims only)	61271	837			✓						✓			✓	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Principal Life (ERA Only)	IAS14	835	✓	✓		✓	✓								ERA Only
Priority Health	38217	835	✓	✓		✓	✓								
Priority Health	38217	837	✓	✓					✓	✓					
Priority Health (JVHL)	JZJVH	835	✓	✓		✓	✓								
Priority Health (JVHL)	JZJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Prism Network Inc.	37268	837		✓											
Prism-Univera	37315	837	✓	✓											
Pro Care Health Plan Inc. (Detroit MI)	38329	837	✓	✓											
ProCare (Prospect)	PROSP	835		✓											
ProCare (Prospect)	PROSP	837		✓						✓					
ProCare Advantage of TX	PTX01	835	✓	✓		✓	✓								
ProCare Advantage of TX	PTX01	837	✓	✓											
Prodegi Corporate Benefit Services	87065	837	✓	✓											
Professional Benefit Administrators Inc. (Oak Brook IL)	36331	835	✓	✓	✓	✓	✓	✓							
Professional Benefit Administrators Inc. (Oak Brook IL)	36331	837	✓	✓	✓							✓			
Professional Benefit Services Inc	56724	837	✓	✓											
Professional Health Care Network (PHCN)	26748	837	✓	✓											
Progyny	PROGY	835	✓	✓		✓	✓								
Progyny	PROGY	837	✓	✓											
Prominence Administrative Services	88022	835	✓	✓		✓	✓								
Prominence Administrative Services	88022	837	✓	✓											
Prominence Health Plan of Nevada	93082	835	✓	✓		✓	✓								
Prominence Health Plan of Nevada	93082	837	✓	✓											
Prominence Health Plan of Texas	80095	837	✓	✓											
Prominence Healthfirst	83352	837	✓	✓											
Prospect Health Network	PROSP	835		✓											
Prospect Health Network	PROSP	837		✓						✓					
Prospect Medical Group	PROSP	835	✓	✓											
Prospect Medical Group	PROSP	837	✓	✓					✓	✓					
Prospect Sherman Oaks Medical Group (Prospect Medical Group)	PROSP	835		✓											
Prospect Sherman Oaks Medical Group (Prospect Medical Group)	PROSP	837		✓						✓					
Prosperity Life	89486	837	✓	✓											
Protective Life Insurance Company	37309	837	✓	✓											
Providence Facility Claims	PROV1	837	✓	✓											
Providence Health Assurance Medicaid	77350	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
RevClaims	RVC01	837	✓	✓					✓	✓					
Rhode Island Medicaid	12K74	835	✓			✓									
Rhode Island Medicaid	12K74	837	✓						✓						
Rhode Island Medicaid	SKR10	835		✓			✓								
Rhode Island Medicaid	SKR10	837		✓						✓					
Rhode Island Medicare	12M74	835	✓			✓									
Rhode Island Medicare	12M74	837	✓			✓			✓						
Rhode Island Medicare	SMR10	835		✓			✓								
Rhode Island Medicare	SMR10	837		✓			✓			✓					
Right Care from Scott & White	74205	835	✓	✓		✓	✓								
Right Care from Scott & White	74205	837	✓	✓					✓	✓					
RightChoice Benefit Administrators	37331	837	✓	✓											
RIOS SOUTHWEST MEDICAL GROUP	RIOS1	837	✓	✓											
RIVER CITY MEDICAL GROUP	RCMG1	835	✓	✓		✓	✓								
RIVER CITY MEDICAL GROUP	RCMG1	837	✓	✓											
River City Medical Group Senior	AMM23	837	✓	✓											
Riverside Health Inc.	45281	837	✓	✓											
Riverside Medical Clinic	RMC01	837	✓	✓					✓	✓					
Riverspring Health Plans (ElderServe)	05178	835	✓	✓		✓	✓								
Riverspring Health Plans (ElderServe)	05178	837	✓	✓											
Rocky Mountain PACE	93142	837	✓	✓											
Rosemont of Des Plaines IL	36215	837	✓												
Royal Health Care	73780	837	✓	✓					✓	✓					
Royal Neighbors of America (ERA Only)	IAS16	835	✓	✓		✓	✓								ERA Only
Rural Carrier Benefit Plan (for claims after to 12/31/17)	60054	835	✓	✓		✓	✓								
Rural Carrier Benefit Plan (for claims after to 12/31/17)	60054	837	✓	✓					✓	✓		✓	✓	✓	
Rush Prudential Health Plans (HMO Only)	36389	837	✓	✓											
Ryan White Network	AMM03	837	✓	✓											
S & S Healthcare Strategies	31441	835	✓	✓		✓	✓								
S & S Healthcare Strategies	31441	837	✓	✓											Also known as Piedmont Community Health Plan
Sagamore Health Network	35164	837	✓	✓											
Saint Johns Health Clinic	SJHC1	837	✓	✓											
Saint Mary's Health Plan	88082	837		✓											Encounters Only
SAINT MARY'S HEALTH PLAN	88029	837	✓	✓											
Salvasen Health	CB122	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Sante Health System and Affiliates	77038	837	✓	✓											
Sante Health System and Affiliates	SANTE	835	✓	✓		✓	✓								
Sante Medi-Cal	SNTMC	837	✓	✓											
Satellite Health Plan, Inc.	45552	837	✓	✓											
Saudi Health Mission	SHM01	837	✓	✓											
SCAN ENCOUNTERS	99157	837	✓	✓					✓	✓					
SCAN Health Plan	72261	835	✓	✓		✓	✓								
SCAN Health Plan	72261	837	✓	✓											
SCAN Health Plan - California	SCAN1	835	✓	✓		✓	✓								ERA Payer Code SCAN1
SCAN Health Plan - California	SCAN1	837	✓	✓					✓	✓					
Scan Health Plan Arizona	73172	837	✓	✓											
SCHS ALTA Global Care Medical Group	MPM54	837	✓	✓					✓	✓					
Scion Dental	SCION	835			✓			✓							
Scion Dental	SCION	837			✓						✓			✓	
Scott & White Health Plan	12T05	837	✓												
Scott & White Health Plan	TH002	835	✓	✓		✓	✓								
Scott & White Health Plan	TH002	837		✓											
Scripps Health Plan MSO	SHPM1	835	✓	✓		✓	✓								
Scripps Health Plan MSO	SHPM1	837	✓	✓					✓	✓					
Scripps Health Plan Services	SHPS1	835	✓	✓		✓	✓								
Scripps Health Plan Services	SHPS1	837	✓	✓					✓	✓					
Scripps Physicians Medical Group	SCP01	837	✓	✓											
Seaview IPA	SVIPA	835	✓	✓		✓	✓								Payer is listed as "McKesson Technologies Inc. (MED3000 CA)" within PaySpan
Seaview IPA	SVIPA	837	✓	✓											
SECUR Health Plan	SECUR	835	✓	✓		✓	✓								
SECUR Health Plan	SECUR	837	✓	✓											
Secure Health	42561	837	✓	✓	✓										
SecureOne Benefits Administrators	86242	837	✓	✓											
Security Administrative Services	35202	835	✓	✓		✓	✓								
Security Administrative Services	35202	837	✓	✓											
Security Health Plan	39045	835	✓	✓		✓	✓								
Security Health Plan	39045	837	✓	✓	✓				✓	✓	✓				
Sedgwick Managed Care Ohio (formerly Careworks)	10010	835	✓	✓		✓	✓								
Sedgwick Managed Care Ohio (formerly Careworks)	10010	837	✓	✓											Work Comp Claims Only

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Sedwick Managed Care Ohio (formerly CompManagement)	15243	837	✓	✓											
Select Administrative Services (SAS)	64088	835	✓	✓		✓	✓								
Select Administrative Services (SAS)	64088	837	✓	✓											
Select Advantage	SA704	837	✓	✓											
Select Benefit Administrators Inc.	93031	837	✓	✓											
Select Benefit Administrators of America	37282	835	✓	✓		✓	✓								
Select Benefit Administrators of America	37282	837	✓	✓											
Select Health of South Carolina	23285	835	✓	✓		✓	✓								
Select Health of South Carolina	23285	837	✓	✓								✓	✓		
Select Senior Clinic	20415	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
SelectCare	00014	837	✓	✓											
SelectCare of Texas (Kelsey-Seybold)	61225	835	✓	✓		✓	✓								
SelectCare of Texas (Kelsey-Seybold)	61225	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
SelectHealth	SX107	835	✓	✓		✓	✓								
SelectHealth	SX107	837	✓	✓											
Self Insured Plans (Naples FL)	36404	837	✓	✓											
Self Insured Services Company (SISCO) Dental	CX020	837				✓									
Self-Funded Plans Inc.	34131	837	✓	✓											
Selman Tricare Supp	52214	835	✓	✓											
Selman Tricare Supp	52214	837	✓	✓											
Selman Tricare Supp (DOS prior to 1/1/19)	TRSEL	837	✓	✓					✓	✓					
Sendero IdealCare	MV440	835		✓			✓								
Sendero IdealCare	MV440	837		✓											
Sendero IdealCare	UV440	835	✓			✓									
Sendero IdealCare	UV440	837	✓												
Sendero Star and CHIP	SCS17	835	✓	✓		✓	✓								
Sendero Star and CHIP	SCS17	837	✓	✓											
Senior Health Partners (SHP)	80141	835	✓	✓		✓	✓								
Senior Health Partners (SHP)	80141	837	✓	✓											
SENIOR WHOLE HEALTH	83035	837	✓	✓											
Senior Whole Health Massachusetts	SWHMA	835	✓	✓		✓	✓								Effective 2022, the payer has transitioned to ECHO for their ERA/EFT gateway vendor
Senior Whole Health Massachusetts	SWHMA	837	✓	✓											
Senior Whole Health of New York	SWHNY	835	✓	✓		✓	✓								Effective 2022, the payer has transitioned to ECHO for their ERA/EFT gateway vendor

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Sidecar Health	SDCAR	835	✓	✓		✓	✓								
Sidecar Health	SDCAR	837	✓	✓					✓	✓					
SIDS (Self Insured Dental Services)	CX076	837			✓						✓				
Sieba	03699	835	✓	✓		✓	✓								
Sieba	03699	837	✓	✓					✓	✓					
Sierra Family Network (Prospect Medical Group)	PROSP	835		✓											
Sierra Family Network (Prospect Medical Group)	PROSP	837		✓						✓					
Sierra Medical Group	SMG01	837	✓	✓											
Sierra Nevada Medical Association	MBA01	837		✓						✓					
Signature Advantage	SA001	835	✓	✓		✓	✓								
Signature Advantage	SA001	837	✓	✓					✓	✓					
Significa Benefits Services Inc.	23250	837	✓	✓											
Silicon Valley Medical Development	S9637	837	✓	✓					✓	✓					
Silver Cross Health Connection	65093	835	✓	✓		✓	✓								
Silver Cross Health Connection	65093	837	✓	✓											
Silversummit Healthplan	68069	835	✓	✓		✓	✓								
Silversummit Healthplan	68069	837	✓	✓					✓	✓		✓	✓		
SimplePay	27905	835	✓	✓		✓	✓								Formerly known as Community Health Alliance TN
SimplePay	27905	837	✓	✓											
Simplified Benefits Administrators	89789	835	✓	✓		✓	✓								Formerly known as UC Health Plan Administrators
Simplified Benefits Administrators	89789	837	✓	✓											Formerly known as UC Health Plan Administrators
Simply Healthcare	27094	835	✓	✓		✓	✓								
Simply Healthcare	SMPLY	835	✓	✓		✓	✓								Mailing Address: PO Box 61010, Virginia Beach, VA 23466
Simply Healthcare	SMPLY	837	✓	✓					✓	✓		✓	✓		Mailing Address: PO Box 61010, Virginia Beach, VA 23466
Simply Healthcare Plans	00199	835	✓	✓											
Simply Healthcare Plans	00199	837	✓	✓					✓	✓					Former payer code 27094
Simpra Advantage Inc.	SIM01	835	✓	✓		✓	✓								
Simpra Advantage Inc.	SIM01	837	✓	✓											
Simpra Advantage Inc. (DOS > 12/31/2022)	SIM02	835	✓	✓		✓	✓								
Simpra Advantage Inc. (DOS > 12/31/2022)	SIM02	837	✓	✓											
Sinclair Health Plan	84076	837	✓	✓											
SisCo Benefits	00540	835	✓	✓		✓	✓								
SisCo Benefits	00540	837	✓	✓											
SisCo Benefits	44827	835	✓	✓		✓	✓								
SisCo Benefits	44827	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Tricare for Overseas	SX163	835		✓			✓								
Tricare for Overseas	SX163	837		✓											
Tricare Retiree Dental Program	DDPFS	837			✓						✓			✓	
Tricare West	99726	835	✓	✓		✓	✓								
Tricare West	99726	837	✓	✓					✓	✓					
TriCities IPA	PDT01	835	✓	✓		✓	✓								
TriCities IPA	PDT01	837	✓	✓											
Trigon Blue Cross and Blue Shield (Virginia)	SB924	837		✓						✓					
TRIHEALTH PHYSICIAN SOLUTIONS	31144	835	✓	✓		✓	✓								
TRIHEALTH PHYSICIAN SOLUTIONS	31144	837	✓	✓											
TRIHEALTH PHYSICIAN SOLUTIONS - CONCERN	31143	837	✓	✓											
Trillium Community Health Plan	68069	835	✓	✓		✓	✓								
Trillium Community Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Trillium Health Resources	56089	835	✓	✓		✓	✓								
Trillium Health Resources	56089	837	✓	✓											
Trinity Health Pace	TRNPC	837	✓	✓											
Trinity HealthShare	TRIN1	835	✓	✓		✓	✓								
Trinity HealthShare	TRIN1	837	✓	✓					✓	✓					
Triple-S Advantage	973MA	835	✓	✓		✓	✓								
Triple-S Advantage	973MA	837	✓	✓											
Triple-S Inc.	12B48	837	✓												
Triple-S Inc.	SB980	835		✓			✓								
Triple-S Inc.	SB980	837		✓											
TRIPLEFIN LLC	64300	837	✓	✓											
TRISTAR Benefit Administrators	42137	835	✓	✓		✓	✓								
TRISTAR Benefit Administrators	42137	837	✓	✓											
TriValley Medical Group Corporation	TVMG1	837	✓	✓											
Troy Medicare	TRYMC	835	✓	✓											
Troy Medicare	TRYMC	837	✓	✓					✓	✓					
Tru Blue TPA	83413	837	✓	✓					✓	✓					
TruAssure Insurance Company	ILDTA	837			✓						✓			✓	
True Blue / Blue Cross of Idaho	12B84	835	✓			✓									
True Blue / Blue Cross of Idaho	12B84	837	✓			✓			✓						
True Blue / Blue Cross of Idaho	SB612	835		✓			✓								
True Blue / Blue Cross of Idaho	SB612	837		✓			✓			✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Uniform Medical Plan	39026	835	✓	✓		✓	✓								
Uniform Medical Plan	39026	837	✓	✓					✓	✓					
Unify HealthCare Administrators	84962	837	✓	✓	✓										
Union Labor Life Insurance Company (IA)	TRP1E	837	✓	✓											
Union Pacific IPA (SCPMCS)	SCP01	837	✓	✓											
Union Pacific Railroad Employees Health Systems	87042	835	✓	✓		✓	✓								
Union Pacific Railroad Employees Health Systems	87042	837		✓						✓					
Union Security Insurance Company Medicare	62118	835	✓	✓		✓	✓								
Unison Health Plan/Better Health Plans	87726	837	✓	✓					✓	✓		✓	✓		
UNITE HERE	UNITE	837	✓	✓											
United Administrative Services, Inc. (ERA Only)	94174	835	✓	✓											ERA Only
United Agriculture Benefit Trust	UABT1	837		✓						✓					
United American Insurance Company (ERA Only)	92916	835	✓	✓		✓	✓								
United Americhoice of Nebraska (ERA Only)	UFNEP	835	✓	✓		✓	✓								
United AmeriChoice of Wisconsin (ERA Only)	WID01	835	✓	✓		✓	✓								
United Benefit Advisors	38260	837	✓	✓											
United Care Medical Group	ADCUC	837	✓	✓					✓	✓					
United Concordia	89070	835			✓			✓							
United Concordia	89070	837			✓						✓			✓	
United Food & Commercial Workers Midwest Unions	36659	837		✓											
United Group Programs	UGP19	837	✓	✓											
United Healthcare (Golden Rule)(JVHL)	KRJVH	835	✓	✓		✓	✓								
United Healthcare (Golden Rule)(JVHL)	KRJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
United Healthcare (non-Golden Rule)(JVHL)	J5JVH	835	✓	✓		✓	✓								
United Healthcare (non-Golden Rule)(JVHL)	J5JVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
United Healthcare Arizona Physicians IPA	GP133	835			✓			✓							
United Healthcare Arizona Physicians IPA	GP133	837			✓						✓			✓	
United Healthcare Community Plan	GP133	835			✓			✓							
United Healthcare Community Plan	GP133	837			✓						✓			✓	
United Healthcare Community Plan - New Mexico EverCare	GP133	835			✓			✓							
United Healthcare Community Plan - New Mexico EverCare	GP133	837			✓						✓			✓	
United Healthcare Community Plan - NJ (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - NJ (Formerly Americhoice)	GP133	837			✓						✓			✓	
United Healthcare Community Plan - NY (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - NY (Formerly Americhoice)	GP133	837			✓						✓			✓	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
United Healthcare Community Plan - PA (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - PA (Formerly Americhoice)	GP133	837			✓						✓			✓	
United Healthcare Community Plan - RI (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - RI (Formerly Americhoice)	GP133	837			✓						✓			✓	
United Healthcare Community Plan - TN (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - TN (Formerly Americhoice)	GP133	837			✓						✓			✓	
United Healthcare Community Plan - TX (Formerly Americhoice)	GP133	835			✓			✓							
United Healthcare Community Plan - TX (Formerly Americhoice)	GP133	837			✓						✓			✓	
United Healthcare Community Plan – MS	GP133	835			✓			✓							
United Healthcare Community Plan – MS	GP133	837			✓						✓			✓	
United Healthcare Community Plan (AHCCCS)	GP133	835			✓			✓							
United Healthcare Community Plan (AHCCCS)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (AZ Healthnet)	GP133	835			✓			✓							
United Healthcare Community Plan (AZ Healthnet)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (FL)	GP133	835			✓			✓							
United Healthcare Community Plan (FL)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (GA Medicare)	GP133	835			✓			✓							
United Healthcare Community Plan (GA Medicare)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (Great Lakes Health Plan)(JVHL)	JRVH	835	✓	✓		✓	✓								
United Healthcare Community Plan (Great Lakes Health Plan)(JVHL)	JRVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
United Healthcare Community Plan (HI Medicare)	GP133	835			✓			✓							
United Healthcare Community Plan (HI Medicare)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (KS)	GP133	835			✓			✓							
United Healthcare Community Plan (KS)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (MA)	GP133	835			✓			✓							
United Healthcare Community Plan (MA)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (MI Medicare)	GP133	835			✓			✓							
United Healthcare Community Plan (MI Medicare)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (Oxford)	GP133	835			✓			✓							
United Healthcare Community Plan (Oxford)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (Special Handling)	GP133	835			✓			✓							
United Healthcare Community Plan (Special Handling)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (Unison Health Plan)	GP133	835			✓			✓							
United Healthcare Community Plan (Unison Health Plan)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (WA Medicare)	GP133	835			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
United Healthcare Community Plan (WA Medicare)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (Wash. DC Medicare)	GP133	835			✓			✓							
United Healthcare Community Plan (Wash. DC Medicare)	GP133	837			✓						✓			✓	
United Healthcare Community Plan (WI)	GP133	835			✓			✓							
United Healthcare Community Plan (WI)	GP133	837			✓						✓			✓	
United Healthcare Community Plan AZ-Evercare	GP133	835			✓			✓							
United Healthcare Community Plan AZ-Evercare	GP133	837			✓						✓			✓	
United Healthcare Community Plan Louisiana-Medicaid (Healthy Louisiana)	GP133	835			✓			✓							
United Healthcare Community Plan Louisiana-Medicaid (Healthy Louisiana)	GP133	837			✓						✓			✓	
United Healthcare Dental	52133	835			✓			✓							
United Healthcare Dental	52133	837			✓						✓			✓	
United Healthcare NDC Claims	UHNDC	837		✓						✓					
United Healthcare/ Peoples Health	87726	835	✓	✓		✓	✓								
United Healthcare/ Peoples Health	87726	837	✓	✓					✓	✓		✓	✓		
United Medical Alliance	84132	837	✓	✓											
United of Omaha	71412	835	✓	✓		✓	✓								
United of Omaha	71412	837	✓	✓											
United Physicians International	SANDS	837	✓	✓					✓	✓					
United Teacher Assoc Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓								
United Teacher Assoc Ins Co-Medicare Supplement	13193	837	✓	✓											
UnitedHealthcare	87726	835	✓	✓		✓	✓								
UnitedHealthcare	87726	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare (Definity Health Plan)	87726	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare (Empire Plan)	87726	837		✓						✓		✓	✓		
UnitedHealthcare (MAHP MD IPA Optimum Choice MAMSI)	87726	835	✓	✓		✓	✓								
UnitedHealthcare (MAHP MD IPA Optimum Choice MAMSI)	87726	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare (Oxford Health Plans)	06111	835	✓	✓		✓	✓								
UnitedHealthcare (Oxford Health Plans)	06111	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare / MAHP - MD IPA Optimum Choice MLH (formerly MAMSI)	87726	835	✓	✓		✓	✓								
UnitedHealthcare / MAHP - MD IPA Optimum Choice MLH (formerly MAMSI)	87726	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare / UHIS - UnitedHealth Integrated Services	39026	835	✓	✓		✓	✓								
UnitedHealthcare / UHIS - UnitedHealth Integrated Services	39026	837	✓	✓					✓	✓					
UnitedHealthcare / UnitedHealthcare StudentResources	74227	835	✓	✓		✓	✓								
UnitedHealthcare / UnitedHealthcare StudentResources	74227	837	✓	✓					✓	✓					
UnitedHealthcare / UnitedHealthcare West (formerly PacifiCare)	87726	837		✓						✓		✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
UnitedHealthcare West	87726	837	✓	✓					✓	✓		✓	✓		
UnitedHealthcare West	95959	835	✓	✓		✓	✓								
UnitedHealthcare West	95959	837	✓	✓											
UnitedHealthcare West Encounters	95958	837		✓											
UnitedHealthOne	81400	835	✓	✓		✓	✓								
UnitedHealthOne	81400	837	✓	✓					✓	✓					
UnitedHealthOne (formerly Golden Rule)	37602	835	✓	✓		✓	✓								
UnitedHealthOne (formerly Golden Rule)	37602	837	✓	✓					✓	✓					Formerly Golden Rule
UnitedHealthcare Community Plan	87726	837	✓	✓					✓	✓		✓	✓		
Univera Healthcare	UNINW	835	✓	✓		✓	✓								
Univera Healthcare	UNINW	837	✓	✓						✓					
Universal Benefits (IA, MD)	TRP1E	837	✓	✓											
Universal Care - California	33001	837	✓	✓											
Universal Fidelity Administrators Company	93220	835	✓	✓		✓	✓								
Universal Fidelity Administrators Company	93220	837	✓	✓					✓	✓					
Universal Health Fellowship	53684	837	✓	✓	✓										
Universal Healthcare IPA	UHIPA	835	✓	✓		✓	✓								
Universal Healthcare IPA	UHIPA	837	✓	✓					✓	✓					
University Family Care	09830	835	✓	✓		✓	✓								
University Family Care	09830	837	✓	✓								✓	✓		
University Family Care - Maricopa Health Plan	09908	835	✓	✓		✓	✓								
University Family Care - Maricopa Health Plan	09908	837	✓	✓					✓	✓		✓	✓		
University Health Alliance	99026	837		✓						✓					
University Health Care Advantage	46407	835	✓	✓		✓	✓								
University Health Care Advantage	46407	837	✓	✓											
University Healthcare Marketplace	45437	837	✓	✓											
University of Illinois	UIC67	835	✓	✓		✓	✓								
University of Illinois	UIC67	837	✓	✓											
University of Illinois at Chicago Div of Specialized Care for Children	37601	837	✓	✓											
University of Maryland Health Advantage	45282	835	✓	✓		✓	✓								
University of Maryland Health Advantage	45282	837	✓	✓					✓	✓					
UNUM Dental	STR01	837			✓							✓			✓
Upland Medical Group	IP056	837		✓											
UPMC Health Plan	23281	835	✓	✓		✓	✓								
UPMC Health Plan	23281	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
UPMC Health Plan	UPMCD	835			✓			✓							
UPMC Health Plan	UPMCD	837			✓						✓			✓	
UPMC Vision Advantage	25184	835	✓	✓		✓	✓								
UPMC Vision Advantage	25184	837	✓	✓											
Upper Peninsula Health Group (TPA)	37324	835	✓	✓											
Upper Peninsula Health Group (TPA)	37324	837	✓	✓											
Upper Peninsula Health Plan (Medicaid)	38337	835	✓	✓		✓	✓								
Upper Peninsula Health Plan (Medicaid)	38337	837	✓	✓											
US Benefits	93092	835	✓	✓		✓	✓								
US Benefits	93092	837	✓	✓											
US Department of Labor	77044	835	✓	✓		✓	✓								
US Department of Labor	77044	837	✓	✓											
US Department of Labor - Black Lung	77104	835		✓			✓								
US Department of Labor - Black Lung	77104	837		✓						✓					
US Department of Labor - Energy	77103	835		✓			✓								
US Department of Labor - Energy	77103	837		✓						✓					
US Engagement, LLC	50443	837	✓	✓											
US Family Health Plan	90551	837	✓	✓											
US Family Health Plan (USFHP) TX AND LA	USFHP	835	✓	✓		✓	✓								
US Family Health Plan (USFHP) TX AND LA	USFHP	837	✓	✓						✓					
US Imaging Network	50383	835	✓	✓		✓	✓								
US Imaging Network	50383	837	✓	✓											
USAA (United Services Automobile Association)	74095	835	✓	✓		✓	✓								
USAA (United Services Automobile Association)	74095	837	✓	✓											
USAA-Medicare Supplemental (ERA Only)	USAAM	835	✓	✓		✓	✓								
USFHP - St. Vincent Catholic Medical Centers of New York	13407	835	✓	✓		✓	✓								
USFHP - St. Vincent Catholic Medical Centers of New York	13407	837	✓	✓											
USHealth Group	USHA1	835	✓	✓		✓	✓								Claims for this remit code are submitted under one of the family companies: Freedom Life Insurance Company of America, National Foundation Life Insurance Company or Enterprise Life Insurance Company
USHL	38261	837	✓	✓											
Utah Medicaid	12K42	837	✓			✓									
Utah Medicaid	SKUTO	837		✓			✓								
Utah Medicaid	UTMCD	835	✓	✓		✓	✓								Effective October 21st, 2024, Route has change to EDI Gateway with "Optum"

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Utah Medicare	12M84	837	✓			✓									
Utah Medicare	MR046	835	✓			✓									
Utah Medicare	SMUT0	835		✓			✓								
Utah Medicare	SMUT0	837		✓			✓			✓					
UTMB Correctional Managed Care	UTMBC	835	✓	✓											
UTMB Correctional Managed Care	UTMBC	837	✓	✓											
UW Graduate Appointee Plan	91136	835	✓	✓		✓	✓								
UW Graduate Appointee Plan	91136	837	✓	✓											
VA Community Care Network Region 1	VACCN	835	✓	✓		✓	✓								
VA Community Care Network Region 1	VACCN	837	✓	✓	✓				✓	✓	✓				For DOS after 7/29/19
VA Community Care Network Region 2	VACCN	835	✓	✓		✓	✓								
VA Community Care Network Region 2	VACCN	837	✓	✓	✓				✓	✓	✓				For DOS after 7/29/19
VA Community Care Network Region 3	VACCN	835	✓	✓		✓	✓								
VA Community Care Network Region 3	VACCN	837	✓	✓	✓				✓	✓	✓				For DOS after 7/29/19
VA Community Care Network Region 4	VACCN4	835	✓	✓		✓	✓								
VA Community Care Network Region 4	VACCN4	837	✓	✓					✓	✓					
VA Community Care Network Region 5	VACCN5	835	✓	✓		✓	✓								
VA Community Care Network Region 5	VACCN5	837	✓	✓					✓	✓					
VA Fee Basis Programs	12115	835	✓	✓		✓	✓								
VA Fee Basis Programs	12115	837	✓	✓											
VA Financial Services Center (Dialysis)	VAFSC	837	✓						✓						
Valenz	94749	837	✓	✓											
Valenz-Auxiant	92645	837	✓	✓											
Valir Pace	64009	837	✓	✓											
Valir Pace Medicare Advantage	R3463	835	✓	✓		✓	✓								
Valir Pace Medicare Advantage	R3463	837	✓	✓											
Valley Baptist Health Plan	12T06	837	✓						✓						
Valley Baptist Health Plan	TH022	837		✓											
Valley Care IPA	VCIPA	835	✓	✓		✓	✓								
Valley Care IPA	VCIPA	837	✓	✓					✓	✓					
Valley Health Plan (Commercial)	VHP01	835	✓	✓		✓	✓								
Valley Health Plan (Commercial)	VHP01	837	✓	✓		✓	✓		✓	✓					
Valley Health Plan (Medi-Cal)	VHP02	835	✓	✓		✓	✓								
Valley Health Plan (Medi-Cal)	VHP02	837	✓	✓		✓	✓		✓	✓					
Valley Health Plan Encounter	VHP03	837	✓	✓		✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Vermont Medicare	SMVT0	837		✓			✓			✓					
VESTACARE	VESTA	837	✓	✓											
VGM Homelink	50701	835		✓			✓								
VGM Homelink	50701	837		✓											
Via Christi HOPE	48123	837	✓	✓											
Vibra Health Plan	15976	835	✓	✓		✓	✓								ERA Only
Vibra Health Plan	15976	837	✓	✓											
Victor Valley IPA	VVIPA	837		✓											
VieCare Life and Beaver and Life Lawrence Counties	25924	835	✓	✓											
VieCare Life and Beaver and Life Lawrence Counties	25924	837	✓	✓											
VieCare Life Armstrong	25922	835	✓	✓											
VieCare Life Armstrong	25922	837	✓	✓											
VieCare LIFE Butler	25923	835	✓	✓											
VieCare LIFE Butler	25923	837	✓	✓											
Village Family Practice	73743	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Village Practice Management Company	36477	837	✓	✓											
VillageCareMAX	26545	835	✓	✓		✓	✓								
VillageCareMAX	26545	837	✓	✓											
Virgin Islands Medicare	12M52	835	✓			✓									
Virgin Islands Medicare	12M52	837	✓			✓									
Virgin Islands Medicare	SMVIO	835		✓			✓								
Virgin Islands Medicare	SMVIO	837		✓			✓								
Virginia Health Network, Inc.	54138	837		✓						✓					
Virginia Mason Group Health	91131	835	✓	✓		✓	✓								
Virginia Mason Group Health	91131	837	✓	✓											
Virginia Medicaid	12003	835	✓			✓									
Virginia Medicaid	12003	837	✓							✓					
Virginia Medicaid	SKVA0	835		✓			✓								
Virginia Medicaid	SKVA0	837		✓						✓					
Virginia Medicare	12004	837	✓							✓					
Virginia Medicare	SMVA0	835		✓			✓								
Virginia Medicare	SMVA0	837		✓			✓			✓					
Virginia Premier Health Plan	VAPRM	835	✓	✓		✓	✓								
Virginia Premier Health Plan	VAPRM	837	✓	✓						✓	✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Washington Medicare	SMWA0	837		✓			✓			✓					
Washington National	70319	835	✓	✓		✓	✓								ERA Only
Washington State Dept of Labor and Industry	SX063	835	✓	✓		✓	✓								
Washington State Dept of Labor and Industry	SX063	837	✓	✓		✓	✓								
Waterstone Benefit Administrators (Oklahoma Providers)	73155	837	✓	✓											
Waterstone Benefit Administrators (Outside Oklahoma)	23051	837	✓	✓											
Watts Health Care	MPM09	837	✓	✓					✓	✓					
WebTPA Employer Services LLC	75261	835	✓	✓		✓	✓								Per the payer's request, the payer's name has been updated to WebTPA Employer Services LLC.
WebTPA Employer Services LLC	75261	837	✓	✓	✓										Electronic Remittance Advice (ERA) will continue to be routed through SDS
Weiss Health Providers	36337	837	✓	✓											
WelbeHealth	WBHCA	835	✓	✓											
WelbeHealth	WBHCA	837	✓	✓					✓	✓					
Welcome Health	MPM57	837	✓	✓											
Welfare and Pension Administrators	91136	835	✓	✓		✓	✓								
Welfare and Pension Administrators	91136	837	✓	✓	✓										
Well Sense Health Plan	13337	835	✓	✓		✓	✓								
Well Sense Health Plan	13337	837	✓	✓					✓	✓					
Well-Med	WELM2	835	✓	✓		✓	✓								
Well-Med	WELM2	837	✓	✓					✓	✓					
WellCare (JVHL)	MMJVH	835	✓	✓		✓	✓								
WellCare (JVHL)	MMJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Wellcare by Allwell	68069	835	✓	✓		✓	✓								
Wellcare by Allwell	68069	837	✓	✓					✓	✓		✓	✓		
Wellcare Complete	68069	835	✓	✓		✓	✓								
Wellcare Complete	68069	837	✓	✓					✓	✓		✓	✓		
Wellcare Health Plan, Inc. (Encounters only)	59354	835	✓	✓		✓	✓								
Wellcare Health Plan, Inc. (Encounters only)	59354	837	✓	✓					✓	✓					
Wellcare Health Plan, Inc. (Fee-for-Service)	14163	835	✓	✓		✓	✓								
Wellcare Health Plan, Inc. (Fee-for-Service)	14163	837	✓	✓					✓	✓		✓	✓		
WellCare of North Carolina	14163	835	✓	✓		✓	✓								
WellCare of North Carolina	14163	837	✓	✓					✓	✓		✓	✓		
WellChoice of NJ	00803	835		✓			✓								
WellChoice of NJ	SB803	837		✓						✓					ERA Payer Code 00803.
Wellmark BCBS - Medicare COB	12B92	837	✓						✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Wellnet Health Plans	25711	837	✓	✓						✓	✓				
Wellnet Healthcare Administrators, Inc.	93669	837	✓	✓	✓										
WellPay/Inssolen	95729	837	✓	✓											
WellSpace Nexus LLC	NEXUS	835	✓	✓											
WellSpace Nexus LLC	NEXUS	837	✓	✓											
WellSystems LLC	35245	835	✓	✓		✓	✓								aka Continental Benefits
WellSystems LLC	35245	837	✓	✓											
West Covina Medical Group	66124	837	✓	✓											
West Suburban Health Providers	80942	837	✓	✓											
West Virginia Family Health Plan	45276	835	✓	✓											
West Virginia Family Health Plan	45276	837	✓	✓											Effective 6/30/2019, there will no longer be a West Virginia Family Health plan. The remaining members will choose one of the remaining 3 MCOs as their plan for service dates 7/1/2019 and forward. Payer ID 45276 West Virginia Family Health Plan will remain active only for claims for service dates prior to 7/1/2019. Providers should check member cards to ensure they send claims to the correct WV MCO plan for service dates 7/1/2019 and forward.
West Virginia Medicaid	12K28	835	✓			✓									
West Virginia Medicaid	12K28	837	✓							✓					
West Virginia Medicaid	SKWV0	835		✓			✓								
West Virginia Medicaid	SKWV0	837		✓						✓					
West Virginia Medicare	12M28	837	✓			✓									
West Virginia Medicare	SMWV0	835		✓			✓								
West Virginia Medicare	SMWV0	837		✓			✓								
West Virginia Senior Choice	WVS01	835	✓	✓		✓	✓								
West Virginia Senior Choice	WVS01	837	✓	✓						✓	✓				
Western Grower's Insurance Company	24735	837	✓	✓											
Western Growers Assurance Trust	24375	837	✓	✓						✓	✓				
Western Health Advantage	68039	837	✓	✓											
Western Health Advantage by Ayin	77225	835	✓	✓		✓	✓								
Western Health Advantage by Ayin	77225	837	✓	✓											
Western Mutual Insurance	37247	837	✓	✓											
Western Oregon Advanced Health	DOCSO	835		✓			✓								
Western Oregon Advanced Health	DOCSO	837		✓							✓				
Western Oregon Advanced Health	UOCSO	835	✓			✓									
Western Oregon Advanced Health	UOCSO	837	✓							✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Western Reserve Life Insurance Company (TX)	TRLTC	837	✓	✓					✓	✓					
Western Sky Community Care	68069	835	✓	✓		✓	✓								
Western Sky Community Care	68069	837	✓	✓					✓	✓		✓	✓		
Western Southern Financial Group (Cincinnati OH)	31048	835	✓	✓											
Western Southern Financial Group (Cincinnati OH)	31048	837	✓	✓											
White Memorial Altamed Medical Group	MPM55	837	✓	✓					✓	✓					
White Memorial Medical Center	NMM01	835	✓	✓		✓	✓								Formerly known as Network Medical Management
White Memorial Medical Center	NMM01	837	✓	✓											Formerly known as Network Medical Management
Willamette Valley Community Health	WVCH5	835	✓	✓		✓	✓								
Willamette Valley Community Health	WVCH5	837	✓	✓											
William C. Earhart	93050	835	✓	✓		✓	✓								
William C. Earhart	93050	837	✓	✓											
Willow Health	WHLTH	837	✓	✓					✓	✓					
Wilson McShane Dental	R7002	837			✓						✓				✓
Wilson-McShane	41095	837	✓	✓											
Windsor Medicare Extra	62153	837	✓	✓					✓	✓					
WINHealth	27327	835	✓	✓		✓	✓								
WINHealth	27327	837	✓	✓					✓	✓					
Wisconsin Chronic Disease Program (WCDP)	SKWID	835	✓	✓		✓	✓								
Wisconsin Chronic Disease Program (WCDP)	SKWID	837	✓	✓					✓	✓					
Wisconsin Department of Corrections	74101	835	✓	✓		✓	✓								
Wisconsin Department of Corrections	74101	837	✓	✓											
Wisconsin Medicaid	CKW1	835			✓			✓							
Wisconsin Medicaid	CKW1	837			✓										
Wisconsin Medicaid	SKWIO	835	✓	✓		✓	✓								
Wisconsin Medicaid	SKWIO	837	✓	✓					✓	✓					
Wisconsin Medicare	12M29	835	✓			✓									
Wisconsin Medicare	12M29	837	✓			✓			✓						
Wisconsin Medicare	SMWIO	835		✓			✓								
Wisconsin Medicare	SMWIO	837		✓			✓			✓					
Wisconsin Well Woman Program (WWWP)	SKWIW	835	✓	✓		✓	✓								
Wisconsin Well Woman Program (WWWP)	SKWIW	837	✓	✓					✓	✓					
Women's Integrated Network Inc. (WIN Fertility)	13413	837		✓											
Workers Comp of West Virginia	SX067	837		✓											
Workers Comp/Arkansas Blue Cross	12048	837	✓						✓						

