



CLAIMS & ERA PAYER LIST

August 01, 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.

Submitter Id Column: A Check-mark Indicates that the payer requires a provider submitter Id crosswalk for the transaction type.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Abrazo Advantage Health Plan	03443	837	✓	✓					✓	✓								Also known as Phoenix Advantage
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 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	835	✓	✓		✓	✓											
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	✓	✓														
AdminOne, LLC	87871	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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Advantage by Bridgeway Health Solutions	68069	835	✓	✓		✓	✓											
Advantage by Bridgeway Health Solutions	68069	837	✓	✓					✓	✓		✓	✓					
Advantage by Buckeye Community Health Plan	68069	835	✓	✓		✓	✓											
Advantage by Buckeye Community Health Plan	68069	837	✓	✓					✓	✓		✓	✓					
Advantage by Managed Health Services	68069	835	✓	✓		✓	✓											
Advantage by Managed Health Services	68069	837	✓	✓					✓	✓		✓	✓					
Advantage by Peach State	68069	835	✓	✓		✓	✓											
Advantage by Peach State	68069	837	✓	✓					✓	✓		✓	✓					
Advantage by Sunshine State	68069	835	✓	✓		✓	✓											
Advantage by Sunshine State	68069	837	✓	✓					✓	✓		✓	✓					
Advantage by Superior HealthPlan	68069	835	✓	✓		✓	✓											
Advantage by Superior HealthPlan	68069	837	✓	✓					✓	✓		✓	✓					
Advantage Care IPA	ACIPA	837	✓	✓					✓	✓								
Advantage Medical Group	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Advantage Medical Group	NMM01	837	✓	✓														Formerly known as Network Medical Management
Advantek Benefit Administrators	83077	835	✓	✓		✓	✓											
Advantek Benefit Administrators	83077	837	✓	✓														
ADVANTICA BENEFITS	59374	835	✓	✓		✓	✓											
ADVANTICA BENEFITS	59374	837	✓	✓					✓	✓								
Advanzeon Solutions	59314	837	✓	✓														
Adventist Hanford	MPM36	837	✓	✓					✓	✓								
Adventist Health Care Network	MPM51	837	✓	✓					✓	✓								
Adventist Health Plan (AHP)	MPM37	837	✓	✓					✓	✓								
Adventist Health System West - Roseville CA	95340	835	✓	✓		✓	✓											
Adventist Health System West - Roseville CA	95340	837	✓	✓														
Adventist White Memorial - Crown City Medical Group	MPM33	837	✓	✓					✓	✓								
Adventist White Memorial - Southland Gabriel Valley	MPM34	837	✓	✓					✓	✓								
Advisory Health Administrators	CB159	837	✓	✓														
Advocate Medical Group - AMG (Legacy AHC)	36320	835	✓	✓		✓	✓											
Advocate Medical Group - AMG (Legacy AHC)	36320	837	✓	✓														
Advocate Physician Partners	65093	835	✓	✓		✓	✓											
Advocate Physician Partners	65093	837	✓	✓														
Aegis Administrative Services	CB637	837	✓	✓														
Aetna	60054	835	✓	✓	✓	✓	✓	✓										
Aetna	60054	837	✓	✓	✓				✓	✓		✓	✓					

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			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Aetna (Professional Encounter Claims - Not BULK)	60054	837		✓						✓		✓	✓					
Aetna Affordable Health Choices (SM) - SRC	57604	835	✓	✓		✓	✓											
Aetna Affordable Health Choices (SM) - SRC	57604	837	✓	✓					✓	✓								
Aetna Affordable Health Choices (SM) - SRC	60054	835	✓	✓		✓	✓											
Aetna Affordable Health Choices (SM) - SRC	60054	837	✓	✓					✓	✓		✓	✓					
Aetna Better Health of California	128CA	835	✓	✓		✓	✓											
Aetna Better Health of California	128CA	837	✓	✓														
Aetna Better Health of Florida	128FL	835	✓	✓		✓	✓											
Aetna Better Health of Florida	128FL	837	✓	✓														
Aetna Better Health of Illinois	68024	835	✓	✓		✓	✓											
Aetna Better Health of Illinois	68024	837	✓	✓														
Aetna Better Health of Kansas	128KS	835	✓	✓		✓	✓											
Aetna Better Health of Kansas	128KS	837	✓	✓					✓	✓								
Aetna Better Health of Kentucky	128KY	835	✓	✓		✓	✓											
Aetna Better Health of Kentucky	128KY	837	✓	✓					✓	✓								
Aetna Better Health of Louisiana	128LA	835	✓	✓		✓	✓											
Aetna Better Health of Louisiana	128LA	837	✓	✓														
Aetna Better Health of Maryland	128MD	835	✓	✓		✓	✓											
Aetna Better Health of Maryland	128MD	837	✓	✓														
Aetna Better Health of Michigan	128MI	835	✓	✓		✓	✓											
Aetna Better Health of Michigan	128MI	837	✓	✓														
Aetna Better Health of Nebraska (for claims with DOS prior to 1/1/17)	25133	835	✓	✓														
Aetna Better Health of New Jersey	46320	835	✓	✓		✓	✓											
Aetna Better Health of New Jersey	46320	837	✓	✓					✓	✓								
Aetna Better Health of New York	34734	835	✓	✓		✓	✓											
Aetna Better Health of New York	34734	837	✓	✓														
Aetna Better Health of Ohio	50023	835	✓	✓		✓	✓											
Aetna Better Health of Ohio	50023	837	✓	✓														
Aetna Better Health of Oklahoma	128OK	835	✓	✓		✓	✓											
Aetna Better Health of Oklahoma	128OK	837	✓	✓					✓	✓								This payer is not available for production until April 1, 2024.
Aetna Better Health of Pennsylvania	23228	835	✓	✓		✓	✓											
Aetna Better Health of Pennsylvania	23228	837	✓	✓														
Aetna Better Health of Texas (Medicaid & CHIP)	38692	835	✓	✓		✓	✓											
Aetna Better Health of Texas (Medicaid & CHIP)	38692	837	✓	✓														
Aetna Better Health of Virginia	128VA	835	✓	✓		✓	✓											

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			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Aetna Better Health of Virginia	128VA	837	✓	✓														
Aetna Better Health of West Virginia	128WV	835	✓	✓		✓	✓											
Aetna Better Health of West Virginia	128WV	837	✓	✓														
Aetna Better Health Premier Plan (JVHL)	M5JVH	835	✓	✓		✓	✓											
Aetna Better Health Premier Plan (JVHL)	M5JVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Aetna Better Health Premier Plan MMAI	26337	835	✓	✓		✓	✓											
Aetna Better Health Premier Plan MMAI	26337	837	✓	✓					✓	✓								
Aetna Medicare	60054	835	✓	✓		✓	✓											
Aetna Medicare	60054	837	✓	✓					✓	✓		✓	✓					
Aetna OhioRISE	45221	837	✓	✓														
Aetna OhioRISE	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Aetna Senior Supplement/American Continental	62118	835	✓	✓		✓	✓											
Aetna U.S. Healthcare (JVHL)	J1JVH	835	✓	✓		✓	✓											
Aetna U.S. Healthcare (JVHL)	J1JVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Affiliated Doctor's of Orange County	ADOCS	837	✓	✓														
Affiliated Partners IPA	POP09	837		✓														
Affiliated Physicians IPA	POP06	837		✓														
Affinity by Molina Healthcare	16146	835	✓	✓		✓	✓											As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Affinity by Molina Healthcare	16146	837	✓	✓					✓	✓								
Affinity Health Plan	13334	835	✓	✓		✓	✓											
Affinity Health Plan	13334	837	✓	✓														
AFFINITY MEDICAL GROUP	46594	837	✓	✓														
AFLAC (ERA Only)	52080	835	✓	✓		✓	✓											
Aflac Benefits Solutions, Inc	ABS01	837		✓	✓													
AFTRA Health Fund (claims with DOS on or after 1/1/2015)	62308	835	✓	✓		✓	✓											
AFTRA Health Fund (claims with DOS on or after 1/1/2015)	62308	837	✓	✓					✓	✓								
AGA	37280	837	✓	✓														
Agate Resources Inc. (LIPA)	20048	837		✓														
Agency Services Inc	64158	837	✓	✓														
AgeRight Advantage	ARA01	837	✓	✓														As of January 23, 2024, the payer does not offer an electronic remittance.
Agewell New York	AWNY6	835	✓	✓														
Agewell New York	AWNY6	837	✓	✓														
AHP Provider Network	MPM38	837	✓	✓					✓	✓								
AHPO (Cleveland OH)	31138	837	✓	✓														
AHS Plans	91026	837	✓	✓	✓				✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
AIDS Healthcare Foundation	95422	837	✓	✓														
Aither Health	64884	835	✓	✓		✓	✓											
Aither Health	64884	837	✓	✓					✓	✓								
AKM Medical Group	CAPMN	837	✓	✓					✓	✓								
Alabama Medicaid	12K01	835	✓			✓												
Alabama Medicaid	12K01	837	✓															
Alabama Medicaid	SKAL0	835		✓			✓											
Alabama Medicaid	SKAL0	837		✓						✓								
Alabama Medicare	10112	835		✓			✓											
Alabama Medicare	10112	837		✓			✓			✓								
Alameda Alliance for Health	95327	835	✓	✓		✓	✓											
Alameda Alliance for Health	95327	837	✓	✓		✓	✓		✓	✓								
Alamitos IPA	AIPAZ	837	✓	✓					✓	✓								For DOS Prior to 5/1/2020. Claims with DOS 5/1/20 and after use payer code CAPMN.
Alamitos IPA	CAPMN	837	✓	✓					✓	✓								
Alan Sturm & Associates Dental	R7003	837			✓						✓			✓				
Alaska Carpenters Trust	91136	837		✓														
Alaska Children's Services Inc.	91136	837	✓	✓														
Alaska Electrical Trust Funds	60054	835	✓	✓		✓	✓											
Alaska Electrical Trust Funds	60054	837	✓	✓					✓	✓		✓	✓					
Alaska Laborers Construction Industry Trust	91136	837	✓	✓														
Alaska Medicaid	77200	835	✓	✓		✓	✓											
Alaska Medicaid	77200	837	✓	✓		✓	✓		✓	✓								
Alaska Medicare	SMAK0	835		✓			✓											
Alaska Medicare	SMAK0	837		✓			✓			✓						✓		
Alaska Pipe Trades Local 375	91136	837	✓	✓														
Alaska United Food & Commercial Workers Health & Welfare Trust	91136	837	✓	✓														
Albuquerque Public Schools	85600	835	✓	✓		✓	✓											
Albuquerque Public Schools	85600	837	✓	✓														
Alexian Brothers Community Services of TN	44423	837	✓	✓														
ALICARE	13550	835	✓	✓		✓	✓											
ALICARE	13550	837	✓	✓														
Align Senior Care (CA)	ASCA1	835	✓	✓		✓	✓											
Align Senior Care (CA)	ASCA1	837	✓	✓														
Align Senior Care (FL)	ASFL1	835	✓	✓		✓	✓											
Align Senior Care (FL)	ASFL1	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Align Senior Care (MI)	ASMI1	835	✓	✓		✓	✓											
Align Senior Care (MI)	ASMI1	837	✓	✓														
Align Senior Care (VA)	ASVA1	835	✓	✓		✓	✓											
Align Senior Care (VA)	ASVA1	837	✓	✓														
Aligned Community Physicians	ACP17	837	✓	✓					✓	✓								As of November 14, 2023, Electronic Remits Advice (ERA) is not available for this payer at this time.
Alignment Health Plan	CCHPC	835	✓	✓		✓	✓											
Alignment Health Plan	CCHPC	837	✓	✓														
Alignment Healthcare	AHCA1	835	✓	✓		✓	✓											
Alignment Healthcare	AHCA1	837	✓	✓														
All Savers/UHC	81400	835	✓	✓		✓	✓											
All Savers/UHC	81400	837	✓	✓					✓	✓								
AllCare Advantage	MRCHP	837	✓	✓														Former payer ID 26160
Allcare Health CCO	MRIPA	835	✓	✓		✓	✓											
Allcare Health CCO	MRIPA	837	✓	✓														
AllCare IPA	AC101	835		✓			✓											
AllCare IPA	AC101	837		✓														
Allegiance Benefit Plan Management Inc.	81040	835	✓	✓	✓	✓	✓	✓										
Allegiance Benefit Plan Management Inc.	81040	837	✓	✓	✓						✓							
Alliance Behavioral Health	23071	835	✓	✓		✓	✓											
Alliance Behavioral Health	23071	837	✓	✓		✓	✓		✓	✓								
Alliance Coal Health Plan	93658	835	✓	✓		✓	✓											
Alliance Coal Health Plan	93658	837	✓	✓														
Alliance IPA	HCP01	837	✓						✓									This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Alliance Physicians High Desert	22417	835	✓	✓		✓	✓											EFT enrollment is required in order to obtain ERA's
Alliance Physicians High Desert	22417	837	✓	✓														
Alliance Physicians Medical Group	APP01	835	✓	✓		✓	✓											
Alliance Physicians Medical Group	APP01	837	✓	✓					✓	✓								
Alliant Health Plans of Georgia	58234	835	✓	✓		✓	✓											
Alliant Health Plans of Georgia	58234	837	✓	✓														
Allianz Global Assistance	50749	837	✓	✓														
Allied Benefit Systems	37308	835	✓	✓		✓	✓											
Allied Benefit Systems	37308	837	✓	✓	✓													
Allied Healthcare	ALLCA	835	✓	✓														Payer returns ERA's automatically once electronic claim submission begins.
Allied Healthcare	ALLCA	837	✓	✓														Payer returns ERA's automatically once electronic claim submission begins.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Allied Pacific of California	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Allied Pacific of California	NMM01	837	✓	✓														Formerly known as Network Medical Management
Allied Physicians Medical Group	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Allied Physicians Medical Group	NMM01	837	✓	✓														Formerly known as Network Medical Management
Allina Health Aetna	54398	835	✓	✓		✓	✓											
Allina Health Aetna	54398	837	✓	✓					✓	✓								
Allwell of Arkansas Health & Wellness	68069	835	✓	✓		✓	✓											
Allwell of Arkansas Health & Wellness	68069	837	✓	✓					✓	✓		✓	✓					
Aloha Care	99030	835	✓	✓		✓	✓											
Aloha Care	99030	837	✓	✓		✓	✓											
Alpha Care Medical Group	NMM04	835	✓	✓		✓	✓											
Alpha Care Medical Group	NMM04	837	✓	✓														Former payer code MPM32.
Alta Bates Medical Group	A0701	837	✓	✓														
AltaMed	ALTAM	835	✓	✓		✓	✓											
AltaMed	ALTAM	837	✓	✓					✓	✓								Effective 3/27/19, the new payer ID is ALTAM
Alterwood Advantage	RP016	837	✓	✓														
Altus Dental	50503	837			✓									✓				
Alvarado IPA	SYMED	837	✓	✓														
Always Care Benefits	STR01	837			✓						✓			✓				
Always Care Vision	ATR01	837		✓														
AMA Insurance Agency	AMAIA	835	✓			✓												
AMA Insurance Agency	AMAIA	837	✓															
AMA Insurance Agency	TH071	835		✓			✓											
Amada Health	AMDA1	835	✓	✓														
Amada Health	AMDA1	837	✓	✓					✓	✓								
Amada Health South	AMDA2	835	✓	✓														
Amada Health South	AMDA2	837	✓	✓					✓	✓								
Amalgamated Life	13550	835	✓	✓		✓	✓											
Amalgamated Life	13550	837	✓	✓														
AMBETTER OF ARKANSAS	68069	835	✓	✓		✓	✓											
AMBETTER OF ARKANSAS	68069	837	✓	✓					✓	✓		✓	✓					
Ambetter of Illinois	68069	835	✓	✓		✓	✓											
Ambetter of Illinois	68069	837	✓	✓					✓	✓		✓	✓					
AMCO	62176	837	✓	✓														
Ameri-West Health Associates	PROSP	835	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Ameri-West Health Associates	PROSP	837	✓	✓					✓	✓								
AmeriBen Solutions Inc.	75137	835	✓	✓		✓	✓											
AmeriBen Solutions Inc.	75137	837	✓	✓														
America's Choice Health Plans	20029	835	✓	✓		✓	✓											
America's Choice Health Plans	20029	837	✓	✓														
America's TPA	41178	837	✓	✓					✓	✓								
Americaid Community Care (New Jersey)	27516	837	✓	✓					✓	✓								
American Administrative Group	75240	837	✓	✓					✓	✓								
American Behavioral	63103	835	✓	✓		✓	✓											
American Behavioral	63103	837	✓	✓														
American Benefit Plan Administrators	95170	835	✓	✓		✓	✓											
American Family Insurance	12T31	837	✓															
American Family Insurance	TH095	837	✓	✓														
American Family Medicare Sup and PPO Policies Administered by Am Rep	56071	837	✓	✓														
American Fidelity Assurance Company	60801	837	✓	✓														
American General	62030	835	✓	✓														
American General	62030	837	✓	✓														
American Health Advantage of Indiana	RP115	837	✓	✓														
American Health Advantage of Mississippi	31135	835	✓	✓		✓	✓											
American Health Advantage of Mississippi	31135	837	✓	✓					✓	✓								
American Health Advantage of Oklahoma	31125	835	✓	✓		✓	✓											
American Health Advantage of Oklahoma	31125	837	✓	✓														
American Health Advantage of Pennsylvania	PA901	837	✓	✓														
American Health Advantage of Tennessee	31130	837	✓	✓														
American Health Advantage of Texas	31155	835	✓	✓		✓	✓											
American Health Advantage of Texas	31155	837	✓	✓					✓	✓								
AMERICAN HEALTH ADVANTAGE UTAH	31145	835	✓	✓		✓	✓											
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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 (IA, DC, MD, FL, GA, WA, TN, TX, NM)	26375	835	✓	✓		✓	✓											
Amerigroup Community Care - Iowa/Maryland	27514	835	✓	✓		✓	✓											
Amerigroup District of Columbia	26375	835	✓	✓		✓	✓											
Amerigroup Florida	27519	837	✓	✓					✓	✓								
Amerigroup Georgia	26375	835	✓	✓		✓	✓											
Amerigroup Illinois	27518	837	✓	✓					✓	✓								
Amerigroup New Mexico	26375	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Arizona	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Arizona	WLPNT	837	✓	✓					✓	✓		✓	✓					
Amerigroup/Wellpoint Iowa	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Iowa	WLPNT	837	✓	✓					✓	✓		✓	✓					
Amerigroup/Wellpoint New Jersey	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint New Jersey	WLPNT	837	✓	✓					✓	✓		✓	✓					
Amerigroup/Wellpoint Tennessee	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Tennessee	WLPNT	837	✓	✓					✓	✓		✓	✓					
Amerigroup/Wellpoint Texas	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Texas	WLPNT	837	✓	✓					✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Amerigroup/Wellpoint Washington	WLPNT	835	✓	✓		✓	✓											
Amerigroup/Wellpoint Washington	WLPNT	837	✓	✓					✓	✓		✓	✓					
AmeriHealth Administrators	54763	835	✓	✓		✓	✓											
AmeriHealth Administrators	54763	837	✓	✓					✓	✓								
AmeriHealth Caritas Delaware	77799	835	✓	✓		✓	✓											
AmeriHealth Caritas Delaware	77799	837	✓	✓					✓	✓		✓	✓					
AmeriHealth Caritas Florida	77003	835	✓	✓		✓	✓											Formerly Prestige Health Choice
AmeriHealth Caritas Florida	77003	837	✓	✓														
Amerihealth Caritas Louisiana (LACare)	27357	835	✓	✓		✓	✓											
Amerihealth Caritas Louisiana (LACare)	27357	837	✓	✓					✓	✓		✓	✓					
AmeriHealth Caritas New Hampshire	87716	835	✓	✓		✓	✓											
AmeriHealth Caritas New Hampshire	87716	837	✓	✓								✓	✓					
AmeriHealth Caritas Next - A Product of AmeriHealth Caritas VIP Next, Inc.	47073	835	✓	✓		✓	✓											
AmeriHealth Caritas Next - A Product of AmeriHealth Caritas VIP Next, Inc.	47073	837	✓	✓					✓	✓								
AmeriHealth Caritas Next A Product of AmeriHealth Caritas Florida, Inc.	45408	835	✓	✓		✓	✓											
AmeriHealth Caritas Next A Product of AmeriHealth Caritas Florida, Inc.	45408	837	✓	✓														
AmeriHealth Caritas Next North Carolina	83148	835	✓	✓		✓	✓											
AmeriHealth Caritas Next North Carolina	83148	837	✓	✓														
AmeriHealth Caritas North Carolina	81671	835	✓	✓		✓	✓											
AmeriHealth Caritas North Carolina	81671	837	✓	✓														
AmeriHealth Caritas of Ohio Medicaid MCE	35374	835	✓	✓		✓	✓											
AmeriHealth Caritas of Ohio Medicaid MCE	35374	837	✓	✓					✓	✓								
AmeriHealth Caritas Ohio	84243	837	✓	✓					✓	✓		✓	✓					
AmeriHealth Caritas Ohio	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
AmeriHealth Caritas Ohio Transportation	42435	837	✓	✓														
AmeriHealth Caritas Ohio Transportation	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
AmeriHealth Caritas Pennsylvania	22248	835	✓	✓		✓	✓											
AmeriHealth Caritas Pennsylvania	22248	837	✓	✓					✓	✓		✓	✓					
AmeriHealth Caritas VIP Care	77062	835	✓	✓		✓	✓											
AmeriHealth Caritas VIP Care	77062	837	✓	✓								✓	✓					
AmeriHealth Caritas VIP Care - Delaware DSNP	87406	835	✓	✓		✓	✓											
AmeriHealth Caritas VIP Care - Delaware DSNP	87406	837	✓	✓								✓	✓					
AmeriHealth Caritas VIP Care - Florida DSNP	88232	835	✓	✓		✓	✓											
AmeriHealth Caritas VIP Care - Florida DSNP	88232	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Amerihealth Caritas VIP Care Plus (JVHL)	MDJVH	835	✓	✓		✓	✓											
Amerihealth Caritas VIP Care Plus (JVHL)	MDJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
AmeriHealth Caritas VIP Care Plus (Michigan)	77013	835	✓	✓		✓	✓											
AmeriHealth Caritas VIP Care Plus (Michigan)	77013	837	✓	✓														
AmeriHealth Delaware (Non-HMO)	93688	837	✓	✓					✓	✓								ERA Payer Code SX055
AmeriHealth Delaware (Non-HMO)	SX055	835	✓	✓		✓	✓											
Amerihealth District of Columbia	77002	835	✓	✓		✓	✓											
Amerihealth District of Columbia	77002	837	✓	✓														
AmeriHealth New Jersey (Non-HMO)	60061	835	✓	✓		✓	✓											
AmeriHealth New Jersey (Non-HMO)	60061	837	✓	✓					✓	✓								
Amerihealth NJ/DE HMO	95044	835	✓	✓		✓	✓											
Amerihealth NJ/DE HMO	95044	837	✓	✓					✓	✓								
AmeriHealth NorthEast	77001	835	✓	✓		✓	✓											
AmeriHealth NorthEast	77001	837	✓	✓					✓	✓								
Ameritas Dental	47009	835			✓			✓										
Ameritas Dental	47009	837			✓						✓			✓				
Ameritas Life Insurance Corp of New York	72630	835			✓			✓										
Ameritas Life Insurance Corp of New York	72630	837			✓						✓							
AmFirst Insurance Company (payer only accepts Secondary claims)	64090	835	✓	✓		✓	✓											
AmFirst Insurance Company (payer only accepts Secondary claims)	64090	837	✓	✓														
Amica Mutual Insurance	12287	835	✓	✓		✓	✓											
Amica Mutual Insurance	12287	837	✓	✓														
Amida Care	24818	837	✓	✓														
Amida Care Medicare	79966	837	✓	✓														
Amplifon	72947	835	✓	✓		✓	✓											
Anaheim Memorial IPA	IP095	835	✓	✓		✓	✓											
Anaheim Memorial IPA	IP095	837	✓	✓					✓	✓								
Anchor Benefit Consulting Inc.	53085	837	✓	✓														
Ancillary Care Services (ERA Only)	A2004	835	✓	✓		✓	✓											ERA Only
Angel Medical Group	SCPR1	837	✓	✓														Former payer ID ECMSO
Angeles IPA	HSM01	837	✓	✓														
Angle Insurance Company of Utah	39856	835	✓	✓		✓	✓											
Angle Insurance Company of Utah	39856	837	✓	✓														
Antares Management Solutions	34192	835	✓	✓		✓	✓											
Antares Management Solutions	34192	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓						✓			✓						
Anthem Blue Cross Blue Shield of Kentucky	SB660	835		✓			✓											
Anthem Blue Cross Blue Shield of Kentucky	SB660	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Maine	12B13	835	✓			✓												
Anthem Blue Cross Blue Shield of Maine	12B13	837	✓						✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Anthem Blue Cross Blue Shield of Maine	SB680	835		✓			✓											
Anthem Blue Cross Blue Shield of Maine	SB680	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Missouri	12B65	835	✓			✓												
Anthem Blue Cross Blue Shield of Missouri	12B65	837	✓						✓			✓						
Anthem Blue Cross Blue Shield of Missouri	SB741	835		✓			✓											
Anthem Blue Cross Blue Shield of Missouri	SB741	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Nevada	12B20	835	✓			✓												
Anthem Blue Cross Blue Shield of Nevada	12B20	837	✓						✓			✓						
Anthem Blue Cross Blue Shield of Nevada	SB765	835		✓			✓											
Anthem Blue Cross Blue Shield of Nevada	SB765	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of New Hampshire	12B21	835	✓			✓												
Anthem Blue Cross Blue Shield of New Hampshire	12B21	837	✓						✓			✓						
Anthem Blue Cross Blue Shield of New Hampshire	SB770	835		✓			✓											
Anthem Blue Cross Blue Shield of New Hampshire	SB770	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Ohio	12B24	835	✓			✓												
Anthem Blue Cross Blue Shield of Ohio	12B24	837	✓						✓			✓						
Anthem Blue Cross Blue Shield of Ohio	SB338	835		✓			✓											
Anthem Blue Cross Blue Shield of Ohio	SB338	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Ohio Dental	AD332	835			✓			✓										
Anthem Blue Cross Blue Shield of Ohio Dental	AD332	837			✓													
Anthem Blue Cross Blue Shield of Virginia	12002	835	✓			✓												
Anthem Blue Cross Blue Shield of Virginia	12002	837	✓						✓			✓						
Anthem Blue Cross Blue Shield of Virginia	SB923	835		✓			✓											
Anthem Blue Cross Blue Shield of Virginia	SB923	837		✓						✓			✓					
Anthem Blue Cross Blue Shield of Wisconsin	00450	835	✓			✓												
Anthem Blue Cross Blue Shield of Wisconsin	00950	835		✓			✓											
Anthem Blue Cross Blue Shield of Wisconsin	12B29	837	✓						✓			✓						ERA Payer Code 00450
Anthem Blue Cross Blue Shield of Wisconsin	AD450	835			✓			✓										
Anthem Blue Cross Blue Shield of Wisconsin	AD450	837			✓													
Anthem Blue Cross Blue Shield of Wisconsin	SB950	837		✓						✓			✓					ERA Payer Code 00950
Anthem Maine Health	00958	835	✓	✓		✓	✓											
Anthem Maine Health	00958	837	✓	✓					✓	✓		✓	✓					
Anthem Ohio Medicaid	29370	837	✓	✓														
Anthem Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Anthem Ohio Medicaid Vision	2937V	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Anthem Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Apex Benefit Services	34196	835	✓	✓		✓	✓											
Apex Benefit Services	34196	837	✓	✓														
ApolloCare Partners of Nevada	NMM08	837	✓	✓					✓	✓								
AppleCare Medical Management	APP01	835	✓	✓		✓	✓											
AppleCare Medical Management	APP01	835	✓	✓		✓	✓											
AppleCare Medical Management	APP01	837	✓	✓					✓	✓								
AppleCare Medical Management	APP01	837	✓	✓					✓	✓								
ARC Administrators	CXARC	837	✓	✓														
Arcadia Healthcare Solutions - IPG	11081	837	✓	✓														
Arcadia Healthcare Solutions - NPA	36364	835	✓	✓		✓	✓											
Arcadia Healthcare Solutions - NPA	36364	837	✓	✓														
Arcadia Methodist IPA	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Arcadia Methodist IPA	NMM01	837	✓	✓														Formerly known as Network Medical Management
Arcadian Management Services Inc	77045	837	✓	✓														
Arch Health Partners	ARCH1	835	✓	✓		✓	✓											
Arch Health Partners	ARCH1	837	✓	✓														
Argus Dental Plans	ARG01	835			✓			✓										
Argus Dental Plans	ARG01	837			✓													
Argus Vision and Dental Plans, Inc.	ARGUS	837	✓	✓														
ARISE	39185	835	✓	✓		✓	✓											
ARISE	39185	837	✓	✓														
Arizona Medicaid	AZMCD	837	✓	✓					✓	✓								ERA Payer Code MCDAZ
Arizona Medicaid	MCDAZ	835	✓	✓		✓	✓											
Arizona Medicare	SMAZ0	835		✓			✓											
Arizona Medicare	SMAZ0	837		✓			✓			✓						✓		
Arizona Medicare Part A \ Jurisdiction JF	03101	835	✓			✓												
Arizona Medicare Part A \ Jurisdiction JF	03101	837	✓			✓										✓		
Arizona Priority Care Plus	27154	837	✓	✓														
Arkansas Best Corporation - Choice Benefits	62308	835	✓	✓		✓	✓											
Arkansas Best Corporation - Choice Benefits	62308	837	✓	✓					✓	✓								
Arkansas Medicaid	12023	835	✓			✓												
Arkansas Medicaid	12023	837	✓						✓									
Arkansas Medicaid	SKAR0	835		✓			✓											
Arkansas Medicaid	SKAR0	837		✓						✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Arkansas Medicare	07101	835	✓			✓												
Arkansas Medicare	07101	837	✓			✓			✓									
Arkansas Medicare	SMAR0	835		✓			✓											
Arkansas Medicare	SMAR0	837		✓			✓			✓								
Arkansas Superior Select	61184	837	✓	✓														
Arkansas Superior Select	61184	837	✓	✓														
ARM, Group	88035	837	✓	✓					✓	✓								
ARM, Ltd	63240	835	✓	✓		✓	✓											
ARM, Ltd	63240	837	✓	✓														
Arroyo Vista Family Health Center	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Arroyo Vista Family Health Center	NMM01	837	✓	✓														Formerly known as Network Medical Management
Arta Health Network	WMM01	837		✓						✓								
ASAGEHA	06603	837	✓	✓														
Ascension Complete	68069	835	✓	✓		✓	✓											
Ascension Complete	68069	837	✓	✓					✓	✓		✓	✓					
Ascension Living Alexian PACE	R3471	835	✓	✓		✓	✓											
Ascension Living Alexian PACE	R3471	837	✓	✓														
Ascension Living Pace Michigan	R3458	837	✓	✓					✓	✓								
Ascension Living St. Vincent PACE	R3459	837	✓	✓														
Asian American Medical Group	AAMG1	835	✓	✓		✓	✓											
Asian American Medical Group	AAMG1	837	✓	✓														
Asian Community Medical Group, Inc.	HSM01	837	✓	✓														
ASONET	CX076	837			✓						✓							
Aspen Medical Associates	16180	837	✓	✓					✓	✓								
Aspire Health Plan	46156	835	✓	✓		✓	✓											
Aspire Health Plan	46156	837	✓	✓														
Aspirion	99999-OASU	837	✓	✓														
Aspirus Medicare Advantage	36483	835	✓	✓		✓	✓											
Aspirus Medicare Advantage	36483	837	✓	✓														
ASRM LLC	ASRM1	837	✓	✓														
ASRM LLC	TLU02	835	✓	✓		✓	✓											
Asserta Health	IHS14	837	✓	✓					✓	✓								
ASSOCIATED ADMINISTRATORS, LLC (ERA ONLY)	13788	835	✓	✓														ERA ONLY
Associated Dignity Medical Group Professional Corp	HSM01	837	✓	✓														
Associated Hispanic Physicians	AHPSC	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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		✓						✓								
Avalon Healthcare Solutions North Carolina	AVA02	835		✓			✓											
Avalon Healthcare Solutions North Carolina	AVA02	837		✓			✓			✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	BKRFBM	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
Banner Health Co - ROCKY MOUNTAIN HMO GREELEY	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - ANTERO GREELEY	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - ANTERO HIGH PLAINS	SX145	835		✓			✓											aka Banner Health Network

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Banner Health Co. - ANTERO MOUNTAIN SHADOWS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - CHOICE PLUS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - HMO GREELEY	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - HMO HIGH PLAINS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - HMO MOUNTAIN SHADOWS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - PACIFICARE GREELEY	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - PACIFICARE HIGH PLAINS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - PACIFICARE MOUNTAIN SHADOWS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - ROCKY MOUNTAIN HMO HIGH PLAINS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - SECURE HORIZONS GREELEY	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - SECURE HORIZONS HIGH PLAINS	SX145	835		✓			✓											aka Banner Health Network
Banner Health Co. - SECURE HORIZONS MOUNTAIN SHADOWS	SX145	835		✓			✓											aka Banner Health Network
Banner Medicare Advantage Plus PPO	84324	835	✓	✓		✓	✓											
Banner Medicare Advantage Plus PPO	84324	837	✓	✓														
Banner Medicare Advantage Prime HMO	84323	835	✓	✓		✓	✓											
Banner Medicare Advantage Prime HMO	84323	837	✓	✓														
BARInet	CB369	837	✓	✓														
Basic Plus	41204	837	✓	✓					✓	✓								
Bay Bridge Administrators	06941	837	✓	✓					✓	✓								
BayCare Select Health Plans	81079	835	✓	✓		✓	✓											
BayCare Select Health Plans	81079	837	✓	✓														
Baylor Scott & White Health Plan	88030	837	✓	✓					✓	✓								Per EDI Gateway, effective 07/01/2020, claims for date of service 07/01/2020 and after for Texas A&M (TAMU) and Health Plus members will need to be submitted to FirstCare using Payer ID 94999.
BCBS Federal Employee Program (FEP) Dental	BCAFD	835			✓			✓										
BCBS Federal Employee Program (FEP) Dental	BCAFD	837			✓													
BCBS Texas Medicaid Star Chip	66002	835	✓	✓		✓	✓											
BCBS Texas Medicaid Star Chip	66002	837	✓	✓					✓	✓								
BCBSAZ ACA Standard Health With Health Choice	RP105	835	✓	✓		✓	✓											
BCBSAZ ACA Standard Health With Health Choice	RP105	837	✓	✓	✓													
BCBSIL Community Health Plans	66012	835	✓	✓		✓	✓											
BCBSIL Community Health Plans	66012	837	✓	✓								✓	✓					
BCBSMI Medicare Plus Blue PPO (JVHL)	KCVJH	835	✓	✓		✓	✓											
BCBSMI Medicare Plus Blue PPO (JVHL)	KCVJH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
BCBSMN Blue Plus Medicaid	00562	835	✓	✓		✓	✓											
BCBSMN Blue Plus Medicaid	00562	837	✓	✓					✓	✓		✓	✓					As of January 1, 2024, use new payer code 00726 regardless of date of service

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
BCBSMN Blue Plus Medicaid	00726	835	✓	✓		✓	✓											
BCBSMN Blue Plus Medicaid	00726	837	✓	✓					✓	✓		✓	✓					
BCBSMN Blue Plus Medicaid Waiver	FS802	835		✓			✓											aka Bridgeview
BCBSMN Blue Plus Medicaid Waiver	FS802	837		✓									✓					aka Bridgeview
BCBSMN Non-Emergent Transportation	A5143	835		✓			✓											
BCBSMN Non-Emergent Transportation	A5143	837		✓														
Beacon Health Options	BEACON963116116	837	✓	✓					✓	✓								
Beacon of Life	65432	837	✓	✓					✓	✓								
Beaumont Employee Health Plan (JVHL)	JEJVH	835	✓	✓		✓	✓											
Beaumont Employee Health Plan (JVHL)	JEJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Beaver Medical Group	45967	835	✓	✓		✓	✓											
Beaver Medical Group	45967	837	✓	✓														
Behavioral Health Systems	63100	837	✓	✓														
Bella Vista Medical Group	MPM10	837	✓	✓					✓	✓								
Ben-e-lect (ERA Only)	EDHP1	835	✓	✓		✓	✓											ERA Only
BeneBay	23243	837	✓	✓					✓	✓								
BeneCare Dental Plan	23210	837			✓						✓							
Benefit & Risk Management Services	99320	835	✓	✓		✓	✓											
Benefit & Risk Management Services	99320	837	✓	✓	✓													
Benefit Administration Services	41205	835	✓	✓		✓	✓											
Benefit Administration Services	41205	837	✓	✓					✓	✓								
Benefit Coordinators Corporation (Pittsburgh PA)	25145	837	✓	✓														
Benefit Management Admin (BMA)	BMATP	835	✓			✓												
Benefit Management Admin (BMA)	BMATP	837	✓															
Benefit Management Group-NV	36459	837	✓						✓									
Benefit Management Inc. of KS	48611	835	✓	✓		✓	✓											
Benefit Management Inc. of KS	48611	837	✓	✓														
Benefit Management LLC/VBA	88092	837	✓	✓					✓	✓								
Benefit Management Systems Inc	37212	837	✓	✓														
Benefit Plan Administrators	88052	837	✓	✓														
Benefit Plan Administrators Co. (Eau Claire WI)	39081	835	✓	✓		✓	✓											
Benefit Plan Administrators Co. (Eau Claire WI)	39081	837	✓	✓														
Benefit Plan Administrators Co. (Eau Claire WI)/UCS	46891	835	✓	✓		✓	✓											
Benefit Plan Administrators Co. (Eau Claire WI)/UCS	46891	837	✓	✓					✓	✓								
Benefit Plan Administrators Inc.	37118	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Benefit Solutions, Inc.	60338	837	✓	✓					✓	✓								Claims previously submitted to payer code 88057. Effective June 30th, 2023, please submit all claims to 60338.
Benefit Support, Inc.	40459	837	✓	✓	✓													
Benefit Systems & Services Inc.	36342	835	✓	✓		✓	✓											
Benefit Systems & Services Inc.	36342	837	✓	✓														
Benesight	87265	837	✓	✓					✓	✓								
Benesys	37248	835	✓	✓		✓	✓											
Benesys	37248	837	✓	✓														
Benesys Inc.	37248	835	✓	✓		✓	✓											
Benesys Inc.	37248	837	✓	✓														
BeneSys, Inc.	38238	835	✓	✓		✓	✓											
BeneSys, Inc.	38238	837	✓	✓														
BeniComp	18151	837	✓	✓														
Benveo - MultiPlan	76253	837	✓	✓														aka One Share Health
Berkshire Intergroup	10956	837	✓	✓					✓	✓								
Berkshire Lehigh Partners	95606	837	✓	✓														
Best Life & Health Insurance Co.	95604	837	✓	✓	✓				✓	✓								
Better Health Plan of Florida	20488	835	✓	✓														
Better Health Plan of Florida	20488	837	✓	✓														
BEVERLY ALIANZA IPA	NMM06	837	✓	✓														
Beverly Hospital BEVAHISP	MPM42	837	✓	✓					✓	✓								
Bienvivir Senior Health Plan	BSHS1	837		✓														
Black Hawk	CB987	837	✓	✓														
Block Vision, Inc.	BV001	837		✓						✓								
Blue Benefit Administrators of MA	03036	835	✓	✓		✓	✓											
Blue Benefit Administrators of MA	03036	837	✓	✓														
Blue Care Network (BCN Commercial Labs) (JVHL)	JJVVH	835	✓	✓		✓	✓											
Blue Care Network (BCN Commercial Labs) (JVHL)	JJVVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Blue Care Network (BCN Reimbursable Labs) (JVHL)	JQJVH	835	✓	✓		✓	✓											
Blue Care Network (BCN Reimbursable Labs) (JVHL)	JQJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Blue Care Network (JVHL Network)	J9JVH	835	✓	✓		✓	✓											
Blue Care Network (JVHL Network)	J9JVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Blue Care Network Advantage of Michigan	00210	835	✓			✓												
Blue Care Network Advantage of Michigan	00210	837	✓															
Blue Care Network Advantage of Michigan	00710	835		✓			✓											
Blue Care Network Advantage of Michigan	00710	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Blue Care Network of Michigan	00210	835	✓			✓												
Blue Care Network of Michigan	00210	837	✓															
Blue Care Network of Michigan	00710	835		✓			✓											
Blue Care Network of Michigan	00710	837		✓														
Blue Cross Blue Shield of Alabama	12B54	835	✓			✓												
Blue Cross Blue Shield of Alabama	12B54	837	✓						✓									
Blue Cross Blue Shield of Alabama	SB510	835		✓			✓											
Blue Cross Blue Shield of Alabama	SB510	837		✓						✓								
Blue Cross Blue Shield of Arizona	53589	835	✓	✓	✓	✓	✓	✓										
Blue Cross Blue Shield of Arizona	53589	837	✓	✓	✓				✓	✓	✓							
Blue Cross Blue Shield of Arizona Advantage	77078	835	✓	✓														
Blue Cross Blue Shield of Arkansas	00520	835	✓	✓		✓	✓											
Blue Cross Blue Shield of Arkansas	12021	837	✓						✓									
Blue Cross Blue Shield of Arkansas	SB520	837		✓						✓								
Blue Cross Blue Shield of Delaware	12B76	835	✓			✓												
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	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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		✓						✓								
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	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	5B810	835		✓			✓											
Blue Cross Blue Shield of North Carolina	5B810	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	✓	✓		✓	✓											As of 4.11.2025 Electronic Remittance Advance is not offered at this time.
Blue Cross Blue Shield of Oklahoma	00840	837	✓	✓	✓				✓	✓	✓							
Blue Cross Blue Shield of Oklahoma	5B840	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	5B870	835		✓			✓											
Blue Cross Blue Shield of Rhode Island	5B870	837		✓						✓								
Blue Cross Blue Shield of South Carolina	12B55	835	✓			✓												
Blue Cross Blue Shield of South Carolina	12B55	837	✓						✓									
Blue Cross Blue Shield of South Carolina	5B880	835		✓			✓											
Blue Cross Blue Shield of South Carolina	5B880	837		✓						✓								
Blue Cross Blue Shield of South Carolina - Dental	38520	835			✓			✓										
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	✓	✓					✓	✓								Inst: Former payer code 12B30; Prof: Former payer code 5B960;
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 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		✓						✓								
Blue Shield Of California (Claims and Encounters)	BSCAI	835	✓			✓												
Blue Shield Of California (Claims and Encounters)	BSCAI	837	✓						✓									
Blue Shield of California Promise Health Plan	C1SCA	835	✓	✓		✓	✓											Formerly Care1st HP of California
Blue Shield of California Promise Health Plan	C1SCA	837	✓	✓					✓	✓								Formerly Care1st HP of California
BlueChoice Health Plan of South Carolina (Medicaid)	00403	835	✓	✓		✓	✓											
BlueChoice Health Plan of South Carolina (Medicaid)	00403	837	✓	✓					✓	✓								For claims with DOS on or after 1/1/2024.
BlueChoice Health Plan of South Carolina (Medicaid)	EH403	835	✓	✓		✓	✓											
BlueChoice Health Plan of South Carolina (Medicaid)	EH403	837	✓	✓					✓	✓		✓	✓					For claims with date of service before 1/1/2024.
BlueChoice HealthPlan	00922	835	✓	✓		✓	✓											
BlueChoice HealthPlan	00922	837	✓	✓					✓	✓								
BlueCross BlueShield of Western New York Medicaid/CHP	00246	835	✓	✓		✓	✓											
BlueCross BlueShield of Western New York Medicaid/CHP	00246	837	✓	✓					✓	✓		✓	✓					
Boilermakers National Health & Welfare	36609	837	✓	✓														
BOLDAGE PACE CA FRESNO	65436	837	✓	✓														
BOLDAGE PACE IN EVANSVILLE	65433	837	✓	✓														
BOLDAGE PACE KY OWENSBORO	65435	837	✓	✓														
BOLDAGE PACE SC CHARLESTON	65434	837	✓	✓														
Bollinger, Inc.	BOLL1	835	✓	✓		✓	✓											
Bollinger, Inc.	BOLL1	837	✓	✓														
Boon Administrative Services	BOONG	835	✓	✓		✓	✓											
Boon Administrative Services	BOONG	837	✓	✓														
Boon-Chapman Benefit Administrators Inc.	74238	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Boon-Chapman Benefit Administrators Inc.	74238	837	✓	✓														
Boston Medical Center HealthNet Plan	13337	835	✓	✓		✓	✓											
Boston Medical Center HealthNet Plan	13337	837	✓	✓					✓	✓								
Boulder Administration Services	18768	835	✓	✓		✓	✓											
Boulder Administration Services	18768	837	✓	✓					✓	✓								
BPS First Health	67707	837	✓	✓														
Brain and Spine Network	BSN01	835	✓	✓		✓	✓											
Brain and Spine Network	BSN01	837	✓	✓														
Brand New Day (Encounters)	UC002	837	✓	✓														For Encounter Submissions Only
Brand New Day (FFS)	UC001	837	✓	✓														
Braven Health	84367	835	✓	✓		✓	✓											
Braven Health	84367	837	✓	✓					✓	✓								
Bravo Health	52192	835	✓	✓		✓	✓											
Bravo Health	52192	837	✓	✓														
Bravo Health Star Plus	52192	835	✓	✓		✓	✓											
Bravo Health Star Plus	52192	837	✓	✓														
Breckpoint	BRKPNT	837	✓	✓	✓													
BridgeSpan	BRIDG	835	✓	✓		✓	✓											
BridgeSpan	BRIDG	837	✓	✓					✓	✓								
Bridgeway Arizona	68069	835	✓	✓		✓	✓											
Bridgeway Arizona	68069	837	✓	✓					✓	✓		✓	✓					
Bright Healthcare	BRGHT	835	✓	✓		✓	✓											Effective 1/1/22, Bright Health Medicare Advantage and Commercial plans have merged into one payer code, 'BRGHT'. In order to receive remittance files for all MCR Advantage and Commercial plans, ERA/EFT enrollment must be completed via both Instamed and through V-Pay (SDS).
BritCay	22286	837	✓	✓														
Brodart	35182	837	✓	✓						✓								
Brokerage Concepts	51037	835	✓	✓		✓	✓											
Brokerage Concepts	51037	837	✓	✓														
Brookshire IPA	BIPAZ	837	✓	✓					✓	✓								For DOS Prior to 5/1/2020. Claims with DOS 5/1/20 and after use payer code CAPMN.
Brookshire IPA	CAPMN	837	✓	✓					✓	✓								
Broward Health	37314	837	✓	✓					✓	✓								
Brown & Toland Medical Group	94316	835	✓	✓		✓	✓											
Brown & Toland Medical Group	94316	837	✓	✓														
Brown and Toland Health Services	BTHS1	837	✓	✓														
Brown and Toland Sutter Select	BTSS1	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
BSI Companies	25916	837	✓	✓	✓													
Buckeye Community Health	68069	835	✓	✓		✓	✓											
Buckeye Community Health	68069	837	✓	✓					✓	✓		✓	✓					
Buckeye Ohio Medicaid	42020	837	✓	✓														
Buckeye Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Buckeye Ohio Medicaid Transportation	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Buckeye Ohio Medicaid Vision	4202V	837	✓	✓														
Buckeye Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio 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 (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		✓			✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓								
Calvo's SelectCare	CALSC	835	✓	✓														
Calvo's SelectCare	CALSC	837	✓	✓	✓				✓	✓	✓							
Camp Lejeune Family Member Program	CLFM1	837	✓	✓					✓	✓								
Cannon Cochran Management Services Inc. Metairie LA	71057	837	✓	✓														
CAP Management Systems	15821	835	✓	✓		✓	✓											ERA Payer Code 15821
CAP Management Systems	95399	837	✓	✓					✓	✓								
Capital Blue Cross Dental	CBC01	837			✓						✓							
Capital Blue Cross of Pennsylvania	23045	835	✓	✓		✓	✓											
Capital Blue Cross of Pennsylvania	23045	837	✓	✓		✓	✓		✓	✓								
Capital District Physicians Health Plan	12X03	837	✓															
Capital District Physicians Health Plan	SX065	835	✓	✓		✓	✓											
Capital District Physicians Health Plan	SX065	837		✓														
Capital Health Plan	95112	835	✓	✓		✓	✓											
Capital Health Plan	95112	837	✓	✓														
Capitol Administrators	68011	835	✓	✓		✓	✓											
Capitol Administrators	68011	837	✓	✓														
Caprock Health Plans	CAPHP	835	✓	✓		✓	✓											
Caprock Health Plans	CAPHP	837	✓	✓														
Cardinal Innovations	13010	835	✓	✓		✓	✓											
Cardinal Innovations	13010	837	✓	✓		✓	✓		✓	✓								
Cardon Outreach	99999-0911	837	✓	✓		✓	✓											
Care 1ST Health Plan of CA	57115	837	✓	✓														
Care Access Health Plan (CAHP)	12K89	837	✓															
Care Access Health Plan (CAHP)	65062	835	✓	✓		✓	✓											
Care Access Health Plan (CAHP)	65062	837		✓														
Care Access PSN	65063	837		✓														
Care Around the Clock (CAREATC)	57721	837	✓	✓					✓	✓								
Care Improvement Plus	77082	835	✓	✓														ERA Payer Code 87726.
Care Improvement Plus	77082	837	✓	✓														
Care Improvement Plus (For DOS on or after 1/1/16.)	87726	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Care Improvement Plus (For DOS on or after 1/1/16.)	87726	837	✓	✓					✓	✓		✓	✓					
Care N' Care	66010	835	✓	✓		✓	✓											
Care N' Care	66010	837	✓	✓														
Care To Care	41222	837	✓	✓														
Care1st Health Plan Arizona - Medicaid (DOS > 12/2/22)	68069	835	✓	✓		✓	✓											
Care1st Health Plan Arizona - Medicaid (DOS > 12/2/22)	68069	837	✓	✓					✓	✓		✓	✓					
Care1st Health Plan Arizona - Medicare	14163	835	✓	✓		✓	✓											
Care1st Health Plan Arizona - Medicare	14163	837	✓	✓					✓	✓		✓	✓					
Care1st Health Plan of Arizona - Medicaid (DOS < 11/30/22)	57116	835	✓	✓		✓	✓											
Care1st Health Plan of Arizona - Medicaid (DOS < 11/30/22)	57116	837	✓	✓														
Care4Kids (WI Medicaid)	39113	835	✓	✓		✓	✓											
Care4Kids (WI Medicaid)	39113	837	✓	✓					✓	✓								
CareCentrix	11345	835	✓	✓		✓	✓											
CareCentrix	11345	837	✓	✓														
CareCore National	14182	837	✓	✓														
CareCore National LLC (Aetna Radiology Claims)	14179	837	✓	✓														
CareCore National LLC (Oxford Radiology Claims)	14180	837	✓	✓														
CareCore/WCNY RAD	14188	837	✓	✓														
CareFirst Administrators/NCAS (Charlotte, NC)	75191	835	✓	✓		✓	✓											
CareFirst Administrators/NCAS (Charlotte, NC)	75191	837	✓	✓														
CareFirst Administrators/NCAS (Fairfax, VA)	75190	835	✓	✓		✓	✓											
CareFirst Administrators/NCAS (Fairfax, VA)	75190	837	✓	✓														
CareFlorida	65088	835	✓	✓		✓	✓											
CareFlorida	65088	837	✓	✓					✓	✓								
Careington Benefit Solutions	60601	837			✓							✓						
Carelon Aetna Home Health	34010	835	✓	✓		✓	✓											
Carelon Aetna Home Health	34010	837	✓	✓					✓	✓								
Carelon Anthem Home Health	34009	835	✓	✓		✓	✓											
Carelon Anthem Home Health	34009	837	✓	✓														
Carelon Behavioral Health	BHOVO	835	✓	✓		✓	✓											Previously known as Beacon Health Options / Value Options
Carelon Behavioral Health	BHOVO	837	✓	✓					✓	✓								Previously known as Beacon Health Options / Value Options
Caremore (ERA Only)	CM001	835	✓	✓		✓	✓											ERA Only
Caremore Health Plan	CARMO	837	✓	✓					✓	✓								
CareOregon Behavioral Health	VMMH1	837	✓	✓					✓	✓								
CareOregon Inc.	93975	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
CareOregon Inc.	93975	837	✓	✓	✓													
CarePartners of Connecticut	16307	835	✓	✓		✓	✓											
CarePartners of Connecticut	16307	837	✓	✓														
CarePlus Health Plans, Inc.	95092	835	✓	✓		✓	✓											
CarePlus Health Plans, Inc.	95092	837	✓	✓					✓	✓								
CareSource Arkansas	ARCS1	835	✓	✓		✓	✓											
CareSource Arkansas	ARCS1	837	✓	✓					✓	✓								
Caresource GA	GACS1	835	✓	✓		✓	✓											
Caresource GA	GACS1	837	✓	✓					✓	✓								
CareSource Indiana	INCS1	835	✓	✓		✓	✓											
CareSource Indiana	INCS1	837	✓	✓					✓	✓								
Caresource Kentucky	KYCS1	835	✓	✓		✓	✓											
Caresource Kentucky	KYCS1	837	✓	✓					✓	✓								
CareSource NC	NCCS1	835	✓	✓		✓	✓											
CareSource NC	NCCS1	837	✓	✓					✓	✓								
CareSource of Michigan Medicaid	MIMCDCS1	835	✓	✓		✓	✓											
CareSource of Michigan Medicaid	MIMCDCS1	837	✓	✓														Effective for dates of service starting on October 1, 2023, and forward.
CareSource OH	31114	835	✓	✓		✓	✓											
CareSource OH	31114	837	✓	✓					✓	✓								As of 2/1/23, all Medicaid claims should be submitted to payer code 31500.
CareSource Ohio Medicaid	31500	837	✓	✓														
CareSource Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
CareSource Ohio Medicaid Vision	3150V	837	✓	✓														
CareSource Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
CareSource West Virginia	WVCS1	835	✓	✓		✓	✓											
CareSource West Virginia	WVCS1	837	✓	✓					✓	✓								
Cariten Senior Health	61101	835	✓	✓		✓	✓											
Cariten Senior Health	62072	837	✓	✓					✓	✓								ERA Payer Code 61101
Carolina Behavioral Health Alliance	56215	837	✓	✓														
Carolina Benefit Administrators	00498	837	✓	✓														
Carolina Care Plan	29076	835	✓	✓		✓	✓											
Carolina Care Plan	29076	837	✓	✓					✓	✓								
Carolina Complete Health	68069	835	✓	✓		✓	✓											
Carolina Complete Health	68069	837	✓	✓					✓	✓		✓	✓					
Carolina SeniorCare	71499	837	✓	✓														
Carpenters Health and Welfare Fund of Philadelphia	CX101	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Cascade Health Alliance, LLC	CHA01	835	✓	✓														
Cascade Health Alliance, LLC	CHA01	837	✓	✓	✓													
Catholic Health LIFE	R3486	835	✓	✓		✓	✓											
Catholic Health LIFE	R3486	837	✓	✓	✓													
Catholic Life Insurance	87020	835	✓	✓		✓	✓											
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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Cenpatico - Georgia	68068	837	✓	✓					✓	✓								
Cenpatico - Illinois	68068	835	✓	✓		✓	✓											
Cenpatico - Illinois	68068	837	✓	✓					✓	✓								
Cenpatico - Indiana	68068	835	✓	✓		✓	✓											
Cenpatico - Indiana	68068	837	✓	✓					✓	✓								
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	835	✓	✓		✓	✓											
CenterLight Healthcare	13360	837	✓	✓														
Centers Plan for Healthy Living	CPHL1	835	✓	✓		✓	✓											
Centers Plan for Healthy Living	CPHL1	837	✓	✓					✓	✓								
Centinela Valley IPA	MPM03	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Centivo	45564	835	✓	✓		✓	✓											
Centivo	45564	837	✓	✓														
CentraCare	66698	837	✓	✓														
Central & Southwest Services	75177	837		✓						✓								
Central Alliance Physicians - Guidant	CAP01	837	✓	✓														
Central California Alliance for Health (CCHAH)	CCA01	835	✓	✓		✓	✓											
Central California Alliance for Health (CCHAH)	CCA01	837	✓	✓		✓	✓		✓	✓								
Central California Physician Partners Astrana	NMM10	835	✓	✓		✓	✓											
Central California Physician Partners Astrana	NMM10	837	✓	✓					✓	✓								
Central Health Medicare Plan	CHCPI	837	✓	✓					✓	✓								
Central Health MSO	CHCPI	837	✓	✓					✓	✓								
Central Mass Health Care	02041	837	✓						✓									
Central Reserve Life Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓											
Central Reserve Life Ins Co-Medicare Supplement	13193	837	✓	✓														
Central States Health & Welfare Funds	36215	835	✓	✓	✓	✓	✓											
Central States Health & Welfare Funds	36215	837	✓	✓	✓						✓							
Central States Health & Welfare Funds	36215	837			✓						✓							
Central States Indemnity (ERA Only)	IAS02	835	✓	✓		✓	✓											ERA Only
Central Susquehanna Healthcare Providers (CSHP)	55731	837	✓	✓					✓	✓								
Central Valley Medical Group	CVH01	837	✓	✓					✓	✓								As of 03/26/2024, this payer does not offer Electronic Remittance Advice (ERA) at this time.
Central Valley Medical Providers CVMEDPRO	MPM59	837	✓	✓														New payer effective 1/1/23
Centurion	42140	835	✓	✓		✓	✓											
Centurion	42140	837	✓	✓														
Centurion Health of Indiana, LLC	IHS11	837	✓	✓														For claims with DOS on or after December 1, 2023 (IN Only)
Century PHO	36393	837	✓	✓					✓	✓								
Cerner HealthPlan Services	20356	835	✓	✓		✓	✓											
Cerner HealthPlan Services	20356	837	✓	✓														
Chaffey Medical Group	49533	835	✓	✓		✓	✓											EFT enrollment is required in order to obtain ERA's
Chaffey Medical Group	49533	837	✓	✓														
Champion Payer Solutions	CPS01	835	✓	✓														
Champion Payer Solutions	CPS01	837	✓	✓	✓													
CHAMPVA - HAC MEDICARE CROSSOVER (ERA Only)	80214	835	✓	✓		✓	✓											
CHAMPVA - HAC	84146	835	✓	✓		✓	✓											
CHAMPVA - HAC	84146	837	✓	✓														
Chautauqua County Healthcare Plan (Mayville NY)	16600	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
CHCS Services, Inc (ERA Only)	75895	835	✓	✓		✓	✓											ERA Only
Cherokee Nation Comprehensive Care Agency	CHERO	837	✓	✓														
Chesterfield Resources Inc.	34154	835	✓	✓		✓	✓											
Chesterfield Resources Inc.	34154	837	✓	✓	✓						✓							
Childhealth Plus by Healthfirst (CHP)	80141	837	✓															
Children First Medical Group	94321	837		✓														
Children of Women Vietnam Veterans-VA HAC	84146	835	✓	✓		✓	✓											
Children of Women Vietnam Veterans-VA HAC	84146	837	✓	✓														
Children's Community Health Plan	39113	837	✓	✓					✓	✓								
Children's Community Health Plan - Wisconsin	39113	835	✓	✓		✓	✓											
Children's Community Health Plan - Wisconsin	39113	837	✓	✓					✓	✓								
Children's Hospital Orange County (CHOC) Health Alliance	CHOC1	835	✓	✓		✓	✓											
Children's Hospital Orange County (CHOC) Health Alliance	CHOC1	837	✓	✓														
Children's Medical Security Plan of Massachusetts	12K14	835	✓			✓												
Children's Medical Security Plan of Massachusetts	12K14	837	✓			✓			✓									
Children's Medical Security Plan of Massachusetts	SKMA0	835		✓			✓											
Children's Medical Security Plan of Massachusetts	SKMA0	837		✓			✓			✓								
Childrens Medical Center Health Plan	CMCHP	835	✓	✓		✓	✓											
Childrens Medical Center Health Plan	CMCHP	837	✓	✓														
Chinese Community Health Plan	94302	835	✓	✓														
Chinese Community Health Plan	94302	837	✓	✓														
CHOC - Children's Hospital Of Orange County Health Alliance	33065	837	✓	✓														
Choice Medical Group	CMG01	835		✓														
Choice Medical Group	CMG01	837	✓	✓					✓	✓								
Choice Physicians Net First Choice	CPNFC	837	✓	✓					✓	✓								
Choice Physicians Network	CPN01	835	✓	✓														
Choice Physicians Network	CPN01	837	✓	✓					✓	✓								
Chorus Community Health Plans	39113	835	✓	✓		✓	✓											
Chorus Community Health Plans	39113	837	✓	✓					✓	✓								
Christian Brothers Services	38308	835	✓	✓		✓	✓											
Christian Brothers Services	38308	837	✓	✓														
Christian Care Ministries	59355	835	✓	✓		✓	✓											
Christian Care Ministries	59355	837	✓	✓														
Christian Health Aid	98628	837	✓	✓														
Christiana Care VBR	VB002	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Christus Health Medicare Advantage	10629	835	✓	✓		✓	✓											
Christus Health Medicare Advantage	10629	837	✓	✓														
Christus Health TX HIX	52106	837	✓	✓														
Christus Spohn Health Network	SPOHN	837	✓	✓														
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	✓	✓														
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
ClaimChoice Administrators (DOS >1.1.21)	38219	835	✓	✓		✓	✓											formerly known as AmeraPlan
ClaimChoice Administrators (DOS >1.1.21)	38219	837	✓	✓														formerly known as AmeraPlan
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	✓	✓					✓	✓								
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	✓	✓														
Collabrios Health	R3492	835	✓	✓		✓	✓											
Collabrios Health	R3492	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	✓	✓								✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Colorado Health OP	49718	837	✓	✓														
Colorado Medicaid	77016	835	✓	✓		✓	✓											
Colorado Medicaid	77016	837	✓	✓		✓	✓		✓	✓								
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			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Community Care Plan	59064	837	✓	✓					✓	✓								formerly known as South Florida Community Care Network - SFCCN
Community Care Plan (Florida Health Kids)	FHKC1	835	✓	✓		✓	✓											
Community Care Plan (Florida Health Kids)	FHKC1	837	✓	✓														
Community Care Plan (Medicaid)	59065	835	✓	✓		✓	✓											Formerly known as South FL Community Care Network - SFCCN (Medicaid)
Community Care Plan (Medicaid)	59065	837	✓	✓					✓	✓								Formerly known as South FL Community Care Network - SFCCN (Medicaid)
COMMUNITY CARE PLAN (PALM BEACH HEALTH DISTRICT)	PBHD1	835	✓	✓		✓	✓											
COMMUNITY CARE PLAN (PALM BEACH HEALTH DISTRICT)	PBHD1	837	✓	✓					✓	✓								
Community Eye Care	CECVP	837		✓														
Community Family Care	NMM05	835	✓	✓		✓	✓											
Community Family Care	NMM05	837	✓	✓					✓	✓								
Community Family Care Health Plan	CFCHP	835	✓	✓														
Community Family Care Health Plan	CFCHP	837	✓	✓														
Community First Claims	COMMF	835	✓	✓		✓	✓											
Community First Claims	COMMF	837	✓	✓														
Community First Health Plan, Inc.	42723	835	✓	✓		✓	✓											ERA Payer Code 42723
Community Health Alliance	35193	835	✓	✓		✓	✓											
Community Health Alliance	35193	837	✓	✓					✓	✓								
Community Health Center Network	CHCN1	835		✓														
Community Health Center Network	CHCN1	837		✓														
Community Health Choice	48145	835	✓	✓		✓	✓											
Community Health Choice	48145	837	✓	✓														
Community Health Electronic Claims/CHEC/webTPA	75261	835	✓	✓		✓	✓											Per the payer's request, the payer's name has been updated to WebTPA Employer Services LLC.
Community Health Electronic Claims/CHEC/webTPA	75261	837	✓	✓														Electronic Remittance Advice (ERA) will continue to be routed through SDS
Community Health Group	66170	835	✓	✓		✓	✓											
Community Health Group	66170	837	✓	✓					✓	✓								All providers must be entered into CHG's Claims system before EDI claims can be submitted.
Community Health Group	CHGRI	835	✓			✓												
Community Health Group	CHGRI	837	✓						✓									
Community Health Plan of Washington	CHPWA	835	✓	✓		✓	✓											
Community Health Plan of Washington	CHPWA	837	✓	✓					✓	✓								
Community Health Plan, Inc.	60495	837	✓	✓					✓	✓								
CommunityConnect HealthPlan	95192	835	✓	✓		✓	✓											
CommunityConnect HealthPlan	95192	835	✓	✓		✓	✓											
CommunityConnect HealthPlan	95192	837	✓	✓					✓	✓								
Comp - Ohio (Austintown OH)	34177	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Companion Life	37322	835	✓	✓		✓	✓											
Companion Life	37322	837	✓	✓														
Compicare (Wisconsin BadgerCare only)	95192	835	✓	✓		✓	✓											
Compicare (Wisconsin BadgerCare only)	95192	837	✓	✓					✓	✓								
Compsych	37363	835		✓			✓											
Compsych	37363	837		✓														
Compsych	U7363	835	✓			✓												
Compsych	U7363	837	✓															
Compusys of Colorado	COMPU	837		✓														
Concierge HMO IPA	CHHMO	837	✓	✓														
Concierge TPA	CAS01	837	✓	✓														
CONCORDIA CARE INCORPORATED	33632	837	✓	✓														
Conifer Health Solutions (Adventist)	CAPMN	835	✓	✓		✓	✓											
Conifer Health Solutions (Adventist)	CAPMN	837	✓	✓					✓	✓								
Connected Senior Care Advantage	AGL03	837	✓	✓					✓	✓								
Connecticare - Medicare	78375	835	✓	✓		✓	✓											
Connecticare - Medicare	78375	837	✓	✓					✓	✓								
ConnectiCare Inc	06105	835	✓	✓		✓	✓											
ConnectiCare Inc	06105	837	✓	✓														
Connecticut Carpenters Health Fund	37307	835	✓	✓		✓	✓											
Connecticut Carpenters Health Fund	37307	837	✓	✓														
Connecticut General (CIGNA)	62308	835	✓	✓		✓	✓											
Connecticut General (CIGNA)	62308	837	✓	✓					✓	✓								
Connecticut Medicaid	12K04	835	✓			✓												
Connecticut Medicaid	12K04	837	✓						✓									
Connecticut Medicaid	SKCT0	835		✓			✓											
Connecticut Medicaid	SKCT0	837		✓						✓								
Connecticut Medicare	12M04	835	✓			✓												
Connecticut Medicare	12M04	837	✓			✓			✓									
Connecticut Medicare	SMCT0	835		✓			✓											
Connecticut Medicare	SMCT0	837		✓			✓			✓								
Conseco Services LLC (ERA Only)	11285	835	✓	✓		✓	✓											ERA Only
Consociate Group	37135	835	✓	✓		✓	✓											
Consociate Group	37135	837	✓	✓					✓	✓								
Consolidated Associates Railroad	75284	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	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	✓	✓					✓	✓		✓	✓					
Coordinated Benefit Plan	14829	835	✓	✓		✓	✓											
Coordinated Benefit Plan	14829	837	✓	✓					✓	✓								
Coordinated Medical Specialists	58204	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
COPC - Senior Care Advantage	AGL02	835	✓	✓														Payer returns ERA's automatically once electronic claim submission begins.
COPC - Senior Care Advantage	AGL02	837	✓	✓					✓	✓								Payer returns ERA's automatically once electronic claim submission begins.
Core Administrative Services	58231	835	✓	✓		✓	✓											
Core Administrative Services	58231	837	✓	✓														
CoreCivic	55962	837	✓	✓														
CoreSource AZ MN	35182	835	✓	✓		✓	✓											Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
CoreSource AZ MN	35182	837	✓	✓						✓								
CoreSource NC IN	35182	835	✓	✓		✓	✓											Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
CoreSource NC IN	35182	837	✓	✓						✓								
Corizon Health Inc.	CORIZ	837	✓	✓														
Corizon Inc.	43160	837	✓	✓														
Cornerstone Benefit Adminstrators	35202	835	✓	✓		✓	✓											
Cornerstone Benefit Adminstrators	35202	837	✓	✓														
Cornerstone Hospice and Palliative Care, Inc.	RP111	837	✓	✓					✓	✓								
Cornerstone Preferred Resources	CB268	835	✓	✓		✓	✓											
Cornerstone Preferred Resources	CB268	837	✓	✓														
Corporate Benefits Service	56116	835	✓	✓		✓	✓											
Corporate Benefits Service	56116	837	✓	✓														
Corporate Plan Management, Inc.	64270	837	✓	✓					✓	✓								
CorrectCare - Integrated Health	CCIH	835	✓	✓		✓	✓											
CorrectCare - Integrated Health	CCIH	837	✓	✓														
CorrectCare Integrated Health - Jail	CCIHJAIL	837	✓	✓					✓	✓								Non-Louisiana Jails
Correctional Health Partners (ERA Only)	EHCHP	835	✓	✓		✓	✓											ERA Only
Country Financial (ERA Only)	IAS03	835	✓	✓		✓	✓											ERA Only
County of Fresno	AMM21	837	✓	✓														
County of Riverside	EC999	837	✓	✓														
County of Sacramento - EMSF	AMM20	837	✓	✓														
County Services Medical Program	CMSP1	837	✓	✓														
CountyCare	06541	835	✓	✓		✓	✓											
CountyCare	06541	837	✓	✓														
Covenant Administrators, Inc.	58102	835	✓	✓		✓	✓											
Covenant Administrators, Inc.	58102	837	✓	✓														
Covenant Management System Employee Benefit Plan	CMSEB	835		✓			✓											
Covenant Management System Employee Benefit Plan	CMSEB	837		✓														
Covenant Management System Employee Benefit Plan	UMSEB	835	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Covenant Management System Employee Benefit Plan	UMSEB	837	✓															
CoventryCares - Aetna Better Health of Michigan	J8JVH	835	✓	✓		✓	✓											
CoventryCares - Aetna Better Health of Michigan	J8JVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
CoventryCares of Michigan	60054	835	✓	✓		✓	✓											
CoventryCares of Pennsylvania	23228	835	✓	✓		✓	✓											
CoventryCares of Pennsylvania	23228	837	✓	✓														
Cox Health Plan	00019	835		✓														
Cox Health Plan	00019	837		✓														
Cox Health Plan	00119	835	✓			✓												
Cox Health Plan	00119	837	✓															
CPR Share Plans	CB695	837	✓	✓					✓	✓								
Creative Medical Systems	64068	837	✓	✓														
Creative Plan Administrators	37320	837	✓	✓														
Crescent Health Solutions	56213	837	✓	✓														
Crossway Health Share	33213	837	✓	✓														
Crown City Medical Group	MPM35	837	✓	✓					✓	✓								
Croy-Hall Mgmt. Inc.	37266	837	✓	✓														
CSEA DENTAL	CX054	837			✓						✓							
CSI Life (ERA Only)	IAS04	835	✓	✓		✓	✓											ERA Only
CSI Network Services	34186	837	✓	✓					✓	✓								
CSO Omaha (ERA Only)	IAS05	835	✓	✓		✓	✓											ERA Only
Culinary Las Vegas - Unite HERE Health	59144	835	✓	✓		✓	✓											
Culinary Las Vegas - Unite HERE Health	59144	837	✓	✓														
Curaechoice	CC304	835	✓	✓		✓	✓											
Curaechoice	CC304	837	✓	✓														
Current Health Solutions	77153	837	✓	✓					✓	✓								
Custom Design Benefits	82056	835	✓	✓		✓	✓											
Custom Design Benefits	82056	837	✓	✓														
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	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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		✓			✓											
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 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			✓						✓			✓				
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			✓			✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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			✓			✓										
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			✓						✓			✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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			✓						✓							
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			✓						✓			✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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			✓			✓										
Dentegra	88888	837			✓													
Denti-Cal Encounters	DTCA7	837			✓													Encounter Claims Only (not FFS)
Denver Health - Indigent	84134	837		✓														
Denver Health and Hospital Authority	84133	837	✓	✓														
Denver Health Medical Plan	84135	835	✓	✓		✓	✓											
Denver Health Medical Plan	84135	837	✓	✓														
Denver Health Medical Plan - FHN	65456	837	✓	✓														
Denver Health Medical Plan Inc. - Medicare Choice	84131	837	✓	✓														
Deseret Mutual	12X35	837	✓			✓												ERA Payer Code SX105

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Deseret Mutual	SX105	835	✓	✓		✓	✓											
Deseret Mutual	UH105	837		✓			✓											ERA Payer Code SX105
Desert Medical Group	DESRT	837	✓	✓														
Desert Oasis Healthcare	44006	837		✓														
Desert Valley Medical Group	DVMC1	837	✓	✓														
Detego Health	62599	837	✓	✓														
Devoted Health	DEVOT	835	✓	✓		✓	✓											
Devoted Health	DEVOT	837	✓	✓														
DHMN Preferred IPA Hospital Risk	DHM02	835	✓	✓														
DHMN Preferred IPA Hospital Risk	DHM02	837	✓	✓					✓	✓								
DHMN Santa Cruz	DHM01	835	✓	✓														
DHMN Santa Cruz	DHM01	837	✓	✓					✓	✓								
Dialysis TPA	82435	837	✓	✓														
Diamond Bar Medical Group	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Diamond Bar Medical Group	NMM01	837	✓	✓														Formerly known as Network Medical Management
Dignity Global	MPM27	837	✓	✓					✓	✓								Also known as CALMED GLOBAL
Dignity HCLA	MPM28	837	✓	✓					✓	✓								Also known as CALMED HCLA
Dignity Health - Mercy Medical Group / Woodland Clinic	PROH1	835	✓	✓		✓	✓											
Dignity Health - Mercy Medical Group / Woodland Clinic	PROH1	837	✓	✓														
Dignity Health - Sacramento Hospital	HOSH1	835	✓	✓		✓	✓											
Dignity Health - Sacramento Hospital	HOSH1	837	✓	✓					✓	✓								
Dignity Health Management Services	DHM02	835	✓	✓														
Dignity Health Management Services	DHM02	837	✓	✓					✓	✓								
Dignity Health Medical Group - Inland Empire	DHFIE	837	✓	✓														
Dignity Health Medical Group- Inland Empire (Professional Risk)	PROH4	835	✓	✓		✓	✓											
Dignity Health Medical Group- Inland Empire (Professional Risk)	PROH4	837	✓	✓														
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	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓														
Eastern Iowa Community Healthcare (EICH)	23861	837	✓	✓					✓	✓								
Eastland Medical Group	66122	837	✓	✓														
Easy Access Care IPA	EAIPA	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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
EBMS (Employee Benefit Management Services Inc.)	81039	837		✓						✓								ERA Payer Code 81039
Edenbridge PACE of West Baltimore	R3491	835	✓	✓		✓	✓											
Edenbridge PACE of West Baltimore	R3491	837	✓	✓	✓													
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	✓	✓						✓	✓							
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	✓	✓		✓	✓			✓	✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
EMI-KP Ambulance Claims	59299	837		✓														
Empire Dental	55093	835			✓			✓										
Empire Dental	55093	837			✓						✓			✓				
Empire Healthcare IPA	EH101	835	✓	✓		✓	✓											
Empire Healthcare IPA	EH101	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
Employer's Direct Health - Employee Plan	75236	837	✓	✓														
Employer's Direct Health - FI	75235	837	✓	✓														
Employer's Direct Health - SF	75233	837	✓	✓														
Employers Direct Health	75232	837	✓	✓														
Employers Health Network	IHS07	837	✓	✓					✓	✓								
Employers Mutual Inc (Jacksonville Florida)	59298	837	✓	✓														
Employers Mutual Inc. (Stuart Florida)	59331	837	✓	✓														
Empower 360	IHS01	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Empower Healthcare Solutions	12956	835	✓	✓		✓	✓											
Empower Healthcare Solutions	12956	837	✓	✓					✓	✓								
EnableComp MVA	ENCMV	837	✓	✓					✓	✓		✓	✓					Client must be contracted with EnableComp
EnableComp OOS Medicaid	ENCMD	837	✓	✓					✓	✓		✓	✓					Client must be contracted with EnableComp
EnableComp VA	ENCVA	837	✓	✓					✓	✓		✓	✓					Client must be contracted with EnableComp
EnableComp WC	ENCMP	837	✓	✓								✓	✓					Client must be contracted with EnableComp
Encircle PPO	35206	837	✓	✓														
Encore Health Network	35206	837	✓	✓														
Enstar Natural Gas	91136	837	✓	✓														
Enterprise Group Planning, Inc.	EGPIN	835	✓	✓		✓	✓											
Enterprise Group Planning, Inc.	EGPIN	837	✓	✓														
Enterprise Life Insurance Company	62325	837	✓	✓					✓	✓								
Enterprise Life Insurance Company	USHA1	835	✓	✓		✓	✓											
Entrust, Inc	36878	837	✓	✓					✓	✓								
Envolve Dental	46278	835			✓			✓										
Envolve Dental	46278	837			✓						✓			✓				
Envolve Vision	56190	837		✓														
Eon Health	85468	837	✓	✓					✓	✓								
Epic Assistance	49578	837	✓	✓					✓	✓								
EQUICOR	62308	835	✓	✓		✓	✓											
EQUICOR	62308	837	✓	✓					✓	✓								
EQUICOR - PPO	62308	835	✓	✓		✓	✓											
EQUICOR - PPO	62308	837	✓	✓					✓	✓								
Erie Insurance Medicare Supplement (ERA Only)	IAS06	835	✓	✓		✓	✓											ERA Only
ERISA	TH110	837		✓														
Esperanza PACE	R3465	835	✓	✓														
Esperanza PACE	R3465	837	✓	✓														
Essence Healthcare	20818	835	✓	✓		✓	✓											
Essence Healthcare	20818	837	✓	✓					✓	✓								
Essential Health Partners	EHPSC	835	✓	✓		✓	✓											
Essential Health Partners	EHPSC	837	✓	✓														For claims with DOS 7/1/19 and after.
Essential Health Partners IPA	EIPA9	837	✓	✓														
Eternal Health	RP037	837	✓	✓														
Everence I & P	35605	835	✓	✓		✓	✓											
Everence I & P	35605	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Everest Reinsurance (ERA Only)	IAS07	835	✓	✓		✓	✓											ERA Only
Evernorth Behavioral Health, Inc	62308	835	✓	✓		✓	✓											
Evernorth Behavioral Health, Inc	62308	837	✓	✓					✓	✓								
Everpointe	32052	837	✓	✓														
eviCore	62160	835	✓	✓		✓	✓											
eviCore	62160	837	✓	✓														
EVOLENT SOMOS ANTHEM NY	81508	835	✓	✓		✓	✓											
EVOLENT SOMOS ANTHEM NY	81508	837	✓	✓					✓	✓								
Evolent Specialty (formerly New Century Health)	NCHCA	837	✓	✓					✓	✓								As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
Evolent Specialty (formerly New Century Health)	NCHINS	837	✓	✓					✓	✓								As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
Evolent Specialty (formerly New Century Health)	NCHON	837	✓	✓					✓	✓								As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
Evolent Specialty (formerly New Century Health)	NCHOR	837	✓	✓					✓	✓								As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
Evolent Specialty (formerly New Century Health)	NCHUR	837	✓	✓					✓	✓								Inst: As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time. ; Prof: As of January 29, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.;
Evolutions Healthcare Systems (New Port Richey FL)	59313	835	✓	✓		✓	✓											
Evolutions Healthcare Systems (New Port Richey FL)	59313	837	✓	✓														
Exceedent LLC	22344	837	✓	✓					✓	✓								
Excellus - BCBS Utica Watertown	12B38	835	✓			✓												
Excellus - BCBS Utica Watertown	12B38	837	✓						✓									
Excellus - BCBS Utica Watertown	SB806	835		✓			✓											
Excellus - BCBS Utica Watertown	SB806	837		✓						✓								
Excellus - Blue Cross Blue Shield Central NY	12B37	835	✓			✓												
Excellus - Blue Cross Blue Shield Central NY	12B37	837	✓						✓									
Excellus - Blue Cross Blue Shield Central NY	SB805	835		✓			✓											
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	✓															

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 Choice Medical Services	FCMS2	835	✓	✓		✓	✓											
Family Choice Medical Services	FCMS2	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
Fenix Medical Group	60818	837	✓	✓														
Fidelis Care EVV	EVVNY	837	✓	✓														Use only for Fidelis Care New York Electronic Visit Verification claims.
Fidelis Care New York	11315	835	✓	✓		✓	✓											
Fidelis Care New York	11315	837	✓	✓					✓	✓								
Fidelity Security Life	FSL01	837	✓	✓														
Firefly Health	FRFLY	837	✓	✓					✓	✓								
First Agency	88055	837	✓	✓														
FIRST CARE	94999	835	✓	✓		✓	✓											
FIRST CARE	94999	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
First Carolina Care	FCC01	835	✓	✓		✓	✓											
First Carolina Care	FCC01	837	✓	✓														
First Choice Health Administrators	91131	835	✓	✓		✓	✓											
First Choice Health Administrators	91131	837	✓	✓														
First Choice MA Plans	FCMA1	835	✓	✓														
First Choice MA Plans	FCMA1	837	✓	✓														
First Choice Medical Group	FCMG1	837	✓	✓					✓	✓								For claims with DOS prior to 4/1/21
First Choice Medical Group/Meritage	FC001	835	✓	✓														Payer returns ERA's automatically once electronic claim submission begins.
First Choice Medical Group/Meritage	FC001	837	✓	✓														For claims with DOS on or after 4/1/21
First Choice Next (SC)	57103	835	✓	✓		✓	✓											
First Choice Next (SC)	57103	837	✓	✓					✓	✓								
First Choice of Midwest	75138	837	✓	✓					✓	✓								
First Choice VIP Care (SC - DSNP)	32456	835	✓	✓		✓	✓											
First Choice VIP Care (SC - DSNP)	32456	837	✓	✓					✓	✓								
First Choice VIP Care Plus by Select Health of South Carolina	77009	835	✓	✓		✓	✓											
First Choice VIP Care Plus by Select Health of South Carolina	77009	837	✓	✓														
First Health Network	73159	837	✓	✓					✓	✓								
First Medical Network (FMN) - Atlanta GA	29076	835	✓	✓		✓	✓											
First Medical Network (FMN) - Atlanta GA	29076	837	✓	✓					✓	✓								
FirstNation Health	65418	837	✓	✓					✓	✓								
Flex Compensation Dental	R7004	837			✓						✓			✓				
Florida Blue Medicare	FBM01	835	✓	✓		✓	✓											
Florida Blue Medicare	FBM01	837	✓	✓														
Florida Community Care	FLCCR	835	✓	✓		✓	✓											
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	835	✓	✓		✓	✓											
Florida Health Care Plan	59322	837	✓	✓														
Florida Hospital Orlando VBR	VB001	837	✓	✓					✓	✓								
Florida Medicaid	77027	835	✓	✓		✓	✓											
Florida Medicaid	77027	837	✓	✓		✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓														
For Your Benefit	FYB01	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	✓	✓														
Franciscan Senior Health & Wellness	FSHW1	835	✓	✓														
Franciscan Senior Health & Wellness	FSHW1	837	✓	✓	✓				✓	✓	✓							
Freedom Claims Management	67136	837	✓	✓					✓	✓								
Freedom Health Plan	41212	835	✓	✓		✓	✓											
Freedom Health Plan	41212	837	✓	✓														
Freedom Life Insurance	62324	835	✓	✓		✓	✓											
Freedom Life Insurance	62324	837	✓	✓														
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
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 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, Kern County EPO	MCS03	835	✓	✓		✓	✓											
Gemcare IPA	27133	837	✓	✓														
General Vision Services	GVS01	837		✓														
Generations Healthcare	46050	837	✓	✓														
Generations-Hillcrest	46051	835	✓	✓														
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	✓	✓					✓	✓								
Georgia Health Advantage	31140	837	✓	✓					✓	✓								
Georgia Medicaid	12K05	835	✓			✓												
Georgia Medicaid	12K05	837	✓						✓									
Georgia Medicaid	SKGA0	835		✓			✓											
Georgia Medicaid	SKGA0	837		✓						✓								
Georgia Medicare	12M05	835	✓			✓												
Georgia Medicare	12M05	837	✓			✓			✓									
Georgia Medicare	SMGA0	835		✓			✓											
Georgia Medicare	SMGA0	837		✓			✓			✓								
GHI - New York (Group Health Inc.)	13551	835	✓	✓	✓	✓	✓	✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
GHI - New York (Group Health Inc.)	13551	837	✓	✓	✓				✓	✓	✓			✓				
GHI HMO	25531	835	✓	✓		✓	✓											
GHI HMO	25531	837	✓	✓					✓	✓								
GHP (Group Health Plan) - MULTIPLAN PHCS/GROUP HEALTH	25141	837		✓														
Glendale Adventist Medical Center	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Glendale Adventist Medical Center	NMM01	837	✓	✓														Formerly known as Network Medical Management
Global Benefits Group	68251	837	✓	✓	✓													
Global Care Inc.	07689	835	✓	✓		✓	✓											
Global Care Inc.	07689	837	✓	✓					✓	✓								
Global Care Medical Group IPA	MPM05	837	✓	✓					✓	✓								
Global Excel Management	GEM01	835	✓	✓		✓	✓											
Global Excel Management	GEM01	837	✓	✓														
Global Health	GHOKC	837	✓	✓					✓	✓								
Global Healthcare Alliance	12X59	837	✓															
Global Medical Management	GMICC	837	✓	✓														
Global TBSP	MPM64	837	✓	✓					✓	✓								As of October 12, 2023, ERA is not available for this payer.
Globe Life and Accident Insurance Company (ERA Only)	91472	835	✓	✓		✓	✓											
GMP - Employers Retiree Trust	23641	837		✓						✓								
GMP - Employers Retiree Trust	GMPER	835	✓	✓		✓	✓											
GMR Healthcare	85664	837	✓	✓														
GMS Inc.	47083	835	✓	✓		✓	✓											
GMS Inc.	47083	837	✓	✓					✓	✓								
Gold Coast Health Plan	77160	835	✓	✓		✓	✓											
Gold Coast Health Plan	77160	837	✓	✓														
Gold Kidney Health Plan	A6865	835	✓	✓		✓	✓											
Gold Kidney Health Plan	A6865	837	✓	✓														
Golden Bay Health Plan	GBHP1	837	✓	✓	✓				✓	✓								
Golden Bay Health Plan	NEMS1	835	✓	✓		✓	✓											
Golden Coast MSO	GCMO	837	✓	✓					✓	✓								
Golden Shore Medical Group (GSMG)	NMM03	835	✓	✓		✓	✓											
Golden Shore Medical Group (GSMG)	NMM03	837	✓	✓					✓	✓								
Golden State Medical Group	MBA01	837	✓	✓					✓	✓								
Gonzaba Medical Group	GMGSA	835	✓	✓		✓	✓											
Gonzaba Medical Group	GMGSA	837	✓	✓														
Good Samaritan Medical Practice Association	IP086	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Good Samaritan Medical Practice Association	PROSP	837	✓	✓					✓	✓								
Government Employees Health Association (GEHA)	39026	835			✓			✓										
Government Employees Health Association (GEHA)	39026	837			✓						✓	✓	✓					
Government Employees Health Association (GEHA)	44054	835	✓	✓		✓	✓											
Gravie Inc.	GRV01	835	✓	✓		✓	✓											
Gravie Inc.	GRV01	837	✓	✓														
Great American Life Ins. Co-Medicare Supplement	13193	835	✓	✓		✓	✓											
Great American Life Ins. Co-Medicare Supplement	13193	837	✓	✓														
Great Southern Life (ERA Only)	IAS09	835	✓	✓		✓	✓											ERA Only
Great States Health IIC	GSHTX	837	✓	✓					✓	✓								
Great-West Healthcare	62308	835	✓	✓		✓	✓											
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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓								
Gundersen Health Plan / Quartz	39180	835	✓	✓		✓	✓											
Gundersen Health Plan / Quartz	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
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	✓															

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓			✓			✓									
Hawaii Medicaid	SKH10	837		✓			✓			✓								
Hawaii Medical Assurance Association (HMAA/HWMG)	48330	835	✓	✓		✓	✓											
Hawaii Medical Assurance Association (HMAA/HWMG)	48330	837	✓	✓														
Hawaii Medicare	SMH10	835		✓			✓											
Hawaii Medicare	SMH10	837		✓			✓			✓						✓		
HCC Life Insurance	HCCMI	837		✓														
HCC Life Insurance	UCCMI	837	✓															
HCH Administration	37111	837	✓	✓														
HCS - Health Claims Service (Boise ID)	82018	837		✓														
Health Alliance Medical Plans of Illinois	77950	835	✓	✓		✓	✓											
Health Alliance Medical Plans of Illinois	77950	837	✓	✓					✓	✓								
Health Alliance Plan (Capitated Contracts)	JGJVH	835	✓	✓		✓	✓											
Health Alliance Plan (Capitated Contracts)	JGJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Health Alliance Plan (Fee for Service Contracts)	JHJVH	835	✓	✓		✓	✓											
Health Alliance Plan (Fee for Service Contracts)	JHJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Health Care LA IPA (HCLA)	MPM06	835	✓	✓		✓	✓											
Health Care LA IPA (HCLA)	MPM06	837	✓	✓					✓	✓								
Health Care Network of Wisconsin (HCN)	42102	837	✓	✓														
Health Care Savings - Institutional	56142	837	✓															
Health Change Pathway	62180	835	✓	✓		✓	✓											
Health Change Pathway	62180	837	✓	✓	✓				✓	✓								
Health Choice Arizona	62179	835	✓	✓														
Health Choice Arizona	62179	837	✓	✓														
Health Choice Generations	62180	835	✓	✓		✓	✓											
Health Choice Generations	62180	837	✓	✓	✓				✓	✓								
Health Choice Generations Utah	13054	837	✓	✓			✓											
Health Choice Generations Utah	45399	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Health Choice Insurance Co	46221	835	✓	✓														
Health Choice Pathway	62180	835	✓	✓		✓	✓											
Health Choice Pathway	62180	837	✓	✓	✓				✓	✓								
Health Choice Utah	45399	837	✓	✓		✓	✓											
Health Cost Solutions	62111	835	✓	✓		✓	✓											
Health Cost Solutions	62111	837	✓	✓														
Health Design Plus (Hudson OH)	34158	837	✓	✓														
Health Economics Corp	39026	835	✓	✓		✓	✓											
Health Economics Corp	39026	837	✓	✓					✓	✓		✓	✓					
Health First Health Plan Inc. (ERA Only)	A5234	835	✓	✓		✓	✓											ERA Only
Health First Health Plans	95019	835	✓	✓		✓	✓											
Health First Health Plans	95019	837	✓	✓														For claims with a DOS prior to 01/01/22 and on or after 01/01/2023.
Health First TPA Austin	75289	837	✓	✓														
Health Net of California and Oregon	95567	835	✓	✓		✓	✓											
Health Net of California and Oregon	95567	837	✓	✓					✓	✓		✓	✓					
Health Network One	65062	837		✓														
Health New England	04286	835	✓	✓		✓	✓											
Health New England	04286	837	✓	✓														
Health Options Inc (FL - BCBS HMO)	12826	837	✓															
Health Options Inc (FL - BCBS HMO)	5X030	837		✓						✓								
Health Partners of Philadelphia	80142	835	✓	✓		✓	✓											
Health Partners of Philadelphia	80142	837	✓	✓														
Health Payment Systems Inc.	20270	835	✓	✓		✓	✓											
Health Payment Systems Inc.	20270	837	✓	✓														
Health Plan of Nevada	76342	835	✓	✓		✓	✓											
Health Plan of Nevada	76342	837	✓	✓					✓	✓								
Health Plan of San Joaquin	68035	835	✓	✓		✓	✓											
Health Plan of San Joaquin	68035	837	✓	✓					✓	✓								
Health Plan of San Mateo	HPSM1	835	✓	✓		✓	✓											
Health Plan of San Mateo	HPSM1	837	✓	✓														
Health Plan of San Mateo Dental	HPSMD	837			✓						✓			✓				
Health Plans Inc.	44273	835	✓	✓		✓	✓											
Health Plans Inc.	44273	837	✓	✓														
Health Plus	KEJVH	835	✓	✓		✓	✓											
Health Plus	KEJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Health Risk Management	41170	837	✓	✓														
Health Safety Net (HSN)	CKMA1	835			✓			✓										
Health Safety Net (HSN)	CKMA1	837			✓						✓			✓				
Health Services for Children with Special Needs	37290	835	✓	✓		✓	✓											
Health Services for Children with Special Needs	37290	837	✓	✓														
Health Services Management	41150	837		✓														
Health Services Preferred (HSP) by Emerald Health	34167	837	✓	✓														
Health Source MSO	HSMSO	837	✓	✓		✓	✓											
Health Special Risk, Inc	65449	837	✓	✓					✓	✓								
Health Texas Medical Group	HTHTX	837	✓	✓					✓	✓								
Health2Business Inc	55213	837	✓	✓														
HealthBridge	74853	835	✓	✓	✓	✓	✓	✓										
HealthBridge	74853	837	✓	✓	✓													
Healthcare Highways	HCH01	835	✓	✓		✓	✓											
Healthcare Highways	HCH01	837	✓	✓					✓	✓								
Healthcare Highways Health Plan	HCHHP	837	✓	✓	✓													Effective for dates of service on or after 1/1/2020
Healthcare In Action	MPM56	837	✓	✓														
Healthcare Management Administrators (HMA)	HMA01	835	✓	✓		✓	✓											
Healthcare Management Administrators (HMA)	HMA01	837	✓	✓					✓	✓								
Healthcare Partners	HCP01	837	✓	✓					✓	✓								This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Healthcare Partners	OCN01	835	✓	✓														
HealthCare Partners IPA	11328	835	✓	✓		✓	✓											
HealthCare Partners IPA	11328	837	✓	✓														
Healthcare Partners of Nevada	20501	835	✓	✓		✓	✓											
Healthcare Partners of Nevada	20501	837	✓	✓					✓	✓								
Healthcare Resources NW	56731	837	✓	✓														
Healthcare Solutions Group	73147	835	✓	✓		✓	✓											
Healthcare Solutions Group	73147	837	✓	✓					✓	✓								
Healthcare Strategic Initiatives	HSICS	835	✓	✓														
Healthcare Strategic Initiatives	HSICS	837	✓	✓	✓													Payer returns ERA automatically.
HealthChoice Oklahoma	71064	837	✓	✓	✓													
HealthCosmos Medical Group LLC	COSAZ	837	✓	✓					✓	✓								
HealthCosmos of Nevada PLLC-	COSNV	837	✓	✓					✓	✓								
Healthease	59608	835	✓	✓		✓	✓											
Healthease	59608	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
HealthEdge Administrators	95213	837	✓	✓														
HealthEZ	41178	835	✓	✓		✓	✓											
HealthEZ	41178	837	✓	✓					✓	✓								
Healthfirst 65 Plus	80141	837	✓															
Healthfirst Family Health Plus (FHP)	80141	837	✓															
Healthfirst Health Plan of New Jersey	80141	835	✓	✓		✓	✓											
Healthfirst Health Plan of New Jersey	80141	837	✓	✓														
Healthfirst Inc. (New York)	80141	835	✓	✓		✓	✓											
Healthfirst Inc. (New York)	80141	837	✓	✓														
Healthfirst PHSP	80141	837	✓															
HealthFirst TPA	34185	837		✓														
Healthfirst Tyler TX	75234	835	✓	✓		✓	✓											
Healthfirst Tyler TX	75234	837	✓	✓					✓	✓								
Healthgram Inc.	56144	835	✓	✓		✓	✓											
Healthgram Inc.	56144	837	✓	✓														
HealthGroup Limited	23274	837	✓	✓					✓	✓								
HealthGuard of Lancaster	23226	837	✓	✓					✓	✓								
Healthlink	90001	837	✓	✓					✓	✓								
Healthly Medical Group	HMG01	837	✓	✓					✓	✓								
HealthNow - BCBS Northeastern NY	12B68	835	✓			✓												
HealthNow - BCBS Northeastern NY	12B68	837	✓						✓									
HealthNow - BCBS Northeastern NY	5B800	835		✓			✓											
HealthNow - BCBS Northeastern NY	5B800	837		✓						✓								
HealthNow - Blue Cross Blue Shield of Western NY	12B39	835	✓			✓												
HealthNow - Blue Cross Blue Shield of Western NY	12B39	837	✓						✓									
HealthNow - Blue Cross Blue Shield of Western NY	5B801	835		✓			✓											
HealthNow - Blue Cross Blue Shield of Western NY	5B801	837		✓						✓								
Healthnow Division	55204	835		✓			✓											
Healthnow Division	55204	837		✓														
Healthpartners	94267	835	✓	✓	✓	✓	✓	✓										
Healthpartners	94267	837	✓	✓	✓						✓							
HealthPartners MN Dental	HP001	835			✓			✓										
HealthPlan Services	59140	835	✓	✓		✓	✓											
HealthPlan Services	59140	837	✓	✓					✓	✓								
HealthPlex Dental	11271	835			✓			✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
HealthPlex Dental	11271	837			✓						✓			✓				
HealthPlus Managed Long Term Care	45302	837	✓	✓					✓	✓								
Healthscope Benefits - EHC Repricing	52429	837	✓	✓														
HealthScope Benefits (UMR)	40026	835	✓	✓		✓	✓											
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	37283	835	✓	✓		✓	✓											
HealthSmart Benefit Solutions	37283	837	✓	✓					✓	✓								
HealthSmart Benefit Solutions fka Wells Fargo TPA.Inc.	87815	835	✓	✓		✓	✓											
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	✓	✓														
Healthways WholeHealth Networks	58213	837		✓														
Healthy Blue Dual Advantage Louisiana	00551	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Healthy Blue Kansas	00047	835	✓	✓		✓	✓											
Healthy Blue Kansas	00047	837	✓	✓								✓	✓					
Healthy Blue Missouri	00541	835	✓	✓		✓	✓											
Healthy Blue Missouri	00541	837	✓	✓														
Healthy Blue Nebraska	00544	835	✓	✓		✓	✓											
Healthy Blue Nebraska	00544	837	✓	✓														
Healthy Blue North Carolina	00602	835	✓	✓		✓	✓											
Healthy Blue North Carolina	00602	837	✓	✓								✓	✓					
Healthy Mississippi Medicare Advantage	99914	837	✓	✓														
Healthy San Francisco	HSF01	837	✓	✓														
Healthy York Network	22251	837	✓	✓					✓	✓								
HealthyBlue LA	00661	835	✓	✓		✓	✓											
HealthyBlue LA	00661	837	✓	✓								✓	✓					
Hemet Community Medical Group (HCMG)	HCMG1	837	✓	✓					✓	✓								
Hennepin Health	60058	835	✓	✓		✓	✓											
Hennepin Health	60058	837	✓	✓					✓	✓								
Heritage Consultants	59230	837		✓														
Heritage Provider Network	DESRT	837		✓														
Heritage Victor Valley	VVMG1	837		✓														
Heritage Victor Valley Medical Group	30862	837	✓	✓														
Heritage Vision Plans	96462	837		✓														
HFN Inc.	36335	835	✓	✓		✓	✓											
HFN Inc.	36335	837	✓	✓														
High Desert Medical Group	95393	837	✓	✓														
High Desert PACE	R3467	835	✓	✓		✓	✓											
High Desert PACE	R3467	837	✓	✓														
Highmark BCBS Delaware Health Options	47181	835	✓	✓		✓	✓											
Highmark BCBS Delaware Health Options	47181	837	✓	✓					✓	✓								
Highmark Blue Cross & Blue Shield of Pennsylvania	54771	835		✓			✓											
Highmark Blue Cross & Blue Shield of Pennsylvania	54771	837		✓			✓			✓								
Highmark Blue Cross & Blue Shield of Pennsylvania Central	54771C	835	✓			✓												
Highmark Blue Cross & Blue Shield of Pennsylvania Central	54771C	837	✓			✓			✓									
Highmark Blue Cross & Blue Shield of Pennsylvania Southeastern	54771S	835	✓			✓												
Highmark Blue Cross & Blue Shield of Pennsylvania Southeastern	54771S	837	✓			✓			✓									For claims with DOS on or after 1/1/2024.
Highmark Blue Cross & Blue Shield of Pennsylvania Western	54771W	835	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Highmark Blue Cross & Blue Shield of Pennsylvania Western	54771W	837	✓			✓			✓									
Highmark Blue Cross Blue Shield West Virginia	54828	835	✓	✓		✓	✓											
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	✓	✓														This payer is not available for production until August 1, 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	✓	✓														
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.
Home Health & Hospice JK NGS	JKHHH	835	✓			✓												
Home Health & Hospice JK NGS	JKHHH	837	✓			✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Home Health & Hospice Jurisdiction M	12M80	835	✓			✓												
Home Health & Hospice Jurisdiction M	12M80	837	✓			✓			✓									
Home Health Hospice J6 NGS (06014)	12M98	835	✓			✓												J6 Part A HHH - Contractor Code 06014. For any neighboring states, please reference the NGS Crosswalk to confirm contractor code.
Home Health Hospice J6 NGS (06014)	12M98	837	✓			✓			✓									J6 Part A HHH - Contractor Code 06014. For any neighboring states, please reference the NGS Crosswalk to confirm contractor code.
Homelink	30750	837	✓	✓					✓	✓								
Hometown Health Plan Nevada	88023	835	✓	✓		✓	✓											
Hometown Health Plan Nevada	88023	837	✓	✓														
HOMETOWN HEALTH PLAN NV SENIOR CARE PLUS COMPLETE P3 MCR	58379	835	✓	✓		✓	✓											
HOMETOWN HEALTH PLAN NV SENIOR CARE PLUS COMPLETE P3 MCR	58379	837	✓	✓														
Hope Select Care Pace	R3499	835	✓	✓		✓	✓											
Hope Select Care Pace	R3499	837	✓	✓	✓													
HORACE MANN LIFE INSURANCE COMPANY	HMLIC	837	✓	✓					✓	✓								
Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)	22099	835	✓	✓	✓	✓	✓	✓										
Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)	22099	837	✓	✓	✓				✓	✓				✓				
Horizon Healthcare of NY	22099	837	✓	✓					✓	✓				✓				
Horizon New Jersey Health	22326	835	✓	✓		✓	✓											
Horizon New Jersey Health	22326	837	✓	✓					✓	✓								
Horizon New Jersey Health	HNJ01	835			✓			✓										
Horizon New Jersey Health	HNJ01	837			✓						✓							
Horizon PACE	R4569	837	✓	✓														
Horizon Valley Medical Group	HVMG1	835	✓	✓														
Horizon Valley Medical Group	HVMG1	837	✓	✓					✓	✓								
Hotel Employees & Restaurant Employees Health Trust	91136	837	✓	✓														
HPC	82802	837	✓	✓														
HS1 Medical Management	65062	837		✓														
HSA Health Insurance Company	U7632	835	✓	✓		✓	✓											
HSA Health Insurance Company	U7632	837	✓	✓														
HSBS Memphis	37224	835	✓	✓		✓	✓											
HSBS Memphis	37224	837		✓														
HSBS Oklahoma City	37256	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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	61101	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	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Humana Ohio Medicaid Vision	6110V	837	✓	✓														
Humana Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio 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
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓			✓				✓								
Illinois Medicare	SMIL0	835		✓			✓											
Illinois Medicare	SMIL0	837		✓			✓			✓								
Illinois Physicians Alliance IPA	IPA99	837	✓	✓														
IMA, Inc	64556	837	✓	✓														
Imagine Health	43123	837	✓	✓														
IMPACT HEALTH SHARE INC	IH400	837	✓	✓						✓	✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 Svcs - Texas	12T64	837	✓															
IMS TrialCard	56155	835	✓	✓		✓	✓											
IMS TrialCard	56155	837	✓	✓					✓	✓								
IMX Easy	86070	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	✓	✓		✓	✓		✓	✓					✓	✓		
Independent Health Care Plan(ICARE)	11695	835	✓	✓		✓	✓											
Independent Health Care Plan(ICARE)	11695	837	✓	✓					✓	✓								
Independent Physicians at Mercy	INDPM	837	✓	✓														
Indian Health Services	12X75	837	✓															
Indian Health Services	SX171	837		✓														
Indiana Childrens Special Health Care Services	35600	835	✓	✓														
Indiana Medicaid	12K09	835	✓			✓												
Indiana Medicaid	12K09	837	✓						✓									
Indiana Medicaid	SKIN0	835		✓			✓											
Indiana Medicaid	SKIN0	837		✓						✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Indiana Medicare	12M09	835	✓			✓												
Indiana Medicare	12M09	837	✓			✓			✓									
Indiana Medicare	SMIN0	835		✓			✓											
Indiana Medicare	SMIN0	837		✓			✓			✓								
Indiana ProHealth aka Community Health Network	35161	835	✓	✓		✓	✓											
Indiana University Health Plan	95444	835	✓	✓		✓	✓											
Indiana University Health Plan	95444	837	✓	✓														
Indiana University Health Plan (Commercial)	23253	835	✓	✓		✓	✓											
Indiana University Health Plan (Commercial)	26212	837	✓	✓														
Individual Assurance Company	30360	835	✓	✓		✓	✓											
Individual Assurance Company	30360	837	✓	✓					✓	✓								
Individual Health Insurance Companies	31053	835	✓	✓		✓	✓											
Individual Health Insurance Companies	31053	837	✓	✓														
Inetico Inc.	43471	835	✓	✓		✓	✓											
Inetico Inc.	43471	837	✓	✓					✓	✓								
Informed LLC	52196	837	✓	✓														
Ingham Health Plan Corporation	38343	835	✓	✓		✓	✓											
Ingham Health Plan Corporation	38343	837	✓	✓						✓								
Inland Empire Health Plan	IEHP1	835	✓	✓		✓	✓											
Inland Empire Health Plan	IEHP1	837	✓	✓					✓	✓								Payer now accepts Secondary claims electronically.
Inland Empire health Plan (Covered California)	IECCA	835	✓	✓		✓	✓											
Inland Empire health Plan (Covered California)	IECCA	837	✓	✓														
Inland Faculty Medical Group	MVMM1	835	✓	✓														
Inland Faculty Medical Group	MVMM1	837	✓	✓														
Inland Valley - (Redlands IPA)	SYMED	837	✓	✓														
Innermark TPA	98481	837	✓	✓	✓													
InnovAge	31182	835	✓	✓		✓	✓											
InnovAge	31182	837	✓	✓														
Innovation Health	40025	837	✓	✓														
Innovative Healthware Solutions	04320	837	✓	✓														
Innovative Integrated Health, Inc.	IIHPO	835	✓	✓														
Innovative Integrated Health, Inc.	IIHPO	837	✓	✓	✓				✓	✓	✓							
Innovative Partners LP	32324	837	✓	✓	✓													
InStil Health Insurance Company	INSTL	837		✓						✓								
InStil Health Insurance Company	UNSTL	837	✓															

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Insurance Design Administrators	13315	835	✓	✓		✓	✓											
Insurance Design Administrators	13315	837	✓	✓														
Insurance Management Administrators	72091	835	✓	✓		✓	✓											
Insurance Management Administrators	72091	837	✓	✓														
Insurance Management Services Texas	IMSMS	835	✓	✓		✓	✓											
Insurance Management Services Texas	IMSMS	837	✓	✓														
Insurance Services of Lubbock	TH012	837		✓														
Insurance Systems	11889	837	✓	✓					✓	✓								
InsuranceTPA.com	39182	837	✓	✓					✓	✓								
Insurers Administrative Corp.	86304	837	✓	✓														
Integra Administrative Group (Seaford DE)	51020	835	✓	✓		✓	✓											
Integra Administrative Group (Seaford DE)	51020	837	✓	✓														
Integra Group	31127	837	✓	✓														
Integra Group-CHA	31129	837		✓														
IntegraNet Health	INET1	835	✓	✓														
IntegraNet Health	INET1	837	✓	✓	✓													
IntegraNet SCAN	ISCN1	835	✓	✓														
IntegraNet SCAN	ISCN1	837	✓	✓	✓				✓	✓	✓							
Integrated Care Network (ICN) by Emerald Health	34167	837	✓	✓														
Integrated Health Partners (IHP)	MPM26	835	✓	✓		✓	✓											
Integrated Health Partners (IHP)	MPM26	837	✓	✓														
Integrated Homecare Services	IHCS1	835	✓	✓														
Integrated Homecare Services	IHCS1	837	✓	✓														
Integrated Medical Solutions LLC	20050	837	✓	✓														
Integrity Administrators - South Tahoe Refuse	28580	837	✓	✓					✓	✓								
Inter Americas Insurance Corp Inc.	92649	837	✓	✓														
Inter County Health Plan	54763	835	✓	✓		✓	✓											
Inter County Health Plan	54763	837	✓	✓					✓	✓								
Inter Valley Health Plan	IVHPA	837	✓	✓														
Interactive Medical Systems	56132	835	✓	✓		✓	✓											ERA Only
InterCommunity Health CCO (IHN)	SAMHP	835	✓	✓		✓	✓											
InterCommunity Health CCO (IHN)	SAMHP	837	✓	✓					✓	✓								
InterCommunity Health Network	INTHP	835		✓														
InterCommunity Health Network	INTHP	837		✓						✓								
Interface EAP (IEAP)	60280	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Intergroup Services Corporation	23287	837	✓	✓														
Intermountain Healthcare (now known as SelectHealth)	SX107	835		✓			✓											
Intermountain Healthcare (now known as SelectHealth)	SX107	837		✓														
International Benefit Administrator	11329	835	✓	✓		✓	✓											
International Benefit Administrator	11329	837	✓	✓														
International Brotherhood of Boilermakers	36609	837	✓	✓														
International Brotherhood-IBBEHC	48603	837	✓	✓						✓								
International Med	IMGIN	837	✓	✓														
INTERWEST HEALTH PPO MONTANA	84137	837	✓	✓														
INTotal Health (claims with DOS on or after 7/01/2016)	35115	835	✓	✓		✓	✓											
INTotal Health (claims with DOS on or after 7/01/2016)	35115	837	✓	✓					✓	✓								
Iowa Health Advantage	RP075	835	✓	✓		✓	✓											
Iowa Health Advantage	RP075	837	✓	✓														
Iowa Medicaid	12K10	835	✓			✓												
Iowa Medicaid	12K10	837	✓			✓			✓							✓		
Iowa Medicaid	CKIA1	835			✓			✓										
Iowa Medicaid	CKIA1	837			✓						✓							
Iowa Medicaid	SKIA0	835		✓			✓											
Iowa Medicaid	SKIA0	837		✓			✓			✓						✓		
Iowa Medicare	SMIA0	835	✓	✓		✓	✓											
Iowa Medicare	SMIA0	837	✓	✓		✓	✓		✓	✓		✓	✓					
Iowa Total Care	68069	835	✓	✓		✓	✓											
Iowa Total Care	68069	837	✓	✓					✓	✓		✓	✓					
Iron Road Healthcare	87042	837		✓						✓								
IU Health Plans	26212	837	✓	✓														
IU Health Transplant Evaluation Program	47262	837	✓	✓														
J15 Home Health and Hospice	12M97	835	✓			✓												
J15 Home Health and Hospice	12M97	837	✓			✓			✓									
Jade Health Care Medical Group	NMM07	835	✓	✓		✓	✓											
Jade Health Care Medical Group	NMM07	837	✓	✓					✓	✓								
JAI MEDICAL SYSTEMS HC	JAI01	835	✓	✓														Effective February 20, 2025, route has changed to EDI Gateway "SSI"
JAI MEDICAL SYSTEMS HC	JAI01	837	✓	✓		✓	✓		✓	✓								
Jefferson Health Plans	RP099	837	✓	✓														
JERICO SHARE	IHS02	837	✓	✓					✓	✓								
JL Legacy Part A	12901	835	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
JL Legacy Part A	12901	837	✓			✓			✓									
JLS Family Enterprises	JLSFE	837	✓	✓														
JOHN MORRELL COMPANY CO. - AHPBA	38310	837	✓	✓														
John Muir Mt. Diablo Health System	68036	837	✓	✓														
John Muir Mt. Diablo Health System	JMH01	835	✓	✓		✓	✓											
John Muir Physician Network	68036	837		✓														
John P Pearl and Associates	37215	837	✓	✓														
Johns Hopkins Health Advantage	66003	835	✓	✓		✓	✓											
Johns Hopkins Health Advantage	66003	837	✓	✓														
Johns Hopkins Healthcare (EHP/PP)	52189	835	✓	✓		✓	✓											
Johns Hopkins Healthcare (EHP/PP)	52189	837	✓	✓														
Johns Hopkins Healthcare (USFHP)	52123	835	✓	✓		✓	✓											
Johns Hopkins Healthcare (USFHP)	52123	837	✓	✓														
Johns Hopkins HomeCare Group	JHHCG	837		✓														
Joplin Claims / Benefit Management Inc	43178	837	✓	✓														
JORDAN VALLEY PACE MCR /MCD	98471	837	✓	✓	✓													
JP Specialties	12T47	837	✓															
JPS Preferred Care - PREFERRED CARE	MWP01	837		✓														
Kaiser Foundation Health Plan of Colorado	91617	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of Colorado	91617	837	✓	✓														
Kaiser Foundation Health Plan of Hawaii	94123	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of Hawaii	94123	837	✓	✓														
Kaiser Foundation Health Plan of Northern CA Region	94135	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of Northern CA Region	94135	837	✓	✓														
Kaiser Foundation Health Plan of Southern CA Region	94134	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of Southern CA Region	94134	837	✓	✓					✓	✓								
Kaiser Foundation Health Plan of the Mid-Atlantic States Inc.	52095	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of the Mid-Atlantic States Inc.	52095	837	✓	✓					✓	✓								
Kaiser Foundation Health Plan of the Northwest	NW002	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan of the Northwest	NW002	837	✓	✓					✓	✓								
Kaiser Foundation Health Plan Of Washington	91051	835	✓	✓		✓	✓											
Kaiser Foundation Health Plan Of Washington	91051	837	✓	✓					✓	✓								
Kaiser Permanente of Georgia	21313	835	✓	✓		✓	✓											
Kaiser Permanente of Georgia	21313	837	✓	✓														
Kaiser Self Funded	94320	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Kaiser Self Funded	94320	837	✓	✓					✓	✓								
Kalos Heath	40137	835	✓	✓		✓	✓											
Kalos Heath	40137	837	✓	✓														
Kane County BCBS	KCIPA	837	✓	✓														
Kansas City Life Insurance	44030	837		✓						✓								
Kansas Medicaid	MDKSI	835	✓			✓												
Kansas Medicaid	MDKSI	837	✓						✓									
Kansas Medicaid	MDKSP	835		✓			✓											
Kansas Medicaid	MDKSP	837		✓						✓								
Kansas Medicare	57324	835	✓			✓												
Kansas Medicare	57324	837	✓			✓			✓			✓						
Kansas Medicare	SMKSO	835		✓			✓											
Kansas Medicare	SMKSO	837		✓			✓			✓			✓					
Kansas Superior Select	71066	835	✓	✓		✓	✓											
Kansas Superior Select	71066	837	✓	✓														
Kaweah Delta	TKFMC	837	✓	✓														
Kaweah Delta Medicare Advantage	IP084	835	✓	✓		✓	✓											
Kaweah Delta Medicare Advantage	IP084	837	✓	✓														
KB Medical Practice, PC	35463	837	✓	✓														
Keenan and Associates	KEE01	837	✓	✓														
Keenan Associates (CA)	95279	837	✓	✓														
KelseyCare	KELSI	837	✓	✓														
KelseyCare	KELSE	835	✓	✓		✓	✓											
KelseyCare	KELSE	837	✓	✓														
Kemberton	KMBTN	837	✓	✓														
Kemper Benefits	61453	837	✓	✓					✓	✓								
Kemper Health (Reserve National Insurance Co.)	73066	835	✓	✓		✓	✓											Formerly known as Reserve National Insurance
Kemper Health (Reserve National Insurance Co.)	73066	837	✓	✓					✓	✓								Formerly known as Reserve National Insurance
Kempton Company	73100	835	✓	✓		✓	✓											
Kempton Company	73100	837	✓	✓	✓													
Kempton Group Administrators	73100	835	✓	✓		✓	✓											
Kempton Group Administrators	73100	837	✓	✓	✓													
Kempton Group TPA: Kempton Group Administrators (UCS)	90210	837	✓	✓					✓	✓								
Kentucky Health Administrators (KHA)	82357	835	✓	✓	✓	✓	✓	✓										
Kentucky Health Administrators (KHA)	82357	837	✓	✓	✓													

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Kentucky Medicaid	12K11	835	✓			✓												
Kentucky Medicaid	12K11	837	✓			✓			✓									
Kentucky Medicaid	SKKY0	835		✓			✓											
Kentucky Medicaid	SKKY0	837		✓			✓			✓								
Kentucky Medicare	12M11	835	✓			✓												
Kentucky Medicare	12M11	837	✓			✓			✓									
Kentucky Medicare	SMKY0	835		✓			✓											
Kentucky Medicare	SMKY0	837		✓			✓			✓								
Kentucky Spirit Health Plan	68069	835	✓	✓		✓	✓											
Kentucky Spirit Health Plan	68069	837	✓	✓					✓	✓		✓	✓					
Kern County CDCR	28021	837		✓														
Kern Health Systems	77039	835	✓	✓		✓	✓											
Kern Health Systems	77039	837	✓	✓					✓	✓								
Kern Legacy Health Plan	89890	837	✓	✓					✓	✓								
Key Benefit Administrators (Indianapolis IN)	37217	835	✓	✓		✓	✓											
Key Benefit Administrators (Indianapolis IN)	37217	837	✓	✓	✓													
Key Health Medical Solutions Inc.	95460	837		✓														
Key Medical Group	IP082	835	✓	✓		✓	✓											
Key Medical Group	IP082	837	✓	✓														
Key Medical Group - Medicare Advantage	IP083	835	✓	✓		✓	✓											
Key Medical Group - Medicare Advantage	IP083	837	✓	✓														
Key Select	37321	837	✓	✓					✓	✓								
Key Solution	37323	835	✓	✓		✓	✓											
Key Solution	37323	837	✓	✓					✓	✓								
KeyCare of Maryland	KCMD1	835	✓	✓		✓	✓											
KeyCare of Maryland	KCMD1	837	✓	✓														
Keystone First	23284	835	✓	✓		✓	✓											
Keystone First	23284	837	✓	✓								✓	✓					
Keystone First CHIP	30070	835	✓	✓		✓	✓											
Keystone First CHIP	30070	837	✓	✓														For claims with DOS on or after 07/01/2025.
Keystone First Community HealthChoices	42344	835	✓	✓		✓	✓											
Keystone First Community HealthChoices	42344	837	✓	✓					✓	✓		✓	✓					
Keystone First VIP Choice	77741	835	✓	✓		✓	✓											
Keystone First VIP Choice	77741	837	✓	✓								✓	✓					
Keystone Health Plan East	12X25	837	✓			✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Keystone Health Plan East	SX055	835	✓	✓		✓	✓											ERA Payer Code SX055 ERA Payer Code SX055
Keystone Health Plan East	SX055	837		✓						✓								
KG Administrative Services	KGA15	837	✓	✓														
Klais & Company	34145	837	✓	✓					✓	✓								
KM Strategic Management (KMSM)	HCMG1	837	✓	✓					✓	✓								
Koan Risk Solutions, Inc.	65871	837	✓	✓	✓													
Kopp Billing Agency	RP091	837	✓	✓		✓	✓		✓	✓								
Korean American Medical Group	HSM01	837	✓	✓														
Kova Healthcare, Inc.	KOVA1	835	✓	✓		✓	✓											
Kova Healthcare, Inc.	KOVA1	837	✓	✓					✓	✓								
KPS-Kitsap Physician Services	KPS01	837	✓	✓														
KS - Sunflower State Health	68069	835	✓	✓		✓	✓											
KS - Sunflower State Health	68069	837	✓	✓					✓	✓		✓	✓					
KSKJ Life (ERA Only)	IAS11	835	✓	✓		✓	✓											ERA Only
LA Blue Advantage Louisiana	72107	835	✓	✓		✓	✓											
LA Blue Advantage Louisiana	72107	837	✓	✓		✓	✓											
LA Care Health Plan	LACAR	835	✓	✓		✓	✓											
LA Care Health Plan	LACAR	837	✓	✓														
Laborers Union of Minnesota	R7001	835			✓			✓										
LACH HealthNet by MedPOINT	MPM19	837	✓	✓					✓	✓								
LADOC CorrectCare	LADOC	837	✓	✓					✓	✓								
Lake County Physicians Association	37116	835	✓	✓		✓	✓											
Lake County Physicians Association	37116	837	✓	✓														
Lakeside Community Healthcare	LMG01	837	✓	✓														
Lakeside Comprehensive Healthcare	66127	837	✓	✓														
Lakeside Health Services	LMG11	837		✓														
Lakeside Medical Group	66125	837	✓	✓														
Lakewood Health Plan	CAPMN	837	✓	✓					✓	✓								
Lakewood Health Plan	LIPAZ	837	✓	✓					✓	✓								For DOS Prior to 5/1/2020. Claims with DOS 5/1/20 and after use payer code CAPMN.
Lancaster General Health	16109	837	✓	✓					✓	✓								
Landmark Healthcare Inc	LNDMK	835		✓			✓											
Landmark Healthcare Inc	LNDMK	837		✓						✓								
Las Vegas Firefighters Health & Welfare Trust	77684	837	✓	✓	✓													
LaSalle Medical Associates	LSMA2	835	✓	✓		✓	✓											
LaSalle Medical Associates	LSMA2	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Lasso Healthcare MSA	10550	835	✓	✓		✓	✓											
Lasso Healthcare MSA	10550	837	✓	✓					✓	✓								
Lawndale Christian Health Center	LAWND	837	✓	✓														
Lawndale Pace	R3466	837	✓	✓														
LBA Health Plans	52193	835	✓	✓		✓	✓											
LBA Health Plans	52193	837	✓	✓														
Leon Health Plans	A3565	835	✓	✓		✓	✓											
Leon Health Plans	A3565	837	✓	✓														
Leon Medical Center Health Plan	37316	837	✓	✓														
Leon Medical Center Health Plan	LMCHP	835	✓	✓														
Leonard Holding Company	84365	837	✓	✓					✓	✓								
LHP Claims Unit	37248	835	✓	✓		✓	✓											
LHP Claims Unit	37248	837	✓	✓														
LHS Medcost Solutions LLC	90753	837	✓	✓														Claim Mailing Address: PO Box 36908, Canton OH 44735
Liberty Advantage Health Plan (HMO SNP)	LIB01	835	✓	✓		✓	✓											
Liberty Advantage Health Plan (HMO SNP)	LIB01	837	✓	✓														
Liberty Dental Plan	CX083	837			✓						✓			✓				
Liberty Health Advantage	87071	837	✓															
Liberty National Life Insurance Company (ERA Only)	65331	835	✓	✓		✓	✓											
Liberty Union	37281	837	✓	✓														
Life Assurance Company	37281	837	✓	✓														
Life Investors Insurance	12T67	837	✓															
Life Investors Insurance of America - Long Term Care	12T39	837	✓															
LIFE Pittsburgh	25181	835	✓	✓		✓	✓											
LIFE Pittsburgh	25181	837	✓	✓														
Life Trac	41136	837	✓	✓														
LifeCircles PACE	71498	837	✓	✓														
Lifemap	RLH01	837			✓						✓							
LifePath Hospice Inc	76870	837	✓	✓					✓	✓								
LifeShield National Insurance Co	47865	837	✓	✓														
Lifetime Benefit Solutions	EBSRM	835	✓	✓		✓	✓											
LifeWise Health Plan of Washington	91049	835	✓	✓		✓	✓											
LifeWise Health Plan of Washington	91049	837	✓	✓					✓	✓								
LifeWise Healthplan of Oregon	93093	835	✓	✓		✓	✓											
LifeWise Healthplan of Oregon	93093	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Lifeworks Advantage	LWA01	835	✓	✓		✓	✓											
Lifeworks Advantage	LWA01	837	✓	✓														
Lincoln Heritage (ERA Only)	IAS12	835	✓	✓		✓	✓											ERA Only
Line Construction Benefit Fund	LCB01	835	✓	✓		✓	✓											ERA ONLY
Little Company of Mary	LCM01	837	✓	✓														
Little Company of Mary	LCM1	837	✓	✓														For claims with a DOS on or after 1/1/17
Live Well IPA	LWIPA	835	✓	✓														
Live Well IPA	LWIPA	837	✓	✓														
Local 137 Operating Engineers Welfare Fund	84041	837	✓	✓					✓	✓								
Local 670 Engineers	67011	837	✓	✓														
Lockard & Williams	CB752	835	✓	✓		✓	✓											
Lockard & Williams	CB752	837	✓	✓														
Loma Linda	99255	837	✓						✓									
Loma Linda University Adventist Health Sciences Center Employee Health Plan	37267	837	✓	✓														
Loma Linda University Adventist Health Sciences Centers	37267	837	✓	✓														
Loma Linda University Behavioral Medicine Center Employee Health Plan	37267	837	✓	✓														
Loma Linda University Employee Health Plan	37267	837	✓	✓														
Loma Linda University Health Care Employee Health Plan	37267	837	✓	✓														
Loma Linda University Healthcare	33036	837	✓	✓														
Loma Linda University Medical Center (LLUMC)	95352	837	✓	✓														
Loma Linda University Medical Center Employee Health Plan	37267	837	✓	✓														
Loma Linda University Medical Center Residents Health Plan	37267	837	✓	✓														
Loma Linda University Student Health Plan	37267	837	✓	✓														
Lone Star Medical Group PLLC	LNSTR	837	✓	✓														
Long Beach Memorial IPA	IP095	835	✓	✓		✓	✓											
Long Beach Memorial IPA	IP095	837	✓	✓					✓	✓								
Longevity Health Plan of Colorado	LCO01	835	✓	✓		✓	✓											
Longevity Health Plan of Colorado	LCO01	837	✓	✓														
Longevity Health Plan of Florida	LFL01	835	✓	✓		✓	✓											
Longevity Health Plan of Florida	LFL01	837	✓	✓														
Longevity Health Plan of Illinois	LIL01	835	✓	✓		✓	✓											
Longevity Health Plan of Illinois	LIL01	837	✓	✓														
Longevity Health Plan of Michigan	LMI01	835	✓	✓		✓	✓											
Longevity Health Plan of Michigan	LMI01	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Longevity Health Plan of New Jersey	LNJ01	835	✓	✓		✓	✓											
Longevity Health Plan of New Jersey	LNJ01	837	✓	✓														
Longevity Health Plan of New York	LNJ01	835	✓	✓		✓	✓											
Longevity Health Plan of New York	LNJ01	837	✓	✓														
Longevity Health Plan of North Carolina	LNC01	835	✓	✓		✓	✓											
Longevity Health Plan of North Carolina	LNC01	837	✓	✓														
Longevity Health Plan of Oklahoma	LOK01	835	✓	✓		✓	✓											
Longevity Health Plan of Oklahoma	LOK01	837	✓	✓														
Los Angeles Medical Center (LAMC)	PROSP	835	✓	✓														
Los Angeles Medical Center (LAMC)	PROSP	837	✓	✓					✓	✓								
Louisiana Healthcare Connections	68069	835	✓	✓		✓	✓											
Louisiana Healthcare Connections	68069	837	✓	✓					✓	✓		✓	✓					
Louisiana Medicaid	MCDLA	835	✓	✓		✓	✓											
Louisiana Medicaid	MCDLA	837	✓	✓		✓	✓		✓	✓					✓	✓		
Louisiana Medicaid - DME Claims	SKLA1	837		✓			✓			✓								
Louisiana Medicare	12M12	835	✓			✓												
Louisiana Medicare	12M12	837	✓			✓												
Louisiana Medicare	SMLA0	835		✓			✓											
Louisiana Medicare	SMLA0	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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓														
Lummi Indian Business Council (PRC)	LUMMI	837	✓	✓	✓													
Luninare Health (Coresoure AZ MN)	35182	835	✓	✓		✓	✓											Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luninare Health (Coresoure AZ MN)	35182	837	✓	✓						✓								
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	835	✓	✓														
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		✓						✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Maine Medicare	12M13	835	✓			✓												
Maine Medicare	12M13	837	✓			✓			✓									
Maine Medicare	SMMEO	835		✓			✓											
Maine Medicare	SMMEO	837		✓			✓			✓								
Managed Care of North America, Inc. (MCNA)	65030	837			✓						✓							
Managed Care Services LLC	35162	837	✓	✓														
Managed Care Systems (Delano Regional Medical Group)	MCS02	835		✓			✓											
Managed Care Systems (Delano Regional Medical Group)	MCS02	837		✓														
Managed Care Systems (Gemcare)	MCS01	835		✓			✓											
Managed Care Systems (Gemcare)	MCS01	837	✓	✓														
MANAGED HEALTH CARE ASSOCIATES	36312	837		✓														
Managed Health Network	22771	835	✓	✓		✓	✓											
Managed Health Network	22771	837	✓	✓														
Managed Health Services Indiana (Medicaid HMO)	68069	835	✓	✓		✓	✓											
Managed Health Services Indiana (Medicaid HMO)	68069	837	✓	✓					✓	✓		✓	✓					
Managed Health Services Wisconsin	68069	835	✓	✓		✓	✓											
Managed Health Services Wisconsin	68069	837	✓	✓					✓	✓		✓	✓					
Manhattan Life Assurance Company of America (Manhattan Life)	86253	835	✓	✓		✓	✓											
Manhattan Life Assurance Company of America (Manhattan Life)	86253	837			✓													
Manhattan Life Insurance & Annuity Company	28148	837	✓	✓														
Mapfre (Canada Life)	L0160	837	✓	✓														
March Vision Care Inc.	52461	835		✓			✓											
March Vision Care Inc.	52461	837	✓	✓														
Marquette Life Insurance Company	48055	837	✓	✓														
Marrick Medical Finance LLC.	20805	835	✓	✓		✓	✓											
Marrick Medical Finance LLC.	20805	837	✓	✓					✓	✓								
MARTINS POINT HEALTH CARE	53275	835	✓	✓		✓	✓											
MARTINS POINT HEALTH CARE	53275	837	✓	✓														
Mary Washington Health Plan	83269	835	✓	✓		✓	✓											
Mary Washington Health Plan	83269	837	✓	✓														
Maryland Medicaid	MCDMD	835	✓	✓		✓	✓											
Maryland Medicaid	MCDMD	837	✓	✓		✓	✓								✓			
Maryland Medicare	12010	835	✓			✓												
Maryland Medicare	12010	837	✓			✓			✓									
Maryland Medicare	SMMDO	835		✓			✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Maryland Medicare	SMMD0	837		✓			✓			✓								
Maryland Physicians Care	76498	835	✓	✓		✓	✓											
Maryland Physicians Care	76498	837	✓	✓					✓	✓		✓	✓					For DOS on or after 1/1/21
Maryland Physicians Care (DOS < 1/1/21)	22348	835	✓	✓		✓	✓											
Maryland Physicians Care (DOS < 1/1/21)	22348	837	✓	✓														
Maryland Public Behavioral Health	BHOMD	835	✓	✓		✓	✓											
Maryland Public Behavioral Health	BHOMD	837	✓	✓					✓	✓								New Payer ID effective 12/22/2024.
Mashantucket Pequot Tribal Nation	37121	835	✓	✓		✓	✓											
Mashantucket Pequot Tribal Nation	37121	837	✓	✓														
Masonary Welfare Trust Fund	60230	835	✓	✓		✓	✓											
Masonary Welfare Trust Fund	60230	837	✓	✓														
Mass Advantage	86220	835	✓	✓		✓	✓											
Mass Advantage	86220	837	✓	✓														
Mass Behavioral Health Partnership	BHOMA	837	✓	✓					✓	✓								
Mass General Brigham Health Plan	04293	835	✓	✓		✓	✓											
Mass General Brigham Health Plan	04293	837	✓	✓														Effective 2023, payer has changed their name to Mass General Brigham Health Plan. Previously known as Always Health Partners and Neighborhood Health Plan.
Massachusetts Medicaid	12K14	835	✓			✓												
Massachusetts Medicaid	12K14	837	✓			✓			✓									
Massachusetts Medicaid	SKMA0	835		✓			✓											
Massachusetts Medicaid	SKMA0	837		✓			✓			✓								
Massachusetts Medicaid - Health Safety Net	HSNMI	835	✓			✓												
Massachusetts Medicaid - Health Safety Net	HSNMI	837	✓			✓			✓									
Massachusetts Medicaid - Health Safety Net	HSNMP	835		✓			✓											
Massachusetts Medicaid - Health Safety Net	HSNMP	837		✓			✓			✓								
Massachusetts Medicare	12M14	835	✓			✓												
Massachusetts Medicare	12M14	837	✓			✓			✓									
Massachusetts Medicare	SMMA0	835		✓			✓											
Massachusetts Medicare	SMMA0	837		✓			✓			✓								
Massachusetts Mutual	WLPNT	835	✓	✓		✓	✓											
Massachusetts Mutual	WLPNT	837	✓	✓					✓	✓		✓	✓					
Masters Mates and Pilots Plan	MMPHB	837	✓	✓														
Masters Mates and Pilots Program	12T52	837	✓															
Masters Mates and Pilots Program	TH111	837		✓						✓								
Max Specialty Benefits	27320	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Maxor Administrative Services	92805	837	✓	✓														
Mayo Clinic FL/GA	88090	837	✓	✓														
MBA Benefit Administrators Inc (Salt Lake UT)	83028	835	✓	✓		✓	✓											
MBA Benefit Administrators Inc (Salt Lake UT)	83028	837	✓	✓														
MCA ADMINISTRATORS	25160	835	✓	✓		✓	✓											
MCA ADMINISTRATORS	25160	837	✓	✓														
Mcare Advantage Plan	12M85	837	✓															
McLaren Advantage SNP	38338	835	✓	✓		✓	✓											
McLaren Advantage SNP	3833R	837	✓	✓					✓	✓								
McLaren Health Advantage	38338	835	✓	✓		✓	✓											
McLaren Health Advantage	3833A	837	✓	✓					✓	✓								
McLaren Health Plan	K7JVH	835	✓	✓		✓	✓											
McLaren Health Plan	K7JVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
McLaren Health Plan (Commercial)	38338	835	✓	✓		✓	✓											EFT enrollment required
McLaren Health Plan (Commercial)	38338	837	✓	✓					✓	✓								
McLaren Medicaid	3833C	835	✓	✓		✓	✓											
McLaren Medicaid	3833C	837	✓	✓					✓	✓								
McLaren Medicare Supplement	3833S	837	✓	✓					✓	✓								Effective September 19th, 2023,ERA is not available at this time
MD Anderson Physician Network	MDAPN	835	✓	✓		✓	✓											
MD Anderson Physician Network	MDAPN	837	✓	✓					✓	✓								
MD Senior Care Medical Group	MSCMG	835	✓	✓														
MD Senior Care Medical Group	MSCMG	837	✓	✓														
MDSave	MDSAV	835	✓	✓		✓	✓											
MDSave	MDSAV	837	✓	✓														
Mdwise Healthy Indiana Plan	31354	835	✓	✓														
Mdwise Healthy Indiana Plan	31354	837	✓	✓					✓	✓								
MDWise Healthy Indiana Plan	3135M	835	✓	✓		✓	✓											
MDWise Healthy Indiana Plan	3135M	837	✓	✓					✓	✓								
Mdwise Hoosier Healthwise	35191	835	✓	✓														
Mdwise Hoosier Healthwise	35191	837	✓	✓					✓	✓								
MDWise Hoosier Healthwise	3519M	835	✓	✓		✓	✓											
MDWise Hoosier Healthwise	3519M	837	✓	✓					✓	✓								
MDWise Medicare Advantage	MDADV	835	✓	✓		✓	✓											
MDWise Medicare Advantage	MDADV	837	✓	✓					✓	✓								
MDX Hawaii	MDXHI	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
MDX Hawaii	MDXHI	837	✓	✓														
MED PAY	99999-0733	837	✓	✓														
MedAdmin Solutions	58202	837	✓	✓														
MedBen (Newark OH)	74323	835	✓	✓		✓	✓											
MedBen (Newark OH)	74323	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 Dental	94146	835			✓			✓										
Medi-cal Dental	94146	837			✓									✓				
Medi-Share	59355	835	✓	✓		✓	✓											
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 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			✓			✓										
Medicaid of Texas (UHC Community Plan)	GP133	837			✓						✓			✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
MEDICAL ASSOCIATES HEALTH PLAN	MAHC1	835	✓	✓		✓	✓											
MEDICAL ASSOCIATES HEALTH PLAN	MAHC1	837	✓	✓														
Medical Benefits Administration	MBA01	837		✓						✓								
Medical Benefits Administrators Inc. (Newark OH)	74323	835	✓	✓		✓	✓											
Medical Benefits Administrators Inc. (Newark OH)	74323	837	✓	✓														
Medical Benefits Companies (Newark OH)	74323	835	✓	✓		✓	✓											
Medical Benefits Companies (Newark OH)	74323	837	✓	✓														
Medical Benefits Mutual (Newark OH)	74323	835	✓	✓		✓	✓											
Medical Benefits Mutual (Newark OH)	74323	837	✓	✓														
Medical Benefits Mutual Life Insurance Co.	74323	835	✓	✓		✓	✓											
Medical Benefits Mutual Life Insurance Co.	74323	837	✓	✓														
Medical Card System (MCS)	L0170	837	✓	✓														
Medical Mutual of Ohio	29076	835	✓	✓		✓	✓											
Medical Mutual of Ohio	29076	837	✓	✓					✓	✓								
Medical Reimbursements of America	62177	837	✓	✓								✓	✓					
Medical Services Initiative	12057	837	✓	✓					✓	✓								
Medical Value Plan - Ohio (MVP)	38224	835		✓			✓											
Medical Value Plan - Ohio (MVP)	38224	837		✓														
Medicare DME - All Jurisdictions	SDMEB	835		✓			✓											
Medicare DME - All Jurisdictions	SDMEB	837		✓			✓			✓								
Medicare Part A Legacy - JH	04911	835	✓			✓												
Medicare Part A Legacy - JH	04911	837	✓			✓			✓									
Medicare Part A Legacy (CA, HI, NV)	12M65	835	✓			✓												
Medicare Part A Legacy (CA, HI, NV)	12M65	837	✓			✓			✓						✓			
Medicare Part A Legacy HI	12M65	835	✓			✓												
Medicare Part A Legacy NV	12M65	835	✓			✓												
Medicare Plus Blue Michigan	00210	835	✓			✓												
Medicare Plus Blue Michigan	00210	837	✓															
Medicare Plus Blue Michigan	00710	835		✓			✓											
Medicare Plus Blue Michigan	00710	837		✓														
Medicare PPO (BCBS SC)	00C63	835	✓	✓		✓	✓											
Medicare PPO (BCBS SC)	00C63	837	✓	✓														
Medicare y Mucho Mas (MMM)	L0210	837	✓	✓														
MediChoice IPA	AMM11	837	✓	✓														
Medico Insurance Company	23160	835	✓	✓	✓	✓	✓	✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Medico Insurance Company	23160	837	✓	✓	✓						✓			✓				
MediGold	95655	835	✓	✓		✓	✓											
MediGold	95655	837	✓	✓					✓	✓								
MediGold PPO	13123	837	✓	✓														
MediView Curative	CURTV	835	✓	✓		✓	✓											
MediView Curative	CURTV	837	✓	✓														
Mediview Inc.	STAR1	837	✓	✓														
Medlytix	MEDLX	837	✓	✓														
MedPartners - Mary Black Health Network	412MP	835	✓	✓		✓	✓											
MedPartners - Mary Black Health Network	412MP	837	✓	✓														
MedPartners Administrative Services	35205	835	✓	✓		✓	✓											
MedPartners Administrative Services	35205	837	✓	✓														
MedSolutions Inc	62160	835	✓	✓		✓	✓											
MedSolutions Inc	62160	837	✓	✓														
Medstar Family Choice Maryland Healthchoice	RP063	837	✓	✓														
Medstar Family Choice, Inc (DC)	RP062	835	✓	✓		✓	✓											
Medstar Family Choice, Inc (DC)	RP062	837	✓	✓					✓	✓								
Medstar Family Choice, Inc (MD)	RP063	835	✓	✓		✓	✓											
Medstar Family Choice, Inc (MD)	RP063	837	✓	✓														
MEGA Life & Health (United Ins. Div)	97055	837	✓															
Memorial Clinical Associates/ SelectCare of Texas (MCA)	62181	837	✓															
Memorial Healthcare IPA	IP095	835	✓	✓		✓	✓											
Memorial Healthcare IPA	IP095	837	✓	✓					✓	✓								
Memorial Herman Health Network Providers	37330	837	✓	✓					✓	✓								
Memorial Hermann Health Insurance Company	MHHNP	837	✓	✓														
Memorial Medical Group	HCP01	837	✓						✓									This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
MemorialCare Medical Foundation	MMFMC	835	✓	✓		✓	✓											
MemorialCare Medical Foundation	MMFMC	837	✓	✓					✓	✓								
MemorialCare Medical Foundation UCI	MMFUC	835	✓	✓		✓	✓											
MemorialCare Medical Foundation UCI	MMFUC	837	✓	✓					✓	✓								
MemorialCare Select Health Plan	46187	835	✓	✓		✓	✓											
MemorialCare Select Health Plan	46187	837	✓	✓														
Menifee Valley Community Medical Group	HCMG1	837	✓	✓					✓	✓								
Mental Health Consultants Inc.	37050	837	✓	✓														
Merchants Benefit Administration	86087	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	24201	837			✓							✓						
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	✓	✓					✓	✓		✓	✓					
MeridianTotal - Illinois	MHPIL	835	✓	✓		✓	✓											ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
MeridianTotal - Illinois	MHPIL	837	✓	✓					✓	✓		✓	✓					For DOS on or after 1/1/21
Meritage Medical Network	IP097	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Meritage Medical Network	IP097	837	✓	✓														
Meritain Health	41124	835	✓	✓		✓	✓											
Meritain Health	41124	837	✓	✓	✓				✓	✓								
Metlife Dental	65978	835			✓			✓										
Metlife Dental	65978	837			✓						✓			✓				
MetroPlus Health Plan	13265	835	✓	✓		✓	✓											
MetroPlus Health Plan	13265	837	✓	✓														
MFC & HealthPlus Peoria	23550	835	✓	✓		✓	✓											
MFC & HealthPlus Peoria	23550	837	✓	✓														
MHP Systems	64068	837	✓	✓														
Miami Children's Health Plan	82832	835	✓	✓		✓	✓											
Michigan Medicaid	12K37	835	✓			✓												
Michigan Medicaid	12K37	837	✓			✓			✓									
Michigan Medicaid	CKMI1	835			✓			✓										
Michigan Medicaid	CKMI1	837			✓						✓							
Michigan Medicaid	SKMI0	835		✓			✓											
Michigan Medicaid	SKMI0	837		✓			✓			✓								
Michigan Medicare	SMMI0	835	✓	✓		✓	✓											
Michigan Medicare	SMMI0	837	✓	✓		✓	✓		✓	✓								
Mid American Benefits	22823	835	✓	✓		✓	✓											
Mid American Benefits	22823	837	✓	✓					✓	✓								
Mid Rogue Oregon Health Plan	26161	837	✓	✓														
Mid-America Associates Inc.	37281	837	✓	✓														
Mid-County Physicians Medical Group	SCP01	837	✓	✓														
Midland National Life Insurance Company	90956	837		✓														
Midlands Choice Inc.	47080	837	✓	✓					✓	✓								
Midwest Health Partners	76079	837	✓	✓														
Midwest Operating Engineers Welfare Fund	45979	837	✓	✓					✓	✓								
Midwest Physicians Administrative Services	TH088	837		✓														
Millette Administrators, Inc (Millette Administrators)	MAI58	837	✓		✓													
Millette Administrators, Inc. (Michigan)	MAI60	835	✓	✓		✓	✓											
Millette Administrators, Inc. (Michigan)	MAI60	837	✓	✓	✓													
Mills Peninsula Medical Group	SC050	837	✓	✓					✓	✓								
Minnesota Department of Health	MNDH1	835	✓	✓		✓	✓											
Minnesota Department of Health	MNDH1	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Minnesota Medicaid	12K16	835	✓			✓												
Minnesota Medicaid	12K16	837	✓			✓			✓									
Minnesota Medicaid	SKMN0	835		✓			✓											
Minnesota Medicaid	SKMN0	837		✓			✓			✓								
Minnesota Medicare	12M16	835	✓			✓												
Minnesota Medicare	12M16	837	✓			✓			✓									
Minnesota Medicare	SMMN0	835		✓			✓											
Minnesota Medicare	SMMN0	837		✓			✓			✓								
Mission (St. Joseph Heritage Healthcare)	STJOE	835	✓	✓														Payer returns ERA automatically upon claim submission
Mission (St. Joseph Heritage Healthcare)	STJOE	837	✓	✓														
Mission Community IPA	PHM10	837		✓														
Mississippi Health Partners	64068	837	✓	✓														
Mississippi Medicaid	12K17	837	✓						✓									
Mississippi Medicaid	CKMS1	835			✓			✓										
Mississippi Medicaid	CKMS1	837			✓						✓							
Mississippi Medicaid	SKMS0	837		✓						✓								
Mississippi Medicaid	SKMS1	835	✓	✓		✓	✓											
Mississippi Medicare	12M17	835	✓			✓												
Mississippi Medicare	12M17	837	✓			✓			✓									
Mississippi Medicare	SMMS0	835		✓			✓											
Mississippi Medicare	SMMS0	837		✓			✓			✓								
Mississippi Physicians Care Network	64084	837	✓	✓														
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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
Molina Healthcare of Idaho	61799	837	✓	✓														
Molina Healthcare of Illinois	20934	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 Illinois	20934	837	✓	✓														
Molina Healthcare of Iowa	MLNIA	835	✓	✓		✓	✓											
Molina Healthcare of Iowa	MLNIA	837	✓	✓					✓	✓								
Molina Healthcare of Michigan	38334	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 Michigan	38334	837	✓	✓														
Molina Healthcare of Michigan	JIVH	835	✓	✓		✓	✓											
Molina Healthcare of Michigan	JIVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Molina Healthcare of Mississippi	77010	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 Mississippi	77010	837	✓	✓														
Molina Healthcare of Nebraska	MLNNE	835	✓	✓		✓	✓											
Molina Healthcare of Nebraska	MLNNE	837	✓	✓					✓	✓								
Molina Healthcare of Nevada	MLNNV	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 Nevada	MLNNV	837	✓	✓														
Molina Healthcare of New Mexico - Salud	09824	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			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Molina Healthcare of New Mexico - Salud	09824	837	✓	✓														
Molina Healthcare of New Mexico -SCI	04423	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 New Mexico -SCI	04423	837	✓	✓					✓	✓								
Molina Healthcare of New York	16146	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 New York	16146	837	✓	✓					✓	✓								
Molina Healthcare of Ohio	20149	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 Ohio	20149	837	✓	✓														
Molina Healthcare of Puerto Rico	81794	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 South Carolina	46299	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 South Carolina	46299	837	✓	✓														
Molina Healthcare of Texas	20554	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 Texas	20554	837	✓	✓					✓	✓								
Molina Healthcare of Utah	12X09	835	✓			✓												
Molina Healthcare of Utah	12X09	837	✓															
Molina Healthcare of Utah	SX109	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 Utah	SX109	837		✓														
Molina Healthcare of Washington	38336	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 Washington	38336	837	✓	✓														
Molina Healthcare of Wisconsin	ABR11	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 Wisconsin	ABR11	837	✓	✓														
Molina Ohio Medicaid	73160	837	✓	✓														
Molina Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Molina Ohio Medicaid Vision	7316V	837	✓	✓														
Molina Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
Monarch Healthcare IPA	IP095	835	✓	✓		✓	✓											
Monarch Healthcare IPA	IP095	837	✓	✓					✓	✓								
Monitor Life - Crum & Forster (ERA Only)	IAS22	835	✓	✓		✓	✓											
Monitor Life Insurance Company (Secondary claims only)	16098	835	✓	✓		✓	✓											
Monitor Life Insurance Company (Secondary claims only)	16098	837	✓															
Montana Medicaid	12K77	835	✓			✓												
Montana Medicaid	12K77	837	✓						✓									
Montana Medicaid	SKMT0	835		✓			✓											
Montana Medicaid	SKMT0	837		✓					✓									
Montana Medicare	12M77	835	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Montana Medicare	12M77	837	✓			✓			✓						✓			
Montana Medicare	SMMT0	835		✓			✓											
Montana Medicare	SMMT0	837		✓			✓			✓						✓		
Montefiore Contract Management Organization	13174	835	✓	✓		✓	✓											
Montefiore Contract Management Organization	13174	837	✓	✓					✓	✓								
Montifiore HMO	46161	835	✓	✓		✓	✓											
Montifiore HMO	46161	837	✓	✓					✓	✓								
Monumental Life Insurance Company	MMLIC	837		✓														
Monumental Life Insurance Company (AR)	TLINS	835	✓	✓		✓	✓											
Monumental Life Insurance Company (IA, MD, PA)	TRP1E	835	✓	✓														
Monumental Life Insurance Company (TX)	TRLTC	837	✓	✓					✓	✓								
MORRIS ASSOCIATES	35092	835		✓														
MORRIS ASSOCIATES	35092	837	✓	✓														
MotivHealth	U7632	835	✓	✓		✓	✓											
MotivHealth	U7632	837	✓	✓														
Mountain Health CO-OP	MHC01	835	✓	✓		✓	✓											
Mountain Health CO-OP	MHC01	837	✓	✓														
Mountain States Administrative Services	86040	837	✓	✓														
MPE Services Inc.	37233	837	✓	✓														
MPPEBT	37233	837	✓	✓														
MPM Prospect Medical Group	MPM16	837	✓	✓					✓	✓								
MSA Care Guard	20572	837	✓	✓					✓	✓								
MSC (Medical Service Company) Group, Inc.	80019	837	✓	✓														
Mt. Carmel Health Plan	95655	835	✓	✓		✓	✓											
Mt. Carmel Health Plan	95655	837	✓	✓					✓	✓								
Multicare Connected Care (MCC)	RP036	835	✓	✓		✓	✓											Payer name listed at ECHO under 'NCAS'
Multicare Connected Care (MCC)	RP036	837	✓	✓					✓	✓								
Multiplan Wisconsin Preferred Provider Network	34080	837	✓	✓														
Municipal Health Benefit Fund	81883	837	✓	✓														
Mutual Health Services	34192	835	✓	✓		✓	✓											
Mutual Health Services	34192	837	✓	✓					✓	✓								
Mutual of Omaha Insurance Company	71412	835	✓	✓	✓	✓	✓	✓										
Mutual of Omaha Insurance Company	71412	837	✓	✓														
Mutual of Omaha Insurance Company	CX087	837			✓						✓							
Mutually Preferred	71412	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓								
myPlace Health	MPH01	835	✓	✓														
myPlace Health	MPH01	837	✓	✓	✓				✓	✓	✓							
MyTruAdvantage	MTAMA	837	✓	✓					✓	✓								
MyTruAdvantage	SIHOMA	835	✓	✓	✓	✓	✓	✓										
MyTruAdvantage	SIHOMA	837	✓	✓	✓				✓	✓								
N.W. Ironworkers Health & Security Trust Fund	91136	837	✓	✓														
N.W. Roofers & Employers Health & Security Trust Fund	91136	837	✓	✓														
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	✓	✓														
National Capital Preferred Provider Organization (NCPPO)	90001	837	✓	✓					✓	✓								
National Elevator Industry Benefit Plan (ERA Only)	CX045	835	✓	✓		✓	✓											
National Financial Insurance Company	90956	837		✓														
National Foundation Life Insurance	98205	837	✓	✓														
National Foundation Life Insurance	USHA1	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
National General	ASHC1	837	✓	✓					✓	✓								
National Guardian Life Insurance Co.	87020	835	✓	✓		✓	✓											
National Guardian Life Insurance Co.	87020	837	✓	✓					✓	✓								
National Imaging Associates	SX190	835	✓	✓														
National Imaging Associates	SX190	837		✓														
National Rural Electric Coop (NRECA)	39026	835	✓	✓		✓	✓											
National Rural Electric Coop (NRECA)	39026	837	✓	✓					✓	✓		✓	✓					
National Telecommunications Cooperative Association	52120	835	✓	✓		✓	✓											
National Telecommunications Cooperative Association	52120	837	✓	✓	✓													
National Telecommunications Cooperative Association (NTCA - Staff)	52104	837	✓	✓														
National Telecommunications Cooperative Association (NTCA)	52103	837	✓	✓														
National Vision Administrators	NVADM	837		✓														
Nebraska Medicaid	12K19	837	✓			✓			✓									
Nebraska Medicaid	SKNE0	835	✓	✓		✓	✓											
Nebraska Medicaid	SKNE0	837		✓			✓			✓								
Nebraska Medicare	12M19	835	✓			✓												
Nebraska Medicare	12M19	837	✓			✓			✓			✓						
Nebraska Medicare	SMNE0	835		✓			✓											
Nebraska Medicare	SMNE0	837		✓			✓			✓			✓					
Nebraska Total Care	68069	835	✓	✓		✓	✓											
Nebraska Total Care	68069	837	✓	✓					✓	✓		✓	✓					
Neighborhood Health Partnership (NHP)	96107	837	✓	✓					✓	✓								
Neighborhood Health Plan Rhode Island	05047	835	✓	✓		✓	✓											
Neighborhood Health Plan Rhode Island	05047	837	✓	✓					✓	✓								
Neighborhood Health Plan Rhode Island - Exchange, Unity, Integrity	96240	835	✓	✓		✓	✓											
Neighborhood Health Plan Rhode Island - Exchange, Unity, Integrity	96240	837	✓	✓														
Netcare Life and Health Insurance (Hagatna Guam)	66055	837	✓	✓														
NetWell	27726	837	✓	✓														
Network Health Insurance Corp-Medicare	77076	835	✓	✓		✓	✓											
Network Health Insurance Corp-Medicare	77076	837	✓	✓														
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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 - 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	742552025	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 Horizon PACE	R3481	835	✓	✓		✓	✓											
New Horizon PACE	R3481	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	✓			✓			✓									
New Jersey Medicare	SMNJ0	835		✓			✓											
New Jersey Medicare	SMNJ0	837		✓			✓			✓								
New Life Medical Group, Inc.	HSM01	837	✓	✓														
New Mexico Medicaid	12K22	837	✓															

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
New Mexico Medicaid	SKNM0	835		✓			✓											
New Mexico Medicaid	SKNM0	837		✓			✓											
New Mexico Medicare	SMNM0	835		✓			✓											
New Mexico Medicare	SMNM0	837		✓			✓			✓								
New York City Retirees	CX076	837			✓						✓							
New York Hotel Fund	7707C	837		✓														
New York Life	12T69	837	✓															
New York Medicaid	12K35	835	✓			✓												
New York Medicaid	12K35	837	✓			✓			✓									
New York Medicaid	SKNY0	835		✓	✓		✓	✓										
New York Medicaid	SKNY0	837		✓	✓		✓	✓		✓								
New York Medical Indemnity Fund	NVDFS	837	✓	✓					✓	✓								As of October 3rd, 2023, this payer does not accept ERA at this time.
New York Medicare	12M35	835	✓			✓												
New York Medicare	12M35	837	✓			✓			✓									
New York Medicare Downstate	SMNY0	835		✓			✓											
New York Medicare Downstate	SMNY0	837		✓			✓			✓								
New York Medicare Queens	SMNY2	835		✓			✓											
New York Medicare Queens	SMNY2	837		✓			✓			✓								
New York Medicare-Upstate	SMNY1	835		✓			✓											
New York Medicare-Upstate	SMNY1	837		✓			✓			✓								
New York Network Management	11334	837		✓														
NEXCALIBER	ADSL1	837	✓	✓					✓	✓								
Next Level Health Partners	69821	837	✓	✓														
Next Level Health Partners	81085	835	✓	✓		✓	✓											Former payer code 69821
Next Level Health Partners	81085	837	✓	✓														
NextBlue of North Dakota	55892	835	✓	✓		✓	✓											
NextBlue of North Dakota	55892	837	✓	✓														
Nexus Health Medical Group	NEX01	837	✓	✓														
NGS American Inc	38225	835	✓	✓		✓	✓											
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	SKNC0	835		✓			✓											
North Carolina Medicaid	SKNC0	837		✓			✓			✓								Encounter Claims Accepted
North Carolina Medicare	12M23	835	✓			✓												
North Carolina Medicare	12M23	837	✓			✓												
North Carolina Medicare	SMNC0	835		✓			✓											
North Carolina Medicare	SMNC0	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	✓			✓			✓							✓		
North Dakota Medicare	SMND0	835		✓			✓											
North Dakota Medicare	SMND0	837		✓			✓			✓						✓		
North East Medical Services	NEMS	835	✓	✓		✓	✓											
North East Medical Services	NEMS	837	✓	✓					✓	✓								
North West Orange County Medical Group	PROSP	835		✓														
North West Orange County Medical Group	PROSP	837		✓						✓								
Northeast Georgia Health Services	58169	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Northern California Advantage Medical Group	NCA01	837		✓														aka NCA Medical Group
Northern California Physicians Group	NCPG1	837	✓	✓														
Northern Illinois Health Plan	36347	837	✓	✓														
Northern Nevada Trust Fund	88027	837	✓	✓														
Northridge Medical Group	NMG01	837		✓														
NorthShore Physician Associates	36364	835	✓	✓		✓	✓											
NorthShore Physician Associates	36364	837	✓	✓														
NorthShore Physician Associates (DOS < 1/1/23)	48026	835	✓	✓		✓	✓											
NorthShore University Health System Medical Group	36364	835	✓	✓		✓	✓											
NorthShore University Health System Medical Group	36364	837	✓	✓														
Northwest Administrators Inc (ERA Only)	91068	835	✓	✓		✓	✓											ERA Only
Northwest Community Health Partners	36364	835	✓	✓		✓	✓											
Northwest Community Health Partners	36364	837	✓	✓														
Northwest Community Health Partners (DOS < 1/1/23)	NWCHP	835	✓	✓		✓	✓											
Northwest Community Health Partners (DOS < 1/1/23)	NWCHP	837	✓	✓														Claims with DOS after Jan 1 2023, please submit to payer code 36364
Northwest Diagnostic Clinic/SelectCare of Texas (NWDC)	62119	837	✓	✓														
Northwest Physicians Network	LIFE1	837	✓	✓					✓	✓								For claim Dates of Service on or after 01/01/21.
Northwest Physicians Network	NPN11	837	✓	✓					✓	✓								Use NPN11 for Dates of Service prior to 01/01/21
Northwest Suburban IPA (Illinois)	36346	835	✓	✓		✓	✓											
Northwest Suburban IPA (Illinois)	36346	837	✓	✓														
Northwood Healthcare	NWOOD	835	✓	✓		✓	✓											
Northwood Healthcare	NWOOD	837	✓	✓					✓	✓								
Novasys Health Network	71080	837	✓	✓														
NP Providence Health Plan Commercial	PHMD1	837		✓						✓								
NP Providence Health Plan Medicare	PHMD2	837		✓														
NP Providence Health Plan OHP	PHMD3	837		✓														
NP Yamhill County CCO	PHMD4	837		✓														
Nuestra Familia Medical Group (Prospect Medical Group)	PROSP	835		✓														
Nuestra Familia Medical Group (Prospect Medical Group)	PROSP	837		✓						✓								
Nyhart	37299	837	✓	✓														
NYLCARE CA	91135	837	✓															
NYS DOH UCP	14142	835	✓	✓		✓	✓											
NYS DOH UCP	14142	837	✓	✓		✓	✓		✓	✓								
Oak Street Health	OAKST	837	✓	✓														
Oak West Physician Association	36400	835	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Oak West Physician Association	36400	837	✓	✓														
Oasis IPA	DESRT	837		✓														
OCCUPATIONAL EYEWEAR NETWORK INC	50653	837	✓	✓														
Ochsner Health Plan	A5236	835	✓	✓		✓	✓											
Ochsner Health Plan	A5236	837	✓	✓														
OCRW Orange County Health Services Dept - Ryan White Program	69879	837	✓	✓														
Ohio Health Choice PPO	34189	837	✓	✓														
Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											
Ohio Medicaid	SKOH0	837	✓	✓					✓	✓								
Ohio Medicare	12M24	835	✓			✓												
Ohio Medicare	12M24	837	✓			✓			✓									
Ohio Medicare	SMOH0	835		✓			✓											
Ohio Medicare	SMOH0	837		✓			✓			✓								
Ohio PPO Connect	74431	835	✓	✓		✓	✓											
Ohio PPO Connect	74431	837	✓	✓					✓	✓								
OhioHealthy	48116	835	✓	✓		✓	✓											
OhioHealthy	48116	837	✓	✓														
Oklahoma Humana Healthy Horizon	61101	835	✓	✓		✓	✓											ERA Payer Code 61101
Oklahoma Humana Healthy Horizon	61101	837	✓	✓					✓	✓		✓	✓					
Oklahoma Complete Care	68069	835	✓	✓		✓	✓											
Oklahoma Complete Care	68069	837	✓	✓					✓	✓		✓	✓					
Oklahoma DRS DOC	71065	835	✓	✓		✓	✓											Effective 1/1/23, ERA enrollment completed under UMR (39026).
Oklahoma DRS DOC	71065	837	✓	✓														
Oklahoma Medicaid	12K25	835	✓			✓												
Oklahoma Medicaid	12K25	837	✓						✓									
Oklahoma Medicaid	731476619	837			✓			✓			✓							
Oklahoma Medicaid	SKOK0	835		✓			✓											
Oklahoma Medicaid	SKOK0	837		✓						✓								
Oklahoma Medicare	12M37	835	✓			✓												
Oklahoma Medicare	12M37	837	✓			✓			✓									
Oklahoma Medicare	SMOK0	835		✓			✓											
Oklahoma Medicare	SMOK0	837		✓			✓			✓								
Old Surety Life Insurance Company (ERA Only)	29237	835	✓	✓		✓	✓											
Olympus Managed Health Care	65074	837	✓	✓														
OMNI Administrators	OMNIA	835		✓			✓											also known as Leading Edge Administrators

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
OMNI Administrators	OMNIA	837		✓														
Omni IPA	36090	837	✓	✓														
Omnicare Medical Group (OMNI)	OMN02	837	✓	✓														As of September 28th, 2023, this payer does not accept ERA at this time.
Oncology Physicians Network CA PC	OPNC1	837	✓	✓														
One Call Medical	22321	835	✓	✓		✓	✓											
One Call Medical	22321	837	✓	✓														
OnLok Senior Health Services, Inc.	99485	837	✓	✓														
OODA Health	OODAH	837	✓	✓														
OPEIU LOCALS 30 AND 536	BPA01	837		✓														
Operating Engineers Locals 302 & 612 Health & Security Fund	91136	837	✓	✓														
OptiCare Managed Vision	56190	835		✓			✓											
OptiCare Managed Vision	56190	837		✓														
Opticare of Utah	OPCAU	837		✓														
Optima Insurance Company	54154	835	✓	✓		✓	✓											
Optima Insurance Company	54154	837	✓	✓					✓	✓								
Optimed Health Plans	96277	837	✓	✓								✓	✓					
Optimum Healthcare Inc.	20133	835	✓	✓		✓	✓											
Optimum Healthcare Inc.	20133	837	✓	✓														
Optum Care Network	OCN01	835	✓	✓		✓	✓											
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	✓	✓					✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	835	✓	✓		✓	✓											
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	✓			✓			✓							✓		
Oregon Medicare	SMOR0	835		✓			✓											
Oregon Medicare	SMOR0	837		✓			✓			✓						✓		
Orthonet - Uniformed Services Family Health Plan	13382	837		✓														
Orthonet- Aetna	13383	835	✓	✓														
Orthonet- Aetna	13383	837	✓	✓					✓	✓								
Oscar Health	OSCAR	835	✓	✓		✓	✓											
Oscar Health	OSCAR	837	✓	✓					✓	✓								
OSF Healthcare Central	OSFC9	837	✓	✓														
OSF Healthcare East I & P	OSFE9	837	✓	✓														
OSU Aetna Better Health	OSUAE	837		✓						✓								
OSU Centene Oklahoma Complete Health	OSUCE	837		✓						✓								
OSU Center For Health Sciences	76619	837		✓						✓								
OSU Humana Healthy Horizons	OSUHU	837		✓														
Outpatient Services/ZeroOutOfPocket	04430	837	✓	✓														
Oxford Life Insurance Company (ERA Only)	76112	835	✓	✓		✓	✓											
P3 Health Partners Arizona	58375	837	✓	✓														
P3 Health Partners of Nevada	P3HNV	835	✓	✓		✓	✓											
P3 Health Partners of Nevada	P3HNV	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
PA Health and Wellness	68069	835	✓	✓		✓	✓											
PA Health and Wellness	68069	837	✓	✓					✓	✓		✓	✓					
PACE Central Iowa	72436	837	✓	✓														
PACE CNY	70454	837	✓	✓														
PACE Nebraska	35416	837	✓	✓														
Pace of Southwest Michigan, Inc.	45114	837	✓	✓					✓	✓								
PACE of the Triad	TRIA01	835	✓	✓														
PACE of the Triad	TRIA01	837	✓	✓	✓				✓	✓	✓							
PACE Southeast Michigan	86711	835	✓	✓														
PACE Southeast Michigan	86711	837	✓	✓														
PACE Southeast Michigan	R3460	837	✓	✓					✓	✓								Claims previously submitted to payer code 86711 prior to DOS 2/1/2024. Effective February 1st, 2024, please submit all claims to R3460, PACE Southeast Michigan.
PACE Southwest Iowa	53534	837	✓	✓														
Pace Suburban Bus Service (submitted via IDPA)	PACE1	837		✓														
PACE Your Life	98472	837	✓	✓														
Pacific Alliance Medical Center	SYMED	837	✓	✓														
Pacific Alliance Medical Group	SYMED	837	✓	✓														
Pacific IPA	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Pacific IPA	NMM01	837	✓	✓														Formerly known as Network Medical Management
Pacific Southwest Administrators	75309	835	✓	✓		✓	✓											
Pacific Southwest Administrators	75309	837	✓	✓					✓	✓								
Pacifica of the Valley Hospital	MPM50	837	✓	✓														
PacificSource Community Solutions	20416	837	✓	✓														
PacificSource Health Plans	93029	835	✓	✓		✓	✓											
PacificSource Health Plans	93029	837	✓	✓								✓	✓					
PacificSource Medicare	20377	837	✓	✓														
Painter Local 155 Welfare	CX076	837			✓						✓							
Painters Union Insurance Fund	53483	837	✓	✓					✓	✓								
Palo Alto Medical Foundation	94115	835	✓	✓		✓	✓											
Palo Alto Medical Foundation	94115	837	✓	✓					✓	✓								
Pan American Life Insurance Co.	87020	835	✓	✓		✓	✓											
Pan American Life Insurance Co.	87020	837	✓	✓					✓	✓								
Pan American Life Insurance Group	04218	835	✓	✓		✓	✓											
Pan American Life Insurance Group	04218	837	✓	✓														
Paragon Benefits Inc.	58174	835	✓	✓	✓	✓	✓	✓										
Paragon Benefits Inc.	58174	837	✓	✓	✓				✓	✓	✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Paramount Dental	CX019	837			✓						✓							
Paramount Health	PARHC	835	✓	✓		✓	✓											
Paramount Health	SX158	837	✓	✓														ERA Payer Code PARHC
Paramount Healthcare Services	PARHC	835	✓	✓		✓	✓											ERA Payer Code PARHC
Parkland Community Health Plan	66917	835	✓	✓		✓	✓											
Parkland Community Health Plan	66917	837	✓	✓														
PARTNERS BEHAVIORAL HEALTH MANAGEMENT	13141	835	✓	✓		✓	✓											
PARTNERS BEHAVIORAL HEALTH MANAGEMENT	52613	837	✓	✓					✓	✓								
Partners Health Plan Dental	CX014	835			✓			✓										
Partners Health Plan Dental	CX014	837			✓													
Partners In Health	PARTH	837	✓	✓														
Partnership Health Plan Of California	12M81	835	✓			✓												
Partnership Health Plan Of California	12M81	837	✓			✓												Claim Enrollment AND Testing is Required for Every NPI.
Partnership Health Plan Of California	SX140	835		✓			✓											
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		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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		✓	✓					✓								
Pennsylvania Medicare	12M60	835	✓			✓												
Pennsylvania Medicare	12M60	837	✓			✓			✓									
Pennsylvania Medicare	SMPA0	835		✓			✓											
Pennsylvania Medicare	SMPA0	837		✓			✓			✓								
Pennsylvania Pace	20172	837	✓	✓														
Pennsylvania Preferred Health Network (PPHN)	06161	837	✓	✓					✓	✓								
Pequot Pharmaceutical Network	37121	837	✓	✓														
Perennial Advantage CO	PACO1	837	✓	✓														As of January 23, 2024, the payer does not offer an electronic remittance.
Perennial Advantage OH	PAOH1	835	✓	✓		✓	✓											
Perennial Advantage OH	PAOH1	837	✓	✓														
Perlman Medical Group	73275	835	✓	✓														
Perlman Medical Group	73275	837	✓	✓	✓				✓	✓								
Perlman Medical Group	MLMDP	837	✓	✓														
Personal Insurance Administrators Inc. (Agoura Hills CA)	95397	835	✓	✓		✓	✓											
Personal Insurance Administrators Inc. (Agoura Hills CA)	95397	837	✓	✓														
PersonifyHealth formerly Healthcomp North	36149	835	✓	✓		✓	✓											
PersonifyHealth formerly Healthcomp North	36149	837	✓	✓	✓													
PersonifyHealth formerly Healthcomp South	07205	835	✓	✓		✓	✓											
PersonifyHealth formerly Healthcomp South	07205	837	✓	✓														
PersonifyHealth formerly Healthcomp West	85729	835	✓	✓		✓	✓											
PersonifyHealth formerly Healthcomp West	85729	837	✓	✓														
PHCS Claims (formerly American LIFE CARE)	72099	837	✓	✓														
Philadelphia American Life Insurance Company	98798	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Philadelphia American Life Insurance Company	98798	837	✓	✓														
Phoenix Mutual Life	67814	837	✓	✓														
Physician Associates of Louisiana	58204	837	✓	✓														
Physician Associates of the Greater San Gabriel Valley	PA513	837		✓														
Physician Care Network LLC	58204	837	✓	✓														
Physician Health Partners	PHPMC	837	✓	✓					✓	✓								
Physician Healthcare Integration IPA	POP10	837		✓														
PHYSICIAN'S ACCOUNTABLE CARE ORG	28943	837		✓														
Physician's Data Trust	PDT01	835	✓	✓		✓	✓											
Physician's Data Trust	PDT01	837	✓	✓														
Physician's Health Choice	PHCS1	837		✓														Effective 1/30/23, please submit claims to payer code WELM2.
Physicians Care Network (Rockford IL only)	36345	835	✓	✓		✓	✓											
Physicians Care Network (Rockford IL only)	36345	837	✓	✓														
Physicians Care Network / The Polyclinic	PCN12	837	✓	✓														
Physicians Choice Medical Group of San Luis Obispo	SLOS1	835	✓	✓		✓	✓											
Physicians Choice Medical Group of San Luis Obispo	SLOS1	837	✓	✓														
Physicians Choice Medical Group of Santa Maria	MCI01	835	✓	✓		✓	✓											
Physicians Choice Medical Group of Santa Maria	MCI01	837	✓	✓														
Physicians Health Association of Illinois	37136	835	✓	✓		✓	✓											
Physicians Health Association of Illinois	37136	837	✓	✓														
Physicians Health Collaborative	20398	837	✓	✓														
Physicians Health Network	MHM03	837		✓														
Physicians Health Plan	37330	835	✓	✓		✓	✓											
Physicians Health Plan	37330	837	✓	✓					✓	✓								
Physicians Health Plan	MNJVH	835	✓	✓		✓	✓											
Physicians Health Plan	MNJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Physicians Health Plan of Michigan Medicare	83276	835	✓	✓			✓											
Physicians Health Plan of Michigan Medicare	83276	837	✓	✓														
Physicians Health Plan of Northern Indiana, Inc	12399	835	✓	✓		✓	✓											
Physicians Health Plan of Northern Indiana, Inc	12399	837	✓	✓						✓								
Physicians Healthways IPA	NMM01	835	✓	✓		✓	✓											Formerly known as Network Medical Management
Physicians Healthways IPA	NMM01	837	✓	✓														Formerly known as Network Medical Management
Physicians Medical Group of San Jose	EXC01	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Physicians Medical Group of San Jose	EXC01	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. Also known as Excel MSO; 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. Also known as Excel MSO;
Physicians Mutual Insurance Company	47027	835	✓	✓		✓	✓											
Physicians Mutual Insurance Company	47027	837	✓	✓														
Physicians of Southwest Washington	91171	835	✓	✓		✓	✓											
Physicians of Southwest Washington	91171	837	✓	✓														
Physicians Plus Insurance Corporation	39156	837	✓	✓														
PhysMetrics	48008	837	✓	✓					✓	✓								
PIEDMONT COMMUNITY HEALTH PLAN	55768	835	✓	✓		✓	✓											
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	✓	✓														
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 C	IHS29	835	✓	✓		✓	✓											
Point C	IHS29	837	✓	✓	✓													
Point Comfort Underwriters	PCU01	837	✓	✓														For claims where patient is less than 18 years old.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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.
Preferred Administrators	EPF10	835	✓	✓		✓	✓											
Preferred Administrators	EPF10	837	✓	✓														
Preferred Benefit Administrators (Longwood FL)	53476	837	✓	✓					✓	✓								
Preferred Blue (BCBS SC)	00481	835	✓	✓		✓	✓											
Preferred Blue (BCBS SC)	00481	837	✓	✓														
Preferred Care Partners Florida	65088	835	✓	✓		✓	✓											
Preferred Care Partners Florida	65088	837	✓	✓					✓	✓								
Preferred Community Choice/PCCSelect/CompMed	73145	837	✓	✓					✓	✓								
Preferred Health Care (PHC)	33898	837	✓	✓					✓	✓								
Preferred Health Partners	14966	837	✓	✓														
Preferred Health Plan of the Carolinas	CB404	835	✓	✓		✓	✓											
Preferred Health Plan of the Carolinas	CB404	837	✓	✓														
Preferred Health Professionals	31478	837	✓	✓														
Preferred Health Systems A Coventry Health Care Plan	61665	837		✓														
Preferred IPA	PFIPA	835	✓	✓		✓	✓											
Preferred IPA	PFIPA	837	✓	✓														
Preferred Medical Claim Solutions (PMCS) (ERA Only)	21524	835	✓	✓		✓	✓											
PreferredOne (MN)	41147	835	✓	✓		✓	✓											
PreferredOne (MN)	41147	837	✓	✓														
Premera BCBS of Washington	00430	835	✓	✓		✓	✓											
Premera BCBS of Washington	00430	837	✓	✓					✓	✓								
Premera BCBS of Washington Dental	47570	835			✓			✓										
Premera BCBS of Washington Dental	47570	837			✓						✓							
Premera Blue Cross Blue Shield of Alaska	00430	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Premera Blue Cross Blue Shield of Alaska	00430	837	✓	✓					✓	✓								
Premier Administrative Solutions	65415	837	✓	✓														Underwritten by National Guardian Life
Premier Care IPA	PCMSO	837		✓						✓								Payer returns ERAs automatically once electronic claim submission begins.
Premier Dental Group	CX029	837			✓						✓							
Premier Eye Care	65054	835		✓			✓											
Premier Eye Care	65054	837		✓						✓								
Premier Health Systems Inc.	29076	835	✓	✓		✓	✓											
Premier Health Systems Inc.	29076	837	✓	✓					✓	✓								
Premier HealthCare Exchange	88056	835	✓	✓		✓	✓											
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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			✓						✓			✓				
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	✓	✓														
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	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
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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	✓	✓					✓	✓								
Providence Health Plan	PHP01	835	✓	✓		✓	✓											
Providence Health Plan	PHP01	837	✓	✓					✓	✓								
Providence of Oregon Health Plan	PHP01	835	✓	✓		✓	✓											
Providence of Oregon Health Plan	SX133	837	✓	✓														Effective February 23, 2024, use payer code PHP01.
Providence PACE CA	77240	837	✓	✓														
Provident American Life & Health Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓											
Provident American Life & Health Ins Co-Medicare Supplement	13193	837	✓	✓														
Provider Network of America	MPJVH	835	✓	✓		✓	✓											
Provider Network of America	MPJVH	837	✓	✓		✓	✓		✓	✓								Provider must be an approved JVHL lab
Provider Partners Health Plan Illinois	31401	835	✓	✓		✓	✓											
Provider Partners Health Plan Illinois	31401	837	✓	✓					✓	✓								
Provider Partners Health Plan Indiana	31407	837	✓	✓					✓	✓								
Provider Partners Health Plan Missouri	31404	835	✓	✓		✓	✓											
Provider Partners Health Plan Missouri	31404	837	✓	✓					✓	✓								
Provider Partners Health Plan Ohio	31402	835	✓	✓		✓	✓											
Provider Partners Health Plan Ohio	31402	837	✓	✓														
Provider Partners Health Plan Pennsylvania	31400	837	✓	✓					✓	✓								
Provider Partners Health Plan Texas	31405	835	✓	✓		✓	✓											
Provider Partners Health Plan Texas	31405	837	✓	✓					✓	✓								
ProviDRs Care Network	48100	837	✓	✓					✓	✓								
Prudent Medical Group	MPM25	837	✓	✓					✓	✓								
Prudential	68241	837		✓														
Pruitt Health Premier	PH001	835	✓	✓		✓	✓											
Pruitt Health Premier	PH001	837	✓	✓														
Pruitt Health Premier NC & SC	PHPC1	835	✓	✓		✓	✓											
Pruitt Health Premier NC & SC	PHPC1	837	✓	✓														
PSKW Physician Reimbursement Program	PSKW0	835	✓	✓		✓	✓											
PSKW Physician Reimbursement Program	PSKW0	837	✓	✓					✓	✓								
Psychealth Care Management LLC	A2797	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Psychealth Care Management LLC	A2797	837	✓	✓														
PTS Sidecar Health	99999-OBHT	837	✓	✓														
Puerto Rico Medicare	SMPR0	835		✓			✓											
Puerto Rico Medicare	SMPR0	837		✓			✓											
Puerto Rico Medicare Part B (I9-First Coast)	SMPR0	837		✓			✓											
Puget Sound Benefits Trust	91136	837	✓	✓														
Puget Sound Electrical Workers Trust	91136	837	✓	✓														
Puritan (formerly Admiral Life) (ERA Only)	IAS15	835	✓	✓		✓	✓											ERA Only
Pyramid Life Insurance Company	48055	835	✓	✓		✓	✓											
Pyramid Life Insurance Company	48055	837	✓	✓														
Quad City Community Healthcare (QCCH)	40437	837	✓	✓					✓	✓								
QuadMed (West Allis, WI)	39197	837	✓	✓														
Qual Choice of Arkansas	35174	835	✓	✓		✓	✓											
Qual Choice of Arkansas	35174	837	✓	✓					✓	✓								
QualCare Alliance Networks, Inc. (QANI)	22312	837	✓	✓					✓	✓								Note: As of January 30, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
QualCare IPA	QCP01	837	✓	✓					✓	✓								
Quality Care IPA	POP07	837		✓														
Quality Care Partners	89461	837	✓	✓														
Quest Behavioral Health	44219	837	✓	✓					✓	✓								
QuikTrip	73067	835	✓	✓		✓	✓											
QuikTrip	73067	837	✓	✓														
QVI Risk Solutions Inc.	57117	837		✓														
R&N Market	TKFMC	837	✓	✓														
Rady Children's Health Network	RCHN1	837	✓	✓														
Rady Children's Specialists of San Diego	CSSD2	837		✓														
Railroad Medicare (PGBA)	SRRGA	835		✓			✓											
Railroad Medicare (PGBA)	SRRGA	837		✓			✓			✓								
Ravenswood Physician Associates Inc	RPAWC	835	✓	✓		✓	✓											
Ravenswood Physician Associates Inc	RPAWC	837	✓	✓														
Reading Hospital Employer Group	44219	837	✓	✓					✓	✓								
Redirect Health Administration	86145	837	✓	✓														
Redlands Community Hospital	RCH23	837	✓															
Redlands-Yucaipa Medical Group	18247	837		✓						✓								
Redwood Coast PACE	R3483	837	✓	✓														
Redwood Community Health Coalition	MPM17	837	✓	✓					✓	✓								

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			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Regal Medical Group	REGAL	837	✓	✓														
Regence Blue Cross Blue Shield of Oregon	00851	835	✓	✓		✓	✓											
Regence Blue Cross Blue Shield of Oregon	00851	837	✓	✓					✓	✓								
Regence Blue Cross Blue Shield of Oregon	12B41	837	✓															
Regence Blue Cross Blue Shield of Oregon	SB850	837		✓						✓								
Regence Blue Cross Blue Shield of Utah	00910	835	✓	✓		✓	✓											
Regence Blue Cross Blue Shield of Utah	00910	837	✓	✓					✓	✓								
Regence Blue Cross Blue Shield of Utah	SB910	837		✓						✓								
Regence Blue Shield of Idaho	00611	835	✓	✓		✓	✓											
Regence Blue Shield of Idaho	00611	837	✓	✓					✓	✓								
Regence Blue Shield of Washington	00932	835	✓	✓		✓	✓											
Regence Blue Shield of Washington	00932	837	✓	✓					✓	✓								
Regence Blue Shield of Washington	SB931	837		✓						✓								
Regence Group Administrators	RGA01	835	✓	✓		✓	✓											
Regence Group Administrators	RGA01	837	✓	✓					✓	✓								
Regency Employee Benefits	38221	837	✓	✓														
Regent Medical Group, Inc.	HSM01	837	✓	✓														
Regional Care Inc.	47076	837	✓	✓														
Rehn and Associates	REHNA	837	✓	✓														
Reliance Community Care Partners	79846	837	✓	✓														
Reliance Health Plan	RHP01	835	✓	✓		✓	✓											
Reliance Health Plan	RHP01	837	✓	✓					✓	✓								
Reliance Standard Life	36088	835			✓			✓										
Reliance Standard Life	36088	837			✓						✓			✓				
Religious Order of Jehovah's Witness	ROJW1	837		✓						✓								
Renaissance Life & Health Ins Co	87020	835	✓	✓		✓	✓											
Renaissance Life & Health Ins Co	87020	837	✓	✓					✓	✓								
Resolve Health Plan Administrators LLC	RHA01	837	✓	✓														
Resource One Administrators	20333	835	✓	✓		✓	✓											
Resource One Administrators	66456	837	✓	✓														
ResourceOne Administrators/AdminOne	37278	835	✓	✓		✓	✓											
Resurrection Healthcare Preferred	36396	835	✓	✓		✓	✓											aka Amita Health Saint Joseph Hospital Chicago
Resurrection Healthcare Preferred	36396	837	✓	✓														
Resurrection Physician Provider Group	RPPG1	835	✓	✓		✓	✓											
Resurrection Physician Provider Group	RPPG1	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
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RevClaims	RVC01	837	✓	✓					✓	✓								
Rhode Island Medicaid	12K74	835	✓			✓												
Rhode Island Medicaid	12K74	837	✓						✓									
Rhode Island Medicaid	SKRIO	835		✓			✓											
Rhode Island Medicaid	SKRIO	837		✓						✓								
Rhode Island Medicare	12M74	835	✓			✓												
Rhode Island Medicare	12M74	837	✓			✓			✓									
Rhode Island Medicare	SMRIO	835		✓			✓											
Rhode Island Medicare	SMRIO	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	835	✓	✓		✓	✓											
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Salvasen Health	CB122	837	✓	✓					✓	✓								
Samaritan Health Plans	CP001	835	✓	✓		✓	✓											
Samaritan Health Plans	CP001	837	✓	✓														
Samera Health	U8053	837	✓	✓														
San Bernardino Medical Group	SBMED	837		✓														
San Diego County Medical Services (CMS)	MSO11	837	✓	✓														
San Diego County Physician Emergency Services	MSO22	837	✓	✓						✓								
San Diego County Ryan White Care Act	MSO33	837	✓	✓														
San Diego PACE	96400	837	✓	✓														
San Diego Physicians Med Group (SCPMCS)	SCP01	837	✓	✓														
San Francisco County Physician Emergency Service	UCSF	837		✓														
San Francisco Health Plan	SFHP1	835	✓	✓		✓	✓											
San Francisco Health Plan	SFHP1	837	✓	✓					✓	✓								
San Joaquin Health Administrators	68035	835		✓			✓											
San Joaquin Health Administrators	68035	837		✓						✓								
San Louis Obispo Select	33072	837	✓	✓														
Sana Benefits	50114	835	✓	✓		✓	✓											
Sana Benefits	50114	837	✓	✓					✓	✓								
Sandhills Center	SHC303	835	✓	✓		✓	✓											
Sanford Health Plan	91184	835	✓	✓		✓	✓											
Sanford Health Plan	91184	837	✓	✓														
Sanford Health Plan Medicare Advantage	RP035	835	✓	✓		✓	✓											
Sanford Health Plan Medicare Advantage	RP035	837	✓	✓					✓	✓								
Sanitation Officers Local 444	CX076	837			✓						✓							
Sansum Clinic-	SAN01	837		✓														
Santa Barbara Select IPA	SBIPA	835	✓	✓		✓	✓											Payer is listed as "McKesson Technologies Inc. (MED3000 CA)" within PaySpan
Santa Barbara Select IPA	SBIPA	837	✓	✓														
Santa Clara County IPA HMO	10378	835		✓			✓											Within Payspan's portal, the payer is listed as Pacific Partners Management Services, Inc.
Santa Clara County IPA HMO	10378	837	✓	✓														
SANTA CLARA FAMILY HEALTH PLAN	24077	835	✓	✓		✓	✓											
SANTA CLARA FAMILY HEALTH PLAN	24077	837	✓	✓														
Sante Community Medical Center	SNTCC	837	✓	✓														Plan effective 1/1/19
Sante Community Physicians Medical Group Corp	SNTMC	837	✓	✓														
Sante Health System and Affiliates	77038	837	✓	✓														
Sante Health System and Affiliates	SANTE	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	SHP51	835	✓	✓		✓	✓											
Scripps Health Plan Services	SHP51	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		✓														
Sedwick Managed Care Ohio (formerly CompManagement)	15243	837	✓	✓														
Select Administrative Services (SAS)	64088	835	✓	✓		✓	✓											
Select Administrative Services (SAS)	64088	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓								✓	✓					
SelectCare	00014	837	✓	✓														
SelectCare of Texas (Kelsey-Seybold)	61225	835	✓	✓		✓	✓											
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	✓	✓														
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
Senior Whole Health of New York	SWHNY	837	✓	✓					✓	✓								
Sentara Family Care	54154	835	✓	✓		✓	✓											
Sentara Family Care	54154	837	✓	✓					✓	✓								
Sentara Health Management	54154	835	✓	✓		✓	✓											
Sentara Health Management	54154	837	✓	✓					✓	✓								
Sentara Health Plans	54154	835	✓	✓		✓	✓											
Sentara Health Plans	54154	837	✓	✓					✓	✓								
Sentinel Management Services	23249	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Sentinel Security Life Insurance Company	87020	835	✓	✓		✓	✓											
Sentinel Security Life Insurance Company	87020	837	✓	✓					✓	✓								
Seoul Medical Group	AMM07	837	✓	✓														
Sequoia Beverage	TKFMC	837	✓	✓														
Sequoia Health IPA	CAPMN	835	✓	✓		✓	✓											
Sequoia Health IPA	CAPMN	837	✓	✓					✓	✓								
Seton Health Plan (CHIP)	SHPCH	837	✓	✓														
Seven Corners	25404	837	✓	✓														
SGIC	11789	837	✓	✓														
Share Healthcare	52876	837	✓	✓														
Shared Health Mississippi	SHMS1	835	✓	✓		✓	✓											
Shared Health Mississippi	SHMS1	837	✓	✓					✓	✓								
Sharp Community Medical Group	SCMG1	835	✓	✓														Payer returns ERA automatically upon claim submission
Sharp Community Medical Group	SCMG1	837	✓	✓														Payer returns ERA automatically upon claim submission
Sharp Health Plan	SHP01	835	✓	✓														Payer returns ERA automatically upon claim submission
Sharp Health Plan	SHP01	837	✓	✓														Payer returns ERA automatically upon claim submission
Sharp Rees-Sealy Medical Group	SRS83	835	✓	✓														Payer returns ERA automatically upon claim submission
Sharp Rees-Sealy Medical Group	SRS83	837	✓	✓														Payer returns ERA automatically upon claim submission
Sheakley Unicom	10002	837	✓	✓														
Sheet Metal Workers Local 104 Health Care Plan (San Ramon CA)	38238	835	✓	✓		✓	✓											
Sheet Metal Workers Local 104 Health Care Plan (San Ramon CA)	38238	837	✓	✓														
Shenandoah Life (ERA Only)	IAS17	835	✓	✓		✓	✓											ERA Only
Sherman Choice - BLUE CROSS SHERMAN CHOICE	SC359	837	✓	✓														
Show Me Health Administrators, LLC (SMHA)	98578	837	✓	✓														
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	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	SMPLY	835	✓	✓		✓	✓											Mailing Address: PO Box 61010, Virginia Beach, VA 23466
Simply Healthcare	SMPLY	837	✓	✓					✓	✓		✓	✓					Mailing Address: PO Box 61010, Virginia Beach, VA 23466
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	✓	✓					✓	✓								
Smith Administrators	02057	837	✓	✓					✓	✓								
Snedeker Risk Management (Hope Trust)	A7637	835	✓	✓		✓	✓											
Snedeker Risk Management (Hope Trust)	A7637	837	✓	✓														
Solidarity Healthshare	77721	837	✓	✓														Claim Mailing Address: PO Box 26967, Tempe, AZ 85285
Solidarity Healthshare	SH777	835	✓	✓		✓	✓											
Solis Health Plans	73581	837	✓	✓														
SOMOS Emblem IPA	81336	835	✓	✓		✓	✓											
SOMOS Emblem IPA	81336	837	✓	✓					✓	✓								
Sonder Health Plans	A0339	835	✓	✓		✓	✓											
Sonder Health Plans	A0339	837	✓	✓					✓	✓								
Sound Health (now known as First Choice Health Network)	91131	835	✓	✓		✓	✓											
Sound Health (now known as First Choice Health Network)	91131	837	✓	✓														
South Atlantic Medical Group IPA	SAMG1	835	✓	✓														Payer returns ERA automatically upon claim submission
South Atlantic Medical Group IPA	SAMG1	837	✓	✓					✓	✓								Payer returns ERA automatically upon claim submission

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
South Carolina Medicaid	12K55	835	✓			✓												
South Carolina Medicaid	12K55	837	✓			✓			✓									
South Carolina Medicaid	SKSC0	835		✓			✓											
South Carolina Medicaid	SKSC0	837		✓			✓			✓								
South Carolina Medicare	12M55	835	✓			✓												
South Carolina Medicare	12M55	837	✓			✓			✓									
South Carolina Medicare	SMSC0	835		✓			✓											
South Carolina Medicare	SMSC0	837		✓			✓											
South Central Preferred	23266	835	✓	✓		✓	✓											
South Central Preferred	23266	837	✓	✓					✓	✓								
South Country Health Alliance	81600	835	✓	✓		✓	✓											
South Country Health Alliance	81600	837	✓	✓					✓	✓								
South Dakota Medicaid	12K36	835	✓			✓												
South Dakota Medicaid	12K36	837	✓			✓			✓									
South Dakota Medicaid	SKSD0	835		✓			✓											
South Dakota Medicaid	SKSD0	837		✓			✓			✓								
South Dakota Medicare	12M83	837	✓			✓			✓									
South Dakota Medicare	SMSD0	837		✓			✓											
South Florida Musculoskeletal Care	06294	837	✓	✓														
South Indiana Health Operations - HMO	77153	835	✓	✓		✓	✓											
South Indiana Health Operations - HMO	77153	837	✓	✓					✓	✓								
South Point Hotel & Casino	35227	837		✓														
SouthCare/Healthcare Preferred	25147	837	✓	✓					✓	✓								
Southeast Community Care (Arcadian)	77045	837	✓	✓														
Southern Benefit Administrators (ERA Only)	38242	835	✓	✓														ERA Only
Southern California Healthcare System	MPM20	837	✓	✓					✓	✓								Also known as Alta Pod by MedPOINT - Health Net
Southern California Physicians Managed Care Services	SCP01	837	✓	✓														
Southern California UFCW Unions & Food Employers	SCUFW	837		✓														
Southern Illinois Health Care Association	SIH99	837	✓						✓									
Southern Illinois Health Care Association	SIHCA	837		✓						✓								
Southland Advantage Medical Group, Inc.	HSM01	837	✓	✓														
Southland BCBS	SIPA1	837	✓	✓														
Southland Benefit Solutions, LLC (Dental)	26374	837			✓							✓						
Southland Benefit Solutions, LLC (Vision)	V47936	837		✓														
Southland San Gabriel Valley Medical Group, Inc	PHM11	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Southwest Service Administrators	CX100	835	✓	✓		✓	✓											
Southwest Service Administrators	CX100	837	✓	✓														
Southwest Service Life	37266	837	✓	✓														
Southwestern Health Resources (DOS > 12/31/22)	RP085	835	✓	✓		✓	✓											
Southwestern Health Resources (DOS > 12/31/22)	RP085	837	✓	✓														
Special Agents Mutual Benefits Association (SAMBA) (ERA Only)	SAMBA	835	✓	✓		✓	✓											
Spectera	00773	835		✓			✓											
Spectera	00773	837		✓						✓								
Spectrum Administrators Inc. - TPA Allentown PA (IHS Gateway Payer)	23253	835	✓	✓		✓	✓											
Spectrum Administrators Inc. - TPA Allentown PA (IHS Gateway Payer)	23253	837	✓	✓														
Spencer Stuart (ARM, LTD)	38416	837	✓	✓					✓	✓								
Spina Bifida - VA HAC	84146	835	✓	✓		✓	✓											
Spina Bifida - VA HAC	84146	837	✓	✓														
St Francis IPA	STFMC	835	✓	✓														
St Francis IPA	STFMC	837	✓	✓														
St Lukes Health Plan Inc	92170	837	✓	✓														
St. Francis IPA	APP01	837	✓	✓					✓	✓								
St. Joseph Heritage Healthcare	STJOE	835	✓	✓														Payer returns ERA automatically upon claim submission
St. Joseph Heritage Healthcare	STJOE	837	✓	✓														
St. Joseph IPA	STJOE	835	✓	✓														Payer returns ERA automatically upon claim submission
St. Joseph IPA	STJOE	837	✓	✓														
St. Jude (St. Joseph Heritage Healthcare)	STJOE	835	✓	✓														Payer returns ERA automatically upon claim submission
St. Jude (St. Joseph Heritage Healthcare)	STJOE	837	✓	✓														
St. Jude Yorba Linda	STJOE	835	✓	✓														Payer returns ERA automatically upon claim submission
St. Jude Yorba Linda	STJOE	837	✓	✓														
St. Mary Medical Center	HSM01	837	✓	✓														
St. Mary's IPA	CAPMN	837	✓	✓					✓	✓								
St. Mary's IPA	SMIPA	837	✓	✓					✓	✓								For DOS Prior to 5/1/2020. Claims with DOS 5/1/20 and after use payer code CAPMN.
St. Paul 's PACE	SPPCA	835	✓	✓														This payer is not available for production until May 16, 2025.
St. Paul 's PACE	SPPCA	837	✓	✓	✓				✓	✓	✓							This payer is not available for production until May 16, 2025.
St. Peter Medical Group, Inc.	HSM01	837	✓	✓														
St. Vincent IPA	PDT01	835	✓	✓		✓	✓											
St. Vincent IPA	PDT01	837	✓	✓														
Staff Benefits Management Administration (SBM)	SBMCO	835	✓	✓		✓	✓											
Staff Benefits Management Administration (SBM)	SBMCO	837	✓	✓					✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Standard Life and Accident (Secondary claims only)	73099	835	✓	✓		✓	✓											
Standard Life and Accident (Secondary claims only)	73099	837	✓	✓														
StandardHealth with Health Choice (HCS)	RP105	837	✓	✓	✓													
Stanford Healthcare Advantage	46407	835	✓	✓		✓	✓											
Stanford Healthcare Advantage	46407	837	✓	✓														
Starmark	61425	835	✓	✓		✓	✓											
Starmark	61425	837	✓	✓														
State Employee Plan (BCBS SC)	00400	835	✓	✓		✓	✓											
State Employee Plan (BCBS SC)	00400	837	✓	✓														
State Farm (Casualty & Property Claims)	31059	835	✓	✓		✓	✓											
State Farm (Casualty & Property Claims)	31059	837	✓	✓														
State Farm Insurance Companies	31053	835	✓	✓		✓	✓											
State Farm Insurance Companies	31053	837	✓	✓														
State Mutual (ERA Only)	IAS18	835	✓	✓		✓	✓											ERA Only
State Mutual LH Novated (ERA Only)	IAS19	835	✓	✓		✓	✓											ERA Only
State of Idaho Department of Health & Welfare	12113	837	✓	✓		✓	✓		✓	✓								Women's Health Check and Children's Special Health Program
State of Idaho Women's Health Check	IDWH01	837	✓	✓														
State of Texas Dental Plan	57254	835	✓	✓		✓	✓											
State of Texas Dental Plan	57254	837	✓	✓	✓						✓							
Stirling Benefits	06089	835	✓	✓	✓	✓	✓	✓										
Stirling Benefits	06089	837	✓	✓	✓													
Stonebridge Life Insurance Company (TX)	TRP1P	837	✓	✓					✓	✓								
Stones River IPA - Amerivantage	57492	837		✓						✓								
Stones River Regional IPA/BCBST	15750	837		✓														
Stones River Regional IPA/BHFG	15754	837		✓														
Stones River Regional IPA/Humana	57549	837		✓						✓								
Stones River Regional IPA/Windsor	15752	837		✓														
Student Assurance Services (ERA Only)	SAS01	835	✓	✓		✓	✓											ERA Only
Suffolk County Municipal Employees Benefit Fund	CX076	837			✓						✓							
SummaCare Health Plan	95202	837	✓	✓														
SummaCare Health Plan	A5202	835	✓	✓		✓	✓											ERA Payer Code A5202
Summit Administration Services Inc.	86083	835	✓	✓		✓	✓											
Summit Administration Services Inc.	86083	837	✓	✓														
Summit America Insurance Services Inc.	37301	835	✓	✓		✓	✓											
Summit America Insurance Services Inc.	37301	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Summit Community Care	PASSE	835	✓	✓		✓	✓											
Summit Community Care	PASSE	837	✓	✓								✓	✓					
SunAmerica Life Insurance Company	90956	837		✓														
Sunshine State Health Plan	68069	835	✓	✓		✓	✓											
Sunshine State Health Plan	68069	837	✓	✓					✓	✓		✓	✓					
Superior Choice Medical Group	SCPR1	837	✓	✓														Former payer ID ECMSO
Superior Health Plan Texas	68069	835	✓	✓		✓	✓											
Superior Health Plan Texas	68069	837	✓	✓					✓	✓		✓	✓					
Superior Vision Services	13305	837		✓														
Superior Vision Services	13374	835		✓			✓											
Surest	25463	835	✓	✓		✓	✓											
Surest	25463	837	✓	✓														
Sutter Connect - Solano Regional Medical Foundation (SRMF)	77306	835		✓														
Sutter Connect - Solano Regional Medical Foundation (SRMF)	77306	837		✓														
Sutter Connect (SIP/SMG/SWMG)	SC004	837		✓						✓								
Sutter East Bay Medical Foundation	94269	837	✓	✓														
Sutter East Bay Regional Hospital	96176	837	✓	✓														
Sutter East Bay Regional Hospital- Affinity	94119	837		✓														
Sutter Gould Medical Foundation	77302	837	✓	✓														
Sutter Medical Group of the Redwoods	77304	837	✓	✓					✓	✓								
Sutter Medical Group of the Redwoods	SC008	835	✓	✓		✓	✓											
Sutter Senior Care	56621	837	✓	✓					✓	✓								
SVS Vision Inc.	SVSVN	837		✓														
Swedish Covenant Hospital	36411	837	✓	✓														
Symetra Select Benefits	37282	835	✓	✓		✓	✓											
Symetra Select Benefits	37282	837	✓	✓														
SynerMed	SYMED	837	✓	✓														
TakeCare Insurance Company	98022	835	✓	✓		✓	✓											
TakeCare Insurance Company	98022	837	✓	✓														
Talbert Medical Group	TALMG	837		✓														
Tall Tree Administrators	88067	835	✓	✓		✓	✓											
Tall Tree Administrators	88067	837	✓	✓														
TASEBA	TKFMC	837	✓	✓														
Taylor Benefits	TAYLR	835		✓			✓											
Taylor Benefits	TAYLR	837		✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Taylor Benefits	UAYLR	835	✓			✓												
Taylor Benefits	UAYLR	837	✓															
TCC Benefits Administrator - Pre-Med Defender	SX160	835	✓	✓		✓	✓											
TCC Benefits Administrator - Pre-Med Defender	TCC13	837	✓	✓					✓	✓								ERA Payer Code SX160
TCC Benefits Administrator - Self Funded	SX160	835	✓	✓		✓	✓											
TCC Benefits Administrator - Self Funded	TCC93	837	✓	✓					✓	✓								
Teal Premier	88300	837	✓	✓														
Team Choice PNS	75133	837	✓	✓														
Teamcare	36215	837	✓	✓														
Teamsters Local Union 301	36612	837	✓															
Teamsters Medicare Trust for Retired Employees	43619	835	✓	✓														
Teamsters Medicare Trust for Retired Employees	43619	837	✓	✓														
Temecula Valley Medical Group	HCMG1	837	✓	✓					✓	✓								
Tennessee Medicaid	12K46	835	✓			✓												
Tennessee Medicaid	12K46	837	✓			✓												
Tennessee Medicaid	SKTN2	835		✓			✓											
Tennessee Medicaid	SKTN2	837		✓			✓											
Tennessee Medicare	12M53	835	✓			✓												
Tennessee Medicare	12M53	837	✓			✓			✓									
Tennessee Medicare	SMTN0	835		✓			✓											
Tennessee Medicare	SMTN0	837		✓			✓			✓								
Tethys Health Ventures	20212	837	✓	✓														
Texas Children's Health Plan	76048	835	✓	✓														
Texas Children's Health Plan	76048	837	✓	✓														
TEXAS CHILDRENS HEALTH	TXCSM	837		✓														
Texas Childrens Health Plan (Medicaid)	75228	835	✓	✓														
Texas Childrens Health Plan (Medicaid)	75228	837	✓	✓														
Texas Christus	45210	837	✓	✓					✓	✓								
Texas HealthSpring	33104	837	✓															
Texas Independence Health Plan	31403	835	✓	✓		✓	✓											
Texas Independence Health Plan	31403	837	✓	✓														
Texas Medicaid	12K64	835	✓			✓												
Texas Medicaid	12K64	837	✓						✓									
Texas Medicaid	SKTX0	835		✓	✓		✓	✓										
Texas Medicaid	SKTX0	837		✓	✓					✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Texas Medicaid MAP	TXMAI	837	✓									✓						This Payer ID is for TX Medicaid MAP Attachments only.
Texas Medicaid MAP	TXMAP	837		✓									✓					This Payer ID is for TX Medicaid MAP Attachments only.
Texas Medicare	12M31	835	✓			✓												
Texas Medicare	12M31	837	✓			✓			✓									
Texas Medicare	SMTX0	835		✓			✓											
Texas Medicare	SMTX0	837		✓			✓			✓								
Texas Mutual Insurance Company	WK002	837	✓	✓														
Texas Premier Plan	TH089	837		✓			✓											
TexasFirst Health Plan (NTX)	13185	835	✓	✓														
TexasFirst Health Plan (NTX)	13185	837	✓	✓														
The Alliance	88461	837	✓	✓														
The Benefit Group Inc	TBGNE	837	✓	✓														
The Care Network/The Savannah Business Group	68423	837	✓	✓														
The City of Odessa	75600	837	✓	✓														
The Dickinson Group	82016	837	✓	✓														
The Health Exchange (Cerner Corporation)	20356	835	✓	✓		✓	✓											
The Health Exchange (Cerner Corporation)	20356	837	✓	✓														
The Health Plan	95677	837	✓	✓														
The Health Plan of West Virginia, Inc	95677	835	✓	✓		✓	✓											
The Health Plan of West Virginia, Inc	95677	837	✓	✓														
The Healthcare Group	35206	837	✓	✓														
The Loomis Company - TPA Wyomissing PA (IHS Gateway Payer)	23223	835	✓	✓		✓	✓											
The Loomis Company - TPA Wyomissing PA (IHS Gateway Payer)	23223	837	✓	✓					✓	✓								
The MEGA Life & Health Insurance Company-OKC	59227	837		✓														
The Mohegan Tribe of Indians of Connecticut	MOHEG	835	✓	✓		✓	✓											
The Mohegan Tribe of Indians of Connecticut	MOHEG	837	✓	✓					✓	✓								
The National Radiology Network	59087	837	✓	✓														
The New England	66893	837		✓														
The Oaks PACE	57034	835	✓	✓														
The Oaks PACE	57034	837	✓	✓														
The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	31074	835	✓	✓		✓	✓											
The Physicians Assurance Corp (TPAC) /Employee Benefit Management Corp (EBMC)	31074	837	✓	✓														
The Standard Insurance Dental	93024	835			✓			✓										
The Standard Insurance Dental	93024	837			✓						✓			✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
The Zero Card	75296	837	✓	✓														
Third Party Administrators	37225	837	✓															
Thomas H. Cooper & Company	5X160	837		✓						✓								Equivalent to payer code 315
Thome Pace	RP044	837	✓	✓														
Three Rivers Preferred	MP340	837		✓						✓								
Thrivent Financial For Lutherans	30167	837	✓	✓														
Thrivent Financial For Lutherans	THRIV	835	✓	✓		✓	✓											
TLC Advantage of Sioux Falls	TLC01	837	✓	✓														
TLC Benefit Solutions	TLC79	835	✓	✓		✓	✓											
TLC Benefit Solutions	TLC79	837	✓	✓														
Today's Options (American Progressive and Pyramid Life)	48055	835	✓	✓		✓	✓											
Today's Options (American Progressive and Pyramid Life)	48055	837	✓	✓														
Today's Options powered by CCRX	48055	835	✓	✓		✓	✓											
Today's Options powered by CCRX	48055	837	✓	✓														
Together with Children's Community Health Plan of Wisconsin	251CC	835	✓	✓		✓	✓											
Together with Children's Community Health Plan of Wisconsin	251CC	837	✓	✓														
Tooling & Manufacturing Association	61425	835	✓	✓		✓	✓											
Tooling & Manufacturing Association	61425	837	✓	✓														
Torrance Hospital IPA	THIPA	837	✓	✓														
Torrance Memorial Medical Center	TMMC1	837	✓	✓						✓	✓							
Total Broker Benefits	36342	835	✓	✓		✓	✓											
Total Broker Benefits	36342	837	✓	✓														
Total Dental Administrators	CX112	837			✓						✓							
Total Plan Concepts	80900	837	✓	✓														
Total Plan Services	41202	835	✓	✓		✓	✓											
Total Plan Services	41202	837	✓	✓														
Total Senior Care	12268	837	✓	✓														
Total Senior Care	R3474	835	✓	✓		✓	✓											
Total Senior Care	R3474	837	✓	✓	✓													
Touchstone Health PSO	23856	837	✓	✓														
Town & Country	TKFMC	837	✓	✓														
TPAC/Employee Benefit Management Corp	31074	835	✓	✓		✓	✓											
TPAC/Employee Benefit Management Corp	31074	837	✓	✓														
TR Paul Inc.	37230	837	✓	✓														
Transact RX	PARTD	835		✓			✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Transact RX	PARTD	837		✓														
TransAmerica Financial Life Insurance Company (AR)	TLINS	835	✓	✓		✓	✓											
TransAmerica Financial Life Insurance Company (TX)	TRP1P	837	✓	✓					✓	✓								
TransAmerica Life Insurance Company (AR)	TLINS	835	✓	✓		✓	✓											
TransAmerica Life Insurance Company (IA, MD, PA)	TRP1E	835	✓	✓														
TransAmerica Life Insurance Company (TX)	TRP1P	837	✓	✓					✓	✓								
TransAmerica Premier Life Insurance Company (AR)	TLINS	835	✓	✓		✓	✓											
TransAmerica Premier Life Insurance Company (TX)	TRP1P	837	✓	✓					✓	✓								
TransChoice-Key Benefit Administrators	37284	837	✓	✓					✓	✓								
Transwestern Insurance Administrators, Inc	TRAN1	837		✓						✓								
Travis County Healthcare District dba Central Health	TCMAP	837	✓	✓														
Trellis Health Partners	36397	837	✓	✓														
Tri-Valley Medical Group	20538	835	✓	✓		✓	✓											EFT enrollment is required in order to obtain ERA's
Tri-Valley Medical Group	20538	837	✓	✓														
Triad Healthcare	39181	837	✓	✓														
Triada Assurance	CB733	837	✓	✓					✓	✓								
Tribado	32691	837	✓	✓					✓	✓								
Tribute /SelectCare of Oklahoma	73117	835	✓	✓														
Tribute /SelectCare of Oklahoma	73117	837	✓	✓														
Tribute Health Plan	31118	835	✓	✓		✓	✓											
Tribute Health Plan	31118	837	✓	✓														
Tricare Active Reservists Dental	DXTAS	835			✓			✓										
Tricare Active Reservists Dental	DXTAS	837			✓						✓			✓				
Tricare Dental Program	TDPC1	835			✓			✓										
Tricare Dental Program	TDPC1	837			✓						✓			✓				
Tricare East	99727	835	✓	✓		✓	✓											
Tricare East	99727	837	✓	✓					✓	✓								
Tricare East	TREST	835	✓	✓														
Tricare East	TREST	837	✓	✓														For claims with DOS on or prior 12/31/2024.
Tricare for Life	12X43	835	✓			✓												
Tricare for Life	12X43	837	✓			✓			✓									
Tricare for Life	SX176	835		✓			✓											
Tricare for Life	SX176	837		✓			✓			✓								
Tricare for Life	TDDIR	835	✓	✓		✓	✓											
Tricare for Life	TDDIR	837	✓	✓		✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Tricare for Overseas	12X46	835	✓			✓												
Tricare for Overseas	12X46	837	✓			✓												
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	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	✓	✓		✓	✓											
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		✓			✓			✓						✓		
TrueCare	MSMCDCS1	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
TrueCare	MSMCDSCS1	837	✓	✓														
Truli for Health	TRULI	835	✓	✓		✓	✓											
Truli for Health	TRULI	837	✓	✓					✓	✓								
TRUSTED HEALTH PLAN	L0230	835	✓	✓														
TRUSTED HEALTH PLAN	L0230	837	✓	✓					✓	✓								
Trusteed Insurance (FCHN)	91131	835	✓	✓		✓	✓											
Trusteed Insurance (FCHN)	91131	837	✓	✓														
Trusteed Plans Service Corporation	91078	835	✓	✓		✓	✓											
Trusteed Plans Service Corporation	91078	837	✓	✓														
Trustmark Insurance Company	61425	835	✓	✓		✓	✓											
Trustmark Insurance Company	61425	837	✓	✓														
Tufts Health Plan	04298	835	✓	✓		✓	✓											
Tufts Health Plan	04298	837	✓	✓		✓	✓		✓	✓								
U.S. Network and Administrative Services	USN01	837	✓	✓					✓	✓								
UC Irvine	UCI01	837	✓	✓					✓	✓								
UC-Davis Health	94603	837	✓	✓														
UCARE Individual and Family Plans	55413	835	✓	✓		✓	✓											
UCARE Individual and Family Plans	55413	837	✓	✓					✓	✓								
UCare Minnesota	55413	835	✓	✓		✓	✓											
UCare Minnesota	55413	837	✓	✓					✓	✓								
Ucare Minnesota (DOS > 1/1/22)	12X50	837	✓						✓									
Ucare Minnesota (DOS > 1/1/22)	SX178	837		✓						✓								
UCare Minnesota Senior Health Options	55413	835	✓	✓		✓	✓											
UCare Minnesota Senior Health Options	55413	837	✓	✓					✓	✓								
UCare Minnesota Senior Health Options (DOS > 1/1/22)	52629	837	✓	✓														
UCLA Health Medicare Advantage Plan	28189	837	✓	✓														
UCLA Medical Group	USMBP	835	✓	✓														Payer returns ERA automatically upon claim submission
UCLA Medical Group	USMBP	837	✓	✓														Payer returns ERA automatically upon claim submission
UCS (The City of East Chicago)	56001	837	✓	✓					✓	✓								
UCS BASI Hotstart	19450	837	✓	✓														
UCS BASI: Meter Group USA	16025	835	✓	✓		✓	✓											
UCS BASI: Meter Group USA	16025	837	✓	✓														
UCS Insight Benefit Administrators	96436	837	✓	✓					✓	✓								
UCS PBS Oregon	56724	837	✓	✓														
UCS Seminole Tribe of Florida	78702	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
UCS Wagner Meinert	36150	837	✓	✓					✓	✓								
UCS: CAM Administrative Services, INC.	63985	837	✓	✓					✓	✓								
UFCW Local 1000 and Kroger Dallas Health & Welfare Plan	99843	837	✓	✓	✓													
UHP Management	UHP01	837	✓	✓					✓	✓								
UICI Administrators	74223	837	✓	✓					✓	✓								
Ullico Inc.	ULLIC	837	✓	✓														
Ultimate Health Plan	77022	835	✓	✓		✓	✓											
Ultimate Health Plan	77022	837	✓	✓														
Ultra Benefits Inc.	41206	835	✓	✓		✓	✓											
Ultra Benefits Inc.	41206	837	✓	✓														
Umass Medical School and Criminal Justice Program	UMHCJ	835	✓	✓														
Umass Medical School and Criminal Justice Program	UMHCJ	837	✓	✓														
UMC HEALTH PLAN	75130	837	✓	✓														
Umpqua Health Alliance	77503	835	✓	✓		✓	✓											
Umpqua Health Alliance	77503	837	✓	✓					✓	✓								
UMR (formerly Lexington / CommonWealth Administrative Group)	39026	835	✓	✓		✓	✓											
UMR (formerly Lexington / CommonWealth Administrative Group)	39026	837	✓	✓					✓	✓		✓	✓					
UMR (formerly UMR Onalaska)	79480	837	✓	✓					✓	✓								
UMR (formerly UMR San Antonio Benefit Planners)	39026	835	✓	✓		✓	✓											
UMR (formerly UMR San Antonio Benefit Planners)	39026	837	✓	✓					✓	✓		✓	✓					
UMR Wausuau	39026	835	✓	✓	✓	✓	✓	✓										
UMR Wausuau	39026	837	✓	✓	✓				✓	✓	✓	✓	✓					
UMR Westerville (formerly Harrington Benefit Services - Columbus)	39026	835	✓	✓		✓	✓											
UMR Westerville (formerly Harrington Benefit Services - Columbus)	39026	837	✓	✓					✓	✓		✓	✓					
UMWA Health & Retirement Funds	52180	835	✓	✓		✓	✓											ERA enrollment under payer name Healthsmart Benefit Solutions
UMWA Health & Retirement Funds	52180	837	✓	✓					✓	✓								
Unicare Life & Health/Wellpoint	WLPNT	835	✓	✓		✓	✓											
Unicare Life & Health/Wellpoint	WLPNT	837	✓	✓					✓	✓		✓	✓					
Unified Group Services	35198	835	✓	✓		✓	✓											
Unified Group Services	35198	837	✓	✓	✓													
Unified Health Services	62170	837	✓	✓														
Unified IPA	HCP01	837	✓						✓									This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Unified Life	RP064	837	✓	✓					✓	✓								
Unified Physicians Network	UPN99	837	✓	✓														
Uniform Medical Plan	39026	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Uniform Medical Plan	39026	837	✓	✓					✓	✓		✓	✓					
Unify HealthCare Administrators	84962	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			✓						✓			✓				
United Healthcare Community Plan - PA (Formerly Americhoice)	GP133	835			✓			✓										
United Healthcare Community Plan - PA (Formerly Americhoice)	GP133	837			✓						✓			✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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			✓			✓										
United Healthcare Community Plan (WA Medicare)	GP133	837			✓						✓			✓				
United Healthcare Community Plan (Wash. DC Medicare)	GP133	835			✓			✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	837			✓						✓			✓				
United Healthcare Dental	87726	835			✓			✓										
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		✓						✓		✓	✓					
UnitedHealthCare Community Plan (KS / KanCare)	96385	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
UnitedHealthCare Community Plan (KS / KanCare)	96385	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / AZ (formerly AZ Physicians IPA APIPA)	03432	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / AZ (formerly AZ Physicians IPA APIPA)	03432	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / FLHI LA MD MS CAN OH RI WAWI	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / IA, hawk-I	87726	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / IA, hawk-I	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / MI (formerly Great Lakes Health Plan)	95467	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / MI (formerly Great Lakes Health Plan)	95467	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / MS CHIP	87726	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / MS CHIP	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / NJ (formerly Americhoice NJ Medicaid)	86047	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / NJ (formerly Americhoice NJ Medicaid)	86047	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / NY	NYU01	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / PA (formerly AmeriChoice PA Medicaid&CHIP	86049	837		✓														
UnitedHealthcare Community Plan / SC (formerly Unison)	25175	837	✓	✓														
UnitedHealthcare Community Plan / TN (formerly AmeriChoice TN: TennCare)	95378	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / TN (formerly AmeriChoice TN: TennCare)	95378	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / TX	TEX01	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan / UnitedHealthcare Dual Complete	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / UnitedHealthcare Long Term Care	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Community Plan / WI	WID01	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan of Missouri	86050	835	✓	✓		✓	✓											
UnitedHealthcare Community Plan of Missouri	86050	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Medicare Solutions / UnitedHealthcare Chronic Complete	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Medicare Solutions / UnitedHealthcare Group Medicare Advan	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Medicare Solutions / UnitedHealthcare MedicareComplete	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Medicare Solutions / UnitedHealthcare MedicareDirect	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Medicare Solutions / UnitedHealthcare Nursing Home Plan	87726	837	✓	✓					✓	✓		✓	✓					
UnitedHealthcare Ohio Medicaid	88337	837	✓	✓														
UnitedHealthcare Ohio Medicaid	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
UnitedHealthcare Ohio Medicaid Vision	8357V	837	✓	✓														
UnitedHealthcare Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓											Effective 2/1/2023, remittance returned under Ohio Medicaid
UnitedHealthcare West	87726	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	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
UnitedHeathcare Community Plan	87726	837	✓	✓					✓	✓		✓	✓					
Univera Healthcare	UNINW	835	✓	✓		✓	✓											
Univera Healthcare	UNINW	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	✓	✓					✓	✓								
UPMC Health Plan	UPMCD	835			✓			✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	835	✓	✓		✓	✓											
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-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	SKUT0	837		✓			✓											
Utah Medicaid	UTMCD	835	✓	✓		✓	✓											Effective October 21st, 2024, Route has change to EDI Gateway with "Optum"
Utah Medicare	12M84	837	✓			✓									✓			
Utah Medicare	MR046	835	✓			✓												
Utah Medicare	SMUT0	835		✓			✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Utah Medicare	SMUT0	837		✓			✓			✓						✓		
UTMB Correctional Managed Care	UTMBC	835	✓	✓														
UTMB Correctional Managed Care	UTMBC	837	✓	✓														
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 Fee Basis Programs	12116	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 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	✓	✓		✓	✓		✓	✓								
Valley Mental Health	94293	837		✓														
Valley Preferred - PPO Allentown PA (IHS Gateway Payer)	23253	835		✓			✓											
Valley Preferred - PPO Allentown PA (IHS Gateway Payer)	23253	837		✓														
Valley Presbyterian Hospital	MPM53	835	✓	✓		✓	✓											
Valley Presbyterian Hospital	MPM53	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Valley Presbyterian Hospital Community Family Care VPRESFCF	MPM61	837	✓	✓														New payer effective 1/1/23
Valley Presbyterian Hospital Preferred IPA VPRESREF	MPM60	837	✓	✓					✓	✓								New payer effective 1/1/23
Valor Health Plan	43259	835	✓	✓		✓	✓											
Valor Health Plan	43259	837	✓	✓														
Valor Medicare Advantage	43259	837	✓	✓														
Van Lang IPA	77036	837	✓	✓														
Vanderbilt University Medical Center	BPSLLC	835	✓	✓		✓	✓											
Vanderbilt University Medical Center	BPSLLC	837	✓	✓					✓	✓								
Vantage Health Plan	77701	835	✓	✓		✓	✓											
Vantage Health Plan	77701	837	✓	✓														
Vantage Medical Group	PROSP	835	✓	✓														
Vantage Medical Group	PROSP	837	✓	✓					✓	✓								
Variable Protection Administrators (VPA)	VPA18	837	✓	✓					✓	✓								
Varipro	72187	837	✓	✓														
Vault Administrative Services	VS402	835	✓	✓		✓	✓											
Vault Administrative Services	VS402	837	✓	✓														
Vaya Health	13010	835	✓	✓		✓	✓											
Vaya Health	13010	837	✓	✓		✓	✓		✓	✓								
Ventura County Health Care Plan	VCHCP	837	✓	✓					✓	✓								
Verda Healthcare Texas	VERTX	835	✓	✓		✓	✓											
Verda Healthcare Texas	VERTX	837	✓	✓														
Vermont Medicaid	12K26	835	✓			✓												
Vermont Medicaid	12K26	837	✓			✓												
Vermont Medicaid	SKVT0	835		✓			✓											
Vermont Medicaid	SKVT0	837		✓			✓											
Vermont Medicare	12M26	835	✓			✓												
Vermont Medicare	12M26	837	✓			✓			✓									
Vermont Medicare	SMVT0	835		✓			✓											
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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 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	SMVA0	835		✓			✓											
Virginia Medicare	SMVA0	837		✓			✓			✓								
Virginia Premier Health Plan	VAPRM	835	✓	✓		✓	✓											
Virginia Premier Health Plan	VAPRM	837	✓	✓					✓	✓								
Vision Service Plan (VSP)	94163	837		✓														
Vista Oncology - New Century Infusion Solutions	NCH08	837		✓														
VitalCore Milette	MAI58	837	✓	✓	✓													
Vitori Health	IHS25	837	✓	✓														
Vitruvian Care IPA	VUIPA	837	✓	✓														
Viva Health Plan	63114	835	✓	✓		✓	✓											
Viva Health Plan	63114	837	✓	✓														
Vivida Health	A0102	837	✓	✓														For claim DOS on or after 1/1/21. Claims with DOS prior to 1/1/21 should be sent using payer code 45488
Vivida Health (for DOS prior to 1/1/21)	45488	837	✓	✓					✓	✓								
VMD Primary Providers of AZ	84213	835	✓	✓														
VMD Primary Providers of AZ	84213	837	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
VNA Homecare Options	31626	837	✓	✓														
VNS CHOICE Medicare	77073	835	✓	✓		✓	✓											
VNS CHOICE Medicare	77073	837	✓	✓					✓	✓								
Volunteers of America National Services	VNSPC	835	✓	✓		✓	✓											
Volunteers of America National Services	VNSPC	837	✓	✓														
VOLUSIA HEALTH NETWORK	59266	835	✓	✓		✓	✓											
VOLUSIA HEALTH NETWORK	59266	837	✓	✓														
Vxtra Health Plan Inc.	99915	837	✓	✓					✓	✓								As of February 20, 2024, Electronic Remits Advice (ERA) is not available for this payer at this time.
Vytalize Health (ERA Only)	RP042	835	✓	✓		✓	✓											
Vytra Healthcare	22264	835	✓	✓		✓	✓											
Vytra Healthcare	22264	837	✓	✓					✓	✓								
WA - Washington Coordinated Care	68069	835	✓	✓		✓	✓											
WA - Washington Coordinated Care	68069	837	✓	✓					✓	✓		✓	✓					
Wabash Memorial Hospital Association	85256	835	✓	✓		✓	✓											
Wagner Meinert	31650	837	✓	✓					✓	✓								
Washington County General Fund	77111	837	✓	✓					✓	✓								
Washington Medicaid	12K27	835	✓			✓												
Washington Medicaid	12K27	837	✓			✓			✓									
Washington Medicaid	SKWA0	835		✓			✓											
Washington Medicaid	SKWA0	837		✓			✓			✓								
Washington Medicare	12M45	835	✓			✓												
Washington Medicare	12M45	837	✓			✓			✓						✓			
Washington Medicare	SMWA0	835		✓			✓											
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	✓	✓														

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
WelbeHealth	WBHCA	837	✓	✓					✓	✓								
Welcome Health	MPM57	837	✓	✓														
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	12892	837	✓						✓									
Wellnet Health Plans	25711	837	✓	✓					✓	✓								
Wellnet Healthcare Administrators, Inc.	93669	837	✓	✓	✓													
WellPay/Inssolen	95729	837	✓	✓														
Wellpoint Maryland	26375	835	✓	✓		✓	✓											
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		✓														
West Virginia Medicaid	12K28	835	✓			✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	DOC50	835		✓			✓											
Western Oregon Advanced Health	DOC50	837		✓						✓								
Western Oregon Advanced Health	UOC50	835	✓			✓												
Western Oregon Advanced Health	UOC50	837	✓						✓									
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	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
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	SKW10	835	✓	✓		✓	✓											
Wisconsin Medicaid	SKW10	837	✓	✓					✓	✓								
Wisconsin Medicare	12M29	835	✓			✓												
Wisconsin Medicare	12M29	837	✓			✓			✓									
Wisconsin Medicare	SMW10	835		✓			✓											
Wisconsin Medicare	SMW10	837		✓			✓			✓								
Wisconsin Well Woman Program (WWWP)	SKWIW	835	✓	✓		✓	✓											
Wisconsin Well Woman Program (WWWP)	SKWIW	837	✓	✓					✓	✓								
Women's Integrated Network Inc. (WIN Fertility)	13413	837		✓														
World Insurance Company	75276	835	✓	✓		✓	✓											ERA Only
WPP-ElderCare Wisconsin	77080	837	✓	✓														
WPS Commercial	12X29	835	✓			✓												
WPS Commercial	12X29	837	✓			✓												
WPS Commercial	SX022	835		✓			✓											
WPS Commercial	SX022	837		✓			✓			✓								
WPS Medicare Part A National - Legacy Claims - J5	52280	835	✓			✓												
WPS Medicare Part A National - Legacy Claims - J5	52280	837	✓			✓			✓									
Wyoming Medicaid	12K30	835	✓			✓												
Wyoming Medicaid	12K30	837	✓			✓			✓									
Wyoming Medicaid	SKWY0	835		✓			✓											
Wyoming Medicaid	SKWY0	837		✓			✓			✓								
Wyoming Medicaid Dental	CKWY1	835			✓			✓										
Wyoming Medicaid Dental	CKWY1	837			✓			✓			✓							
Wyoming Medicare	12M30	835	✓			✓												
Wyoming Medicare	12M30	837	✓			✓			✓						✓			
Wyoming Medicare	SMWY0	835		✓			✓											
Wyoming Medicare	SMWY0	837		✓			✓			✓						✓		
Yale University Heath Plan	60646	835	✓	✓		✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Submitter Id			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	I	P	D	
Yale University Heath Plan	60646	837	✓	✓					✓	✓								
Yamhill CCO	YAMHL	835	✓	✓		✓	✓											
Yamhill CCO	YAMHL	837	✓	✓														
Yamhill CCO Physical Health	77943	835	✓	✓		✓	✓											
Yamhill CCO Physical Health	77943	837	✓	✓					✓	✓								
Yerington Paiute Tribe	51350	837	✓	✓					✓	✓								
YesCare	43160	837	✓	✓														
YourCare Health Plan	15003	835	✓	✓		✓	✓											
YourCare Health Plan	15003	837	✓	✓														
YouthCare	68069	837	✓	✓					✓	✓		✓	✓					
YouthCare Healthchoice Illinois	MHPIL	835	✓	✓		✓	✓											ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA
YouthCare Healthchoice Illinois	MHPIL	837	✓	✓					✓	✓		✓	✓					For DOS on or after 1/1/21
Zenith Administrators (MN) Dental	R7001	835			✓			✓										
Zenith Administrators (MN) Dental	R7001	837			✓						✓			✓				
Zing Choice IL (HMO)	83248	835	✓	✓		✓	✓											
Zing Choice IL (HMO)	83248	837	✓	✓														