



CLAIMS & ERA PAYER LIST

April 17, 2024

LEGEND:

I = Institutional, P = Professional, D = Dental

COB = Coordination of Benefits

Transaction Column: 837 = Claims, 835 = ERA

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

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

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

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

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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			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	✓	✓			✓							Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;	
Absolute Total Care	68069	837	✓	✓					✓	✓		✓	✓		
Accelerated Claims Inc.	99999-0748	837	✓	✓					✓	✓					
Accendo Health	62118	835	✓	✓		✓	✓								
Access Administrators	AHS01	837	✓	✓											
Access Community Health Network	ACCOM	837	✓	✓											
Access IPA	ACC01	835	✓	✓		✓	✓								
Access IPA	ACC01	837	✓	✓					✓	✓					
Access Medical Group	AMG02	835	✓	✓		✓	✓								
Access Medical Group	AMG02	837	✓	✓											
Access Medicare	19305	837	✓	✓											
Acclaim IPA	IP095	837	✓	✓					✓	✓					
Accountable Care Management Group, LLC	45328	837	✓	✓	✓										
Accountable Healthcare IPA (AHCIPA)	AHIPA	837	✓	✓					✓	✓					
Ace Property & Casualty Ins - MedSup (ERA Only)	IAS21	835	✓	✓		✓	✓							ERA Only	
ACMG	37118	837	✓	✓											
ACS Benefit Services Inc.	72467	835	✓	✓		✓	✓								
ACS Benefit Services Inc.	72467	837	✓	✓											
ACTIN Care Groups	24585	837	✓	✓					✓	✓				Also known as Clifton Health Systems	
Activa Benefit Services LLC	38254	837	✓	✓											
Administration Systems Research Corporation	38265	837	✓	✓										ERA Payer Code TLU02	
Administration Systems Research Corporation	TLU02	835	✓	✓		✓	✓								
Administrative Concepts Inc.	22384	835	✓	✓		✓	✓								
Administrative Concepts Inc.	22384	837	✓	✓		✓	✓								
Administrative Services Inc.	59141	837	✓	✓											
ADVANCED DATA SOLUTIONS	58202	837	✓	✓											
Advantage by Bridgeway Health Solutions	68069	835	✓	✓			✓							Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;	
Advantage by Bridgeway Health Solutions	68069	837	✓	✓					✓	✓		✓	✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Advantage by Buckeye Community Health Plan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Advantage by Buckeye Community Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Advantage by Managed Health Services	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Advantage by Managed Health Services	68069	837	✓	✓					✓	✓		✓	✓		
Advantage by Peach State	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Advantage by Peach State	68069	837	✓	✓					✓	✓		✓	✓		
Advantage by Sunshine State	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Advantage by Sunshine State	68069	837	✓	✓					✓	✓		✓	✓		
Advantage by Superior HealthPlan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Advantage by Superior HealthPlan	68069	837	✓	✓					✓	✓		✓	✓		
Advantage Care IPA	ACIPA	837	✓	✓					✓	✓					
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓	✓				✓	✓	✓	✓	✓	✓	
Aetna (Professional Encounter Claims - Not BULK)	60054	837		✓					✓			✓	✓	✓	
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	✓	✓		✓	✓								Formerly IlliniCare
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 Nebraska (for claims with DOS prior to 1/1/17)	42130	837	✓	✓					✓	✓					ERA Payer Code 25133
Aetna Better Health of New Jersey	46320	835	✓	✓		✓	✓								
Aetna Better Health of New Jersey	46320	837	✓	✓					✓	✓					
Aetna Better Health of New York	34734	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								
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	✓	✓											Formerly known as TotalCare NY
Affinity Health Plan	13334	835	✓	✓		✓	✓								
Affinity Health Plan	13334	837	✓	✓											For claims with DOS prior to 11/01/21
AFFINITY MEDICAL GROUP	46594	837	✓	✓											
AFLAC (ERA Only)	52080	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
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	SKALO	835		✓			✓								
Alabama Medicaid	SKALO	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		✓											Per payer, please enter group #F62 when submitting claims.
Alaska Children's Services Inc.	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
Alaska Electrical Trust Funds	60054	835	✓	✓		✓	✓								
Alaska Electrical Trust Funds	60054	837	✓	✓					✓	✓		✓	✓	✓	
Alaska Laborers Construction Industry Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
Alaska Medicaid	77200	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Alaska Medicaid	77200	837	✓	✓		✓	✓		✓	✓					
Alaska Medicare	SMAK0	835		✓			✓								
Alaska Medicare	SMAK0	837		✓			✓			✓					
Alaska Pipe Trades Local 375	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
Alaska United Food & Commercial Workers Health & Welfare Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
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	✓	✓											
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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											Payer Returns ERA Automatically
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.
Allied Pacific of California	NMM01	835	✓	✓		✓	✓								
Allied Pacific of California	NMM01	837	✓	✓											
Allied Physicians Medical Group	NMM01	835	✓	✓		✓	✓								
Allied Physicians Medical Group	NMM01	837	✓	✓											
Allina Health Aetna	54398	835	✓	✓		✓	✓								
Allina Health Aetna	54398	837	✓	✓	✓				✓	✓					
Allwell of Arkansas Health & Wellness	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Allwell of Arkansas Health & Wellness	68069	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	✓	✓											
Alvarado IPA	SYMED	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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		✓			✓								
AMA Insurance Agency	TH071	837		✓											
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	✓	✓											
Amalgamated Life - PA / Alicare	13343	837	✓	✓											
Ambay Health Network I & P	AMBHN	837	✓	✓											
AMBETTER OF ARKANSAS	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
AMBETTER OF ARKANSAS	68069	837	✓	✓					✓	✓		✓	✓		
Ambetter of Illinois	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Ambetter of Illinois	68069	837	✓	✓					✓	✓		✓	✓		
AMCO	62176	837	✓	✓											
Ameri-West Health Associates	PROSP	835	✓	✓		✓	✓								
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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
American Behavioral	63103	837	✓	✓											
American Benefit Plan Administrators	95170	835	✓	✓		✓	✓								
American Benefit Plan Administrators	95170	837	✓	✓											
American Family Insurance	12T31	837	✓												
American Family Insurance	TH095	837	✓	✓											
American Family Medicare Sup and PPO Policies Administered by Am Rep	56071	835	✓	✓		✓	✓								
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 Mississippi	31135	835	✓	✓											ERA enrollment not required. Payer returns ERA automatically.
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 Tennessee	31130	837	✓	✓					✓	✓					
American Health Advantage of Texas	31155	835	✓	✓		✓	✓								
American Health Advantage of Texas	31155	837	✓	✓					✓	✓					
American Healthcare Alliance	01066	835	✓	✓		✓	✓								
American Healthcare Alliance	01066	837	✓	✓											
American Heritage	77083	837		✓											
American Income Life Insurance Company (ERA Only)	60577	835	✓	✓		✓	✓								
American Insurance Administrators (AIA) (ERA Only)	26119	835	✓	✓		✓	✓								
American Insurance Co. of Texas	81949	837	✓	✓											
American National Ins. Co. (ANICO)	74048	835	✓	✓		✓	✓								
American National Ins. Co. (ANICO)	74048	837	✓	✓											
American 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	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								ERA Only
Americo (ERA Only)	IAS01	835	✓	✓		✓	✓								ERA Only
Amerigroup (IA, DC, MD, FL, GA, WA, TN, TX, NM)	26375	835	✓	✓		✓	✓								ERA payer code 26375
Amerigroup (IA, DC, MD, FL, GA, WA, TN, TX, NM)	26375	837	✓	✓					✓	✓		✓	✓		
Amerigroup District of Columbia	26375	835	✓	✓		✓	✓								ERA payer code 26375
Amerigroup District of Columbia	26375	837	✓	✓					✓	✓		✓	✓		
Amerigroup Florida	27519	837	✓	✓					✓	✓					
Amerigroup Georgia	26375	835	✓	✓		✓	✓								ERA payer code 26375
Amerigroup Georgia	26375	837	✓	✓					✓	✓		✓	✓		
Amerigroup Illinois	27518	837	✓	✓					✓	✓					
Amerigroup New Mexico	26375	835	✓	✓		✓	✓								ERA payer code 26375
Amerigroup New Mexico	26375	837	✓	✓					✓	✓		✓	✓		
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	✓	✓					✓	✓		✓	✓		
Amerigroup/Wellpoint Washington	WLPNT	835	✓	✓		✓	✓								
Amerigroup/Wellpoint Washington	WLPNT	837	✓	✓					✓	✓		✓	✓		
AmeriHealth Administrators	54763	835	✓	✓		✓	✓								ERA Payer Code 54763
AmeriHealth Administrators	54763	837	✓	✓					✓	✓					
AmeriHealth Caritas Delaware	77799	835	✓	✓		✓	✓								
AmeriHealth Caritas Delaware	77799	837	✓	✓					✓	✓		✓	✓		

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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
AmeriHealth New Jersey (Non-HMO)	60061	837	✓	✓		✓	✓		✓	✓					ERA Payer Code SX055
AmeriHealth New Jersey (Non-HMO)	SX055	835	✓	✓		✓	✓								
Amerihealth NJ/DE – HMO	95044	837	✓	✓		✓	✓		✓	✓					ERA Payer Code SX055
Amerihealth NJ/DE – HMO	SX055	835	✓	✓		✓	✓								
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	✓	✓											
Amita Health Medical Care Group	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Amita Health Medical Care Group	37105	837	✓	✓											
Amplifon	72947	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	837	✓	✓											
Antares Management Solutions	34192	835	✓	✓		✓	✓								Formerly knowns as Antares Management Solutions
Antares Management Solutions	34192	837	✓	✓					✓	✓					Formerly knowns as Antares Management Solutions
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	✓			✓									

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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after
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	✓	✓											
AppleCare Medical Management	APP01	835	✓	✓											Payer Returns ERA Automatically
AppleCare Medical Management	APP01	835	✓	✓											Payer Returns ERA Automatically
AppleCare Medical Management	APP01	837	✓	✓					✓	✓					
AppleCare Medical Management	APP01	837	✓	✓					✓	✓					
ARC Administrators	CXARC	837	✓	✓											
Arcadia Healthcare Solutions	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Arcadia Healthcare Solutions	37105	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Arcadia Healthcare Solutions - IPG	11081	837	✓	✓											
Arcadia Healthcare Solutions - NPA	36364	835	✓	✓		✓	✓								
Arcadia Healthcare Solutions - NPA	36364	837	✓	✓											
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 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		✓						✓					
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	✓	✓											
Arta Health Network	WMM01	837		✓						✓					
ASAGEHA	06603	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Ascension Complete	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Ascension Complete	68069	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	99999-0ASU	837	✓	✓											
Aspirus Medicare Advantage	36483	835	✓	✓		✓	✓								
Aspirus Medicare Advantage	36483	837	✓	✓											
ASRM LLC	ASRM1	837	✓	✓											
ASRM LLC	TLU02	835	✓	✓		✓	✓								
ASSOCIATED ADMINISTRATORS, LLC (ERA ONLY)	13788	835	✓	✓		✓	✓								ERA ONLY
Associated Dignity Medical Group Professional Corp	HSM01	837	✓	✓											
Associated Hispanic Physicians of Southern CA	MPM44	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	✓	✓											
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		✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Administrative Services	AVA01	835		✓			✓								
Avalon Administrative Services	AVA01	837		✓											
Avante Health	AH001	837		✓						✓					
Avera Health Plans	46045	835	✓	✓		✓	✓								
Avera Health Plans	46045	837	✓	✓											
AveraAdvantage	48055	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
AZ Complete Health (for claim DOS on or after 10/01/18)	68069	837	✓	✓					✓	✓		✓	✓		
Azeros Health Plans Inc.	16644	835	✓	✓		✓	✓								
Azeros Health Plans Inc.	16644	837	✓	✓											
Bakersfield Family Medical Center	BKRFM	837	✓	✓					✓	✓					
Bakersfield Family Medical Group	77005	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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		✓			✓								
Banner Health	12X42	835	✓	✓		✓	✓								
Banner Health	12X42	837	✓	✓					✓	✓					
Banner Health AZ	SX145	835		✓			✓								aka Banner Health Network
Banner Health AZ	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co - ROCKY MOUNTAIN HMO GREELEY	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co - ROCKY MOUNTAIN HMO GREELEY	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - ANTERO GREELEY	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - ANTERO GREELEY	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - ANTERO HIGH PLAINS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - ANTERO HIGH PLAINS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - ANTERO MOUNTAIN SHADOWS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - ANTERO MOUNTAIN SHADOWS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - CHOICE PLUS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - CHOICE PLUS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - HMO GREELEY	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - HMO GREELEY	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - HMO HIGH PLAINS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - HMO HIGH PLAINS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - HMO MOUNTAIN SHADOWS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - HMO MOUNTAIN SHADOWS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - PACIFICARE GREELEY	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - PACIFICARE GREELEY	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - PACIFICARE HIGH PLAINS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - PACIFICARE HIGH PLAINS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - PACIFICARE MOUNTAIN SHADOWS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - PACIFICARE MOUNTAIN SHADOWS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - ROCKY MOUNTAIN HMO HIGH PLAINS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - ROCKY MOUNTAIN HMO HIGH PLAINS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - SECURE HORIZONS GREELEY	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - SECURE HORIZONS GREELEY	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - SECURE HORIZONS HIGH PLAINS	SX145	835		✓			✓								aka Banner Health Network

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Banner Health Co. - SECURE HORIZONS HIGH PLAINS	SX145	837		✓						✓					aka Banner Health Network
Banner Health Co. - SECURE HORIZONS MOUNTAIN SHADOWS	SX145	835		✓			✓								aka Banner Health Network
Banner Health Co. - SECURE HORIZONS MOUNTAIN SHADOWS	SX145	837		✓						✓					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.
BCBSMI Medicare Plus Blue PPO (JVHL)	KCJVH	835	✓	✓		✓	✓								
BCBSMI Medicare Plus Blue PPO (JVHL)	KCJVH	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
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 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	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Administrative Systems	36149	835	✓	✓		✓	✓								
Benefit Administrative Systems	36149	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	✓	✓											Payer Code 37212 is being deactivated; please send all claims to payer code 87815.
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	✓	✓											
Benefit Solutions, Inc.	60338	837	✓	✓					✓	✓					Claims previously submitted to payer code 88057. Effective June 30th, 2023, please submit all claims to 60338.
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
Better Health Plans of South Carolina	32006	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		✓											
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 Arizona Advantage	77078	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of 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		✓			✓			✓					ERA Payer Code HMSA1
Blue Cross Blue Shield of Illinois	00621	835	✓	✓	✓	✓	✓	✓							
Blue Cross Blue Shield of Illinois	00621	837			✓										
Blue Cross Blue Shield of Illinois	12B08	837	✓						✓						ERA Payer Code 00621
Blue Cross Blue Shield of Illinois	SB621	837		✓						✓					ERA Payer Code 00621
Blue Cross Blue Shield of Iowa (Wellmark)	88848	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Iowa (Wellmark)	88848	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Kansas	47163	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Kansas	47163	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Kansas	CBKS1	835			✓			✓							
Blue Cross Blue Shield of Kansas	CBKS1	837			✓						✓				
Blue Cross Blue Shield of Kansas City	47171	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Kansas City	47171	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Louisiana	53120	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Louisiana	53120	837	✓	✓		✓	✓		✓	✓					
Blue Cross Blue Shield of Maryland (Carefirst)	12011	835	✓			✓									
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	✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of 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	✓			✓				✓					
Blue Cross Blue Shield of North Carolina	12B23	837	✓						✓						
Blue Cross Blue Shield of North Carolina	61473	837			✓										
Blue Cross Blue Shield of North Carolina	SB810	835		✓			✓								
Blue Cross Blue Shield of North Carolina	SB810	837		✓						✓					
Blue Cross Blue Shield of North Dakota	12B78	837	✓	✓					✓	✓					
Blue Cross Blue Shield of North Dakota	55891	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Oklahoma	00840	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Oklahoma	00840	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Rhode Island	12B74	835	✓			✓									
Blue Cross Blue Shield of Rhode Island	12B74	837	✓						✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Blue Cross Blue Shield of Rhode Island	SB870	835		✓			✓								
Blue Cross Blue Shield of Rhode Island	SB870	837		✓						✓					
Blue Cross Blue Shield of South Carolina	12B55	835	✓			✓									
Blue Cross Blue Shield of South Carolina	12B55	837	✓						✓						
Blue Cross Blue Shield of South Carolina	SB880	835		✓			✓								
Blue Cross Blue Shield of South Carolina	SB880	837		✓					✓						
Blue Cross Blue Shield of South Carolina - Dental	38520	835			✓			✓							
Blue Cross Blue Shield of South Carolina - Dental	38520	837			✓										
Blue Cross Blue Shield of South Dakota (Wellmark)	88848	835	✓	✓		✓	✓								
Blue Cross Blue Shield of South Dakota (Wellmark)	88848	837	✓	✓					✓	✓					
Blue Cross Blue Shield Of Tennessee	00390	835	✓	✓		✓	✓								
Blue Cross Blue Shield Of Tennessee	00390	837	✓	✓		✓	✓		✓	✓					
Blue Cross Blue Shield of Texas	84980	835	✓	✓	✓	✓	✓	✓							
Blue Cross Blue Shield of Texas	84980	837	✓	✓	✓				✓	✓	✓				
Blue Cross Blue Shield of Texas - Medicaid STAR Kids	66001	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Texas - Medicaid STAR Kids	66001	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Texas - Medicaid STAR/CHIP	66001	835	✓	✓		✓	✓								
Blue Cross Blue Shield of Texas - Medicaid STAR/CHIP	66001	837	✓	✓					✓	✓					
Blue Cross Blue Shield of Vermont	BCSVT	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 SB960;
Blue Cross Community Health Plans	66005	837	✓	✓											
Blue Cross Community Health Plans	MCDIL	835	✓	✓		✓	✓								Equivalent to payer code 66005
Blue Cross Community Health Plans	MCDIL	837	✓	✓					✓	✓					Equivalent to payer code 66005
Blue Cross Complete (JVHL)	KPJVH	835	✓	✓		✓	✓								
Blue Cross Complete (JVHL)	KPJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Blue Cross Medicare Advantage (IL, MT, NM, OK, TX)	66006	835	✓	✓		✓	✓								
Blue Cross Medicare Advantage (IL, MT, NM, OK, TX)	66006	837	✓	✓											
Blue 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	✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
Bollinger, Inc.	BOLL1	835	✓	✓		✓	✓								
Bollinger, Inc.	BOLL1	837	✓	✓											
Boncura Health Solution	66727	835	✓	✓		✓	✓								
Boncura Health Solution	66727	837	✓	✓											
BookMD Inc	47405	837	✓	✓					✓	✓					
Boon Administrative Services	BOONG	835	✓	✓		✓	✓								
Boon Administrative Services	BOONG	837	✓	✓											
Boon-Chapman Benefit Administrators Inc.	74238	835	✓	✓		✓	✓								
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	✓	✓											
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	✓	✓	✓										

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
BridgeSpan	BRIDG	835	✓	✓		✓	✓								
BridgeSpan	BRIDG	837	✓	✓					✓	✓					
Bridgeway Arizona	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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).
Bright Healthcare	BRGHT	837	✓	✓					✓	✓					
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	BTSS1	837	✓	✓											
Brown and Toland Sutter Select	BTSS1	837		✓											
BSI Companies	25916	837	✓	✓	✓										
Buckeye Community Health	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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	4202T	837	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after
Buckeye Ohio Medicaid Transportation	SKOH0	835	✓	✓		✓	✓								Effective 2/1/2023, remittance returned under Ohio Medicaid

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Buckeye Ohio Medicaid Vision	4202V	837	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after
Buckeye Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓								Effective 2/1/2023, remittance returned under Ohio Medicaid
Business Administrators & Consultants	49984	837	✓	✓	✓										
Butler Benefit	42150	837	✓	✓					✓	✓					
Bywater	12090	837	✓	✓											
C&O Employees Hospital Association	23708	835		✓			✓								
C&O Employees Hospital Association	23708	837		✓											
Cal Care IPA	PROSP	835	✓	✓		✓	✓								
Cal Care IPA	PROSP	837	✓	✓					✓	✓					
Cal Care IPA Encounters	PPM02	837	✓	✓					✓	✓					Encounters
Cal Viva Health	95567	835	✓	✓		✓	✓								
Cal Viva Health	95567	837	✓	✓					✓	✓		✓	✓		
California Health and Wellness	68047	837	✓	✓					✓	✓		✓	✓		
California Health and Wellness	68069	835	✓	✓		✓	✓								
California Hospital Medical Center	HSM01	837	✓	✓											
California IPA	CAIPA	837	✓	✓											
California Kids Care (CKC)	CKC01	835	✓	✓											Payer returns ERAs automatically once electronic claim submission begins.
California Kids Care (CKC)	CKC01	837	✓	✓											
California Medicaid (Medi-Cal)	CAMC1	835	✓			✓									
California Medicaid (Medi-Cal)	CAMC1	837	✓			✓						✓			
California Medicaid (Medi-Cal)	SKCA0	835		✓			✓								
California Medicaid (Medi-Cal)	SKCA0	837		✓			✓			✓			✓		
California Medicare	12M64	835	✓			✓									
California Medicare	12M64	837	✓			✓			✓						
California Medicare - Northern Region	SMCA1	835		✓			✓								
California Medicare - Northern Region	SMCA1	837		✓			✓			✓					
California Medicare - Southern Region	SMCA2	835		✓			✓								
California Medicare - Southern Region	SMCA2	837		✓			✓			✓					
California Pacific Medical Center	94056	837	✓	✓					✓	✓					
California Pacific Physicians Medical Group, Inc.	HSM01	837	✓	✓											
CalOptima Direct	CALOP	835	✓	✓		✓	✓								
CalOptima Direct	CALOP	837	✓	✓					✓	✓					
Camp Lejeune Family Member Program	CLFM1	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Cannon Cochran Management Services Inc. Metairie LA	71057	837	✓	✓											
CAP Management Systems	15821	835	✓	✓		✓	✓								ERA Payer Code 15821
CAP Management Systems	95399	837	✓	✓					✓	✓					ERA Payer Code 15821
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	✓	✓		✓	✓								ERA Payer Code SX065
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	✓	✓		✓	✓								ERA's are activated as soon as the provider is approved for EDI submissions.
Cardinal Innovations	13010	837	✓	✓											ERA's are activated as soon as the provider is approved for EDI submissions.
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	✓	✓											ERA Payer Code 87726.For DOS prior to 1/1/16. All other DOS should be submitted under Payer ID 87726.
Care Improvement Plus (For DOS on or after 1/1/16.)	87726	835	✓	✓		✓	✓								
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Care1st Health Plan Arizona - Medicaid (DOS > 12/2/22)	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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	✓	✓											For DOS Prior to 11/30/22. Claims with DOS 12/1/22 and after use payer code 68069
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			Notes
			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	✓	✓											Use for claims with a DOS of 2/1/2023 or after
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	✓	✓				✓	✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Carolina Complete Health	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Carolina Complete Health	68069	837	✓	✓					✓	✓		✓	✓		
Carolina SeniorCare	71499	837	✓	✓											
Carpenters Health and Welfare Fund of Philadelphia	CX101	837		✓											
Cascade Health Alliance, LLC	CHA01	835	✓	✓		✓	✓								
Cascade Health Alliance, LLC	CHA01	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
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
CeltiCare	68069	837	✓	✓					✓	✓		✓	✓		
Cement Masons & Plasterers Health & Welfare Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Cencal Health	95386	835	✓	✓		✓	✓								ERA Payer Code 95386
Cencal Health	99111	837	✓	✓					✓	✓					ERA Payer Code 95386
Cenpatico - Arizona (for DOS prior to 10/01/18)	68068	835	✓	✓		✓	✓								
Cenpatico - Arizona (for DOS prior to 10/01/18)	68068	837	✓	✓					✓	✓					
Cenpatico - Florida	68068	835	✓	✓		✓	✓								
Cenpatico - Florida	68068	837	✓	✓					✓	✓					
Cenpatico - Georgia	68068	835	✓	✓		✓	✓								
Cenpatico - Georgia	68068	837	✓	✓					✓	✓					
Cenpatico - Illinois	68068	835	✓	✓		✓	✓								
Cenpatico - Illinois	68068	837	✓	✓					✓	✓					
Cenpatico - Indiana	68068	835	✓	✓		✓	✓								
Cenpatico - Indiana	68068	837	✓	✓					✓	✓					
Cenpatico - Kansas	68068	835	✓	✓		✓	✓								
Cenpatico - Kansas	68068	837	✓	✓					✓	✓					
Cenpatico - Kentucky	68068	835	✓	✓		✓	✓								
Cenpatico - Kentucky	68068	837	✓	✓					✓	✓					
Cenpatico - Massachuetts	68068	835	✓	✓		✓	✓								
Cenpatico - Massachuetts	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.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Centene Medical	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Centene Medical	68069	837	✓	✓					✓	✓		✓	✓		
Center for Elders Independence	94312	837	✓	✓					✓	✓					
Center IPA	POP01	837		✓											
CenterLight Healthcare	13360	837	✓	✓											
Centers Plan for Healthy Living	CPHL1	835	✓	✓		✓	✓								
Centers Plan for Healthy Living	CPHL1	837	✓	✓					✓	✓					
Centinela Valley IPA	MPM03	837	✓	✓					✓	✓					
Centivo	45564	835	✓	✓		✓	✓								
Centivo	45564	837	✓	✓											
CentraCare	66698	837	✓	✓											
Central & Southwest Services	75177	837		✓						✓					
Central California Alliance for Health (CCAH)	CCA01	835	✓	✓		✓	✓								
Central California Alliance for Health (CCAH)	CCA01	837	✓	✓		✓	✓		✓	✓					
Central DuPage Physician Group	36314	837	✓	✓											
Central Health Medicare Plan	CHCPI	837	✓	✓					✓	✓					
Central Health MSO	CHCPI	837	✓	✓					✓	✓					
Central Mass Heath Care	02041	837	✓						✓						
Central Pennsylvania Teamsters Fund	23626	835	✓	✓		✓	✓								
Central Pennsylvania Teamsters Fund	23626	837	✓	✓											
Central Reserve Life Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓								
Central Reserve Life Ins Co-Medicare Supplement	13193	837	✓	✓					✓	✓					
Central SeniorCare	62218	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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 Providers CVMEDPRO	MPM59	837	✓	✓					✓	✓					New payer effective 1/1/23
Centurion	42140	835	✓	✓		✓	✓								
Centurion	42140	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓								✓	✓		
Change Healthcare Accident Claims Solution	88446	837	✓	✓											
Chautauqua County Healthcare Plan (Mayville NY)	16600	837	✓	✓											
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	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	837	✓	✓											
Christian Health Aid	98628	837	✓	✓											
Christiana Care VBR	VB002	837	✓	✓					✓	✓					
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 - PPA	62308	835	✓	✓		✓	✓								
CIGNA - PPA	62308	837	✓	✓					✓	✓					
CIGNA - PPO	62308	835	✓	✓		✓	✓								
CIGNA - PPO	62308	837	✓	✓					✓	✓					
CIGNA – (Health Partners)	KQJVH	835	✓	✓		✓	✓								
CIGNA – (Health Partners)	KQJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
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	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
CIGNA Medicare Advantage	62308	835	✓	✓		✓	✓								
CIGNA Medicare Advantage	86033	837	✓	✓											ERA Payer Code 62308
Cigna-Healthspring	52192	835	✓	✓		✓	✓								
Cigna-Healthspring	52192	837	✓	✓											
Cincinnati Financial Corporation	46871	837	✓	✓					✓	✓					Payer code being deactivated; send claims to payer code 37283
CITIZENS CHOICE HEALTH PLAN	CCHPC	835	✓	✓		✓	✓								
CITIZENS CHOICE HEALTH PLAN	CCHPC	837	✓	✓											
Citrust Health Plan	10207	837	✓	✓					✓	✓					
City Of New Orleans (LA)	J2309	837	✓												
ClaimChoice Administrators	83063	835	✓	✓		✓	✓								
ClaimChoice Administrators	83063	837	✓	✓											
ClaimChoice Administrators (DOS >1.1.21)	38219	835	✓	✓		✓	✓								formerly known as AmeraPlan
ClaimChoice Administrators (DOS >1.1.21)	38219	837	✓	✓											formerly known as AmeraPlan
Claims Development Corporation	43056	837		✓											
ClaimsBridge HPN	11752	837	✓	✓											
Claimshop- Employers Coalition on Health - MULTIPLAN PHCS/ECOH	27008	837	✓	✓											
Clear Health Alliance	CLEAR	835	✓	✓		✓	✓								
Clear Health Alliance	CLEAR	837	✓	✓					✓	✓		✓	✓		
Clear Spring Heath	85468	835	✓	✓		✓	✓								
Clear Spring Heath	85468	837	✓	✓					✓	✓					
Clearchoice Health Plan / COIHS	77201	837		✓						✓					
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	✓	✓											
Coastal Administrative Services	77052	835	✓	✓		✓	✓								
Coastal Administrative Services	77052	837	✓	✓											
Coastal Care Services Inc	47394	837		✓											
Coastal Communities Physician Network	51579	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Coeur Plan Services, LLC	11854	837	✓	✓	✓										
Cofinity - Group Resources	42049	837	✓	✓											
Colonial Life (ERA Only)	37077	835	✓	✓		✓	✓								
Colonial Medical	22284	837	✓	✓											
Colorado Access	84129	835	✓	✓		✓	✓								
Colorado Access	84129	837	✓	✓					✓	✓					
Colorado Community Health Alliance	COCHA	835	✓	✓		✓	✓								
Colorado Community Health Alliance	COCHA	837	✓	✓								✓	✓		
Colorado Health OP	49718	837	✓	✓											
Colorado Medicaid	77016	835	✓	✓		✓	✓								
Colorado Medicaid	77016	837	✓	✓		✓	✓		✓	✓					
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	✓	✓											Effective 01/01/22 for Medicare Advantage Prescription Drug Plan (MAPD). Claims with DOS after 4/1/2023 should be submitted to Payer Code A2793
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		✓			✓			✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Community Care BHO	23282	835	✓	✓		✓	✓								
Community Care BHO	23282	837	✓	✓											
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	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
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 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
Community Health Electronic Claims/CHEC/webTPA	75261	837	✓	✓											been updated to WebTPA Employer Services LLC. Electronic Remittance Advice (ERA) will continue to be routed through SDS

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓					
Community Medical Group of the West Valley Inc.	66121	837	✓	✓											
CommunityConnect HealthPlan	95192	835	✓	✓		✓	✓								
CommunityConnect HealthPlan	95192	837	✓	✓					✓	✓					
Comp - Ohio (Austintown OH)	34177	837	✓	✓											
Companion Life	37322	835	✓	✓		✓	✓								
Companion Life	37322	837	✓	✓											
Compcare (Wisconsin BadgerCare only)	95192	835	✓	✓		✓	✓								
Compcare (Wisconsin BadgerCare only)	95192	837	✓	✓					✓	✓					
Compsych	37363	835	✓	✓		✓	✓								
Compsych	37363	837	✓	✓					✓	✓					
Concierge HMO IPA	CHHMO	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		✓					✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
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	835	✓	✓		✓	✓								
Contessa Health	99433	837	✓	✓											
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 STAR Plan	THCP9	837	✓	✓											
Cook Children's Health	12T58	837	✓												
Cook Children's Health	TH104	837		✓											
Cook Childrens Health Plan Star	CCHP9	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
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 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	837	✓	✓											
CorrectCare Integrated Health - Jail	CCIHJAIL	837	✓	✓					✓	✓					Non-Louisiana Jails
CorrectCare Integrated Health (CA Prison Health Care Services)	CCIH1	837	✓	✓											
Correctional Health Partners (ERA Only)	EHCHP	835	✓	✓		✓	✓								ERA Only
Country Financial (ERA Only)	IAS03	835	✓	✓		✓	✓								ERA Only

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
County of Fresno	AMM21	837	✓	✓											
County of Riverside	EC999	837	✓	✓											
County of Sacramento - EMSF	AMM20	837	✓	✓											
COUNTY OF SANTA CLARA	CB178	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	✓			✓									
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	✓	✓					✓	✓					
Create Health Plans	CREA8	837	✓	✓					✓	✓					
Creative Medical Systems	64068	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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								
Dakotacare	DAK01	835		✓			✓								
Dakotacare	DAK01	837	✓	✓					✓	✓					
Davis Vision	00157	835		✓			✓								
Davis Vision	00157	837		✓			✓								
Dean Health Plan	39113	835	✓	✓		✓	✓								
Dean Health Plan	39113	837	✓	✓					✓	✓					
Dean Health Plan by Medica	41822	837	✓	✓					✓	✓					Inst: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time. ; Prof: As of January 1, 2024, this payer does not offer Electronic Remittance Advice (ERA) at this time.;
DELANO IPA	77124	835		✓			✓								
DELANO IPA	77124	837		✓											
Delaware First Health	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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			✓						✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental CA FedVIP	CDCA1	835			✓			✓							
Delta Dental CA FedVIP	CDCA1	837			✓					✓					
Delta Dental Northeast	02027	835			✓			✓							
Delta Dental Northeast	02027	837			✓					✓				✓	
Delta Dental of Alabama	DDAL1	835			✓										
Delta Dental of Alabama	DDAL1	837			✓					✓				✓	
Delta Dental of Alaska	DDAK1	835			✓			✓							
Delta Dental of Alaska	DDAK1	837			✓					✓					
Delta Dental of Arizona	86027	835			✓			✓							
Delta Dental of Arizona	86027	837			✓					✓				✓	
Delta Dental of Arkansas	DDPAR	835			✓			✓							
Delta Dental of Arkansas	DDPAR	837			✓					✓				✓	
Delta Dental of California	77777	835			✓			✓							
Delta Dental of California	77777	837			✓					✓					
Delta Dental of Colorado	DDPCO	835			✓			✓							
Delta Dental of Colorado	DDPCO	837			✓					✓				✓	
Delta Dental of Connecticut	22189	835			✓			✓							
Delta Dental of Connecticut	22189	837			✓					✓				✓	
Delta Dental of Delaware	51022	835			✓			✓							
Delta Dental of Delaware	51022	837			✓					✓					
Delta Dental of Florida	DDFL1	835			✓			✓							
Delta Dental of Florida	DDFL1	837			✓					✓				✓	
Delta Dental of Georgia	DDGA1	835			✓			✓							
Delta Dental of Georgia	DDGA1	837			✓					✓					
Delta Dental of Idaho	82029	835			✓			✓							
Delta Dental of Idaho	82029	837			✓					✓				✓	
Delta Dental of Illinois	05030	835			✓			✓							
Delta Dental of Illinois	05030	837			✓					✓				✓	
Delta Dental of Illinois - Individual	IDIND	835			✓			✓							
Delta Dental of Illinois - Individual	IDIND	837			✓					✓				✓	
Delta Dental of Indiana	DDPI	835			✓			✓							
Delta Dental of Indiana	DDPI	837			✓					✓				✓	
Delta Dental of Iowa	CDIA1	835			✓			✓							
Delta Dental of Iowa	CDIA1	837			✓					✓				✓	
Delta Dental of Kansas	CDKS1	835			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental of 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			✓						✓			✓	
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			✓						✓			✓	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Dental of 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			✓					✓				✓	
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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Delta Health Systems	DHS01	837	✓	✓					✓	✓					
Delta Minnesota M.A. Public Programs	07031	837			✓						✓			✓	
DELTA CARE USA	DDCA2	835			✓			✓							
DELTA CARE 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		✓						✓					Also known as EyeQuest
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	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
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	✓	✓											
Dialysis TPA	82435	837	✓	✓											
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 Medical Group - Inland Empire	DHFIE	837	✓	✓											
Dignity Health MSO	27133	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Direct Care Administrators	DCA62	837		✓			✓			✓					
District 9 Machinists Wel	MWELT	835	✓	✓	✓	✓	✓	✓							ERA Only for 837I, 837P, and 837D
District of Columbia Medicaid	12001	835	✓			✓									
District of Columbia Medicaid	12001	837	✓			✓			✓						
District of Columbia Medicaid	SKDC0	835		✓			✓								
District of Columbia Medicaid	SKDC0	837		✓			✓			✓					
District of Columbia Medicare	12M63	837	✓			✓									
District of Columbia Medicare	SMDC0	835		✓			✓								
District of Columbia Medicare	SMDC0	837		✓			✓			✓					
Diversified Administration Corporation	06102	837	✓	✓											
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	✓	✓					✓	✓					
Downey Select IPA	APP01	835	✓	✓											Payer Returns ERA Automatically
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	✓	✓											
E-V Benefits Management Inc (Columbus OH)	34159	837	✓	✓											
E.S. BEVERIDGE & ASSOCIATES	34108	837	✓	✓											
Early Intervention Central	TH084	837		✓											
East Boston Neighborhood Pace	25849	835	✓	✓		✓	✓								
East Boston Neighborhood Pace	25849	837	✓	✓											
East Pointe Behavioral Health	08044	835	✓	✓											Payer returns ERA automatically upon claim submission.
East Pointe Behavioral Health	08044	837	✓	✓		✓	✓		✓	✓					For claims with date of service on or after 7/1/2023.
Eastern Iowa Community Healthcare (EICH)	23861	837	✓	✓					✓	✓					
Eastland Medical Group	66122	837	✓	✓											Payer returns ERA's automatically once electronic claim submission begins.
Easy Care MSO	ECMSO	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Easy Choice Health Plan of California	20532	837	✓	✓					✓	✓					
Easy Choice Health Plan of New York	24770	837	✓	✓											
EBIX HEALTH ADMINISTRATION EXCHANGE (EHAE)	IAC01	837	✓	✓											
EBMC	31074	835	✓	✓		✓	✓								
EBMC	31074	837	✓	✓											
EBMS (Employee Benefit Management Services Inc.)	12X44	837	✓						✓						ERA Payer Code 81039
EBMS (Employee Benefit Management Services Inc.)	81039	835	✓	✓		✓	✓								
EBMS (Employee Benefit Management Services Inc.)	81039	837		✓						✓					ERA Payer Code 81039
Edison Health	66456	835	✓	✓		✓	✓								
Edison Health	66456	837	✓	✓											
Educator's Mutual (EMIA)	SX110	837		✓						✓					
EGID (Employees Group Insurance Division)	22521	837	✓	✓											
EHS Medical Group - Fresno	SYMED	837	✓	✓											
El Paso First - CHIP	12T27	837	✓												
El Paso First - CHIP	TH090	837		✓											
El 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 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	✓	✓					✓	✓					
EMI-KP Ambulance Claims	59299	837		✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Empire Dental	55093	835			✓			✓							
Empire Dental	55093	837			✓						✓			✓	
Empire Healthcare IPA	EHI01	835	✓	✓		✓	✓								
Empire Healthcare IPA	EHI01	837	✓	✓					✓	✓					
Empire Omnipro (BC NY City)	12B36	837	✓						✓						
Empire Omnipro (BC NY State)	12B35	837	✓						✓						
Empire Physician's Medical Group	EMP01	837		✓											
Employee Benefit Concepts (Farmington Hills MI)	38241	837	✓	✓											
Employee Benefit Consultants, Inc.	37257	835	✓	✓		✓	✓								
Employee Benefit Consultants, Inc.	37257	837	✓	✓	✓					✓	✓				
Employee Benefit Logistics	92135	835	✓	✓		✓	✓								
Employee Benefit Logistics	92135	837	✓	✓					✓	✓					
Employee Benefit Services	37216	835	✓	✓		✓	✓								
Employee Benefit Services	37216	837	✓	✓					✓	✓					
Employee Benefit Services Inc. (EBSI)	60221	837	✓	✓											
Employee Benefit Systems	42149	837	✓	✓											
Employee Benefits Administration & Management Company	22262	835		✓			✓								
Employee Benefits Administration & Management Company	22262	837		✓											
Employee Benefits Plan Administration Inc. (E.B.P.A.)	03036	835	✓	✓		✓	✓								
Employee Benefits Plan Administration Inc. (E.B.P.A.)	03036	837	✓	✓											
Employee Health Systems	SYMED	837	✓	✓											
Employee Plans LLC	35112	837	✓	✓											
Employee Security, Inc.	54098	837		✓						✓					
Employer Direct Healthcare	48888	837	✓	✓											
Employer Plan Services, Inc.	74212	835	✓	✓		✓	✓								aka Fringe Benefit Group - Houston
Employer Plan Services, Inc.	74212	837	✓	✓					✓	✓					aka Fringe Benefit Group - Houston
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 Mutual Inc (Jacksonville Florida)	59298	837	✓	✓											
Employers Mutual Inc. (Stuart Florida)	59331	837	✓	✓											
Empower 360	IHS01	837	✓	✓					✓	✓					
Empower Healthcare Solutions	12956	835	✓	✓		✓	✓								
Empower Healthcare Solutions	12956	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											Per payer, please enter group #F62 when submitting claims.
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		✓						✓					
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	✓	✓											
Everest Reinsurance (ERA Only)	IAS07	835	✓	✓		✓	✓								ERA Only
Evernorth Behavioral Health, Inc	62308	835	✓	✓		✓	✓								
Evernorth Behavioral Health, Inc	62308	837	✓	✓					✓	✓					

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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
EyeMed	31165	835		✓			✓								
EyeMed	31165	837		✓			✓								
F40 Alaska Carpenters Trust	91136	837	✓												Per payer, please enter group #F62 when submitting claims.
FABOH(CHP/RPU)	39112	837	✓	✓					✓	✓					
Facey Medical Foundation	95432	835		✓			✓								Payer returns ERA automatically upon claim submission
Facey Medical Foundation	95432	837		✓											
FACS Group	37300	837	✓	✓											
Fallon Community Health Plan	22254	835	✓	✓		✓	✓								
Fallon Community Health Plan	22254	837	✓	✓											
Family Care Specialists (FCS)	MPM40	837	✓	✓					✓	✓					Formerly payer code FCS01
Family Choice Medical Group	CAPMN	835	✓	✓		✓	✓								
Family Choice Medical Group	CAPMN	837	✓	✓					✓	✓					
Family Practice Medical Group	10145	835	✓	✓		✓	✓								
Family Practice Medical Group	10145	837	✓	✓											
Family Seniors Medical Group	HCMG1	837	✓	✓					✓	✓					
Farm Bureau Health Plans (ERA Only)	62045	835	✓	✓		✓	✓								ERA Only
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	✓	✓					✓	✓					
First Agency	88055	837	✓	✓											
FIRST CARE	94999	835	✓	✓		✓	✓								
FIRST CARE	94999	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			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	✓	✓					✓	✓					
First Source/Arkansas Blue Cross	12047	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	837	✓	✓											
Florida Hospital Orlando VBR	VB001	837	✓	✓					✓	✓					
Florida Medicaid	77027	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Florida Medicaid	77027	837	✓	✓		✓	✓		✓	✓					
Florida Medicare	09101	835	✓			✓									
Florida Medicare	09101	837	✓			✓									
Florida Medicare	09102	835		✓			✓								
Florida Medicare	09102	837		✓			✓			✓					
Florida PACE Center	FLPAC	837	✓	✓											
Flume Health	FH205	837	✓	✓											
FMH Benefit Services Inc.	48117	835	✓	✓		✓	✓								
FMH Benefit Services Inc.	48117	837	✓	✓											
Forest County Potawatomi Insurance	25059	835	✓	✓		✓	✓								
Forest County Potawatomi Insurance	25059	837	✓	✓	✓							✓			
Foundation for Medical Care of Tulare & Kings County	TKFMC	837		✓											
Fountain Valley IPA	CAPMN	837	✓	✓					✓	✓					
Fox Valley Medicine Site 199	FVMCH	837	✓	✓											
Fox-Everett Inc.	64069	835	✓	✓		✓	✓								
Fox-Everett Inc.	64069	837	✓	✓	✓							✓			
Franciscan Purdue	FAIPUR	835	✓	✓		✓	✓								
Franciscan Purdue	FAIPUR	837	✓	✓											
Freedom Claims Management	67136	837	✓	✓					✓	✓					
Freedom Health Plan	41212	835	✓	✓		✓	✓								
Freedom Health Plan	41212	837	✓	✓											
Freedom Life Insurance	62324	837	✓	✓											
Freedom Life Insurance	USHA1	835	✓	✓		✓	✓								
Fresno PACE	99660	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			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Gardena Memorial Medical Center	SYMED	837	✓	✓											
Gateway	SX078	837		✓						✓					
Gateway Health Plan - Medicare Assured	60550	835	✓	✓		✓	✓								
Gateway Health Plan - Medicare Assured	60550	837	✓	✓											
Gateway Health Plan Medicaid PA	25169	835	✓	✓		✓	✓								
Gateway Health Plan Medicaid PA	25169	837	✓	✓											
Gateway IPA (Pinnacle Health Resources) (Prospect Medical Group)	PROSP	835		✓			✓								
Gateway IPA (Pinnacle Health Resources) (Prospect Medical Group)	PROSP	837		✓						✓					
GBS Group Benefit Services, Inc	80241	837	✓	✓											
Geisinger Health Plan	75273	835	✓	✓		✓	✓								
Geisinger Health Plan	75273	837	✓	✓					✓	✓					
Geisinger Health Plan	GHP22	835			✓			✓							
Geisinger Health Plan	GHP22	837			✓						✓				
GEMCare (Golden Empire Managed Care System)	MCS01	835		✓			✓								
GEMCare (Golden Empire Managed Care System)	MCS01	837		✓											
Gemcare Health Plan	20376	837	✓	✓											
Gemcare IPA	27133	837	✓	✓											
General Vision Services	GVS01	837		✓			✓								
Generations Healthcare	46050	837	✓	✓											
Generations-Hillcrest	46051	835	✓	✓		✓	✓								
Generations-Hillcrest	46051	837	✓	✓											
Genesee Health Plan (JVHL)	MBJVH	835	✓	✓		✓	✓								
Genesee Health Plan (JVHL)	MBJVH	837	✓	✓					✓	✓					Provider must be an approved JVHL lab
Genesis Healthcare	PROSP	835	✓	✓		✓	✓								
Genesis Healthcare	PROSP	837	✓	✓					✓	✓					
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			Notes
			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		✓											
Gilsbar Inc.	07205	835	✓	✓		✓	✓								
Gilsbar Inc.	07205	837	✓	✓											
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	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 Coast MSO	GCMO	837	✓	✓					✓	✓					
Golden Shore Medical Group (GSMG)	NMM03	835	✓	✓		✓	✓								
Golden Shore Medical Group (GSMG)	NMM03	837	✓	✓					✓	✓					
Golden State Medical Group	MBA01	837	✓	✓					✓	✓					
Golden Triangle Physician Alliance/SelectCare of Texas (GTPA)	72189	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Good Samaritan Medical Practice Association	PROSP	837	✓	✓					✓	✓					
Good Shephard Hospice Inc.	76923	837	✓	✓					✓	✓					
Government Employees Health Association (GEHA)	44054	835	✓	✓		✓	✓								
Government Employees Health Association (GEHA)	44054	837	✓	✓	✓				✓	✓					
Government Employees Health Association (Multiplan)	45235	837	✓	✓											As of 2/10/16, this payer will no longer process claims with dates of service on or after 1/1/16. Claims submitted to this payer id for dates of service on or after 1/1/16 will be rejected by the payer.
Grand Valley Health Plan	95453	837	✓												
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 Plains Medicare Advantage of Nebraska	GPNE1	835	✓	✓											Payer returns ERA automatically.
Great Plains Medicare Advantage of Nebraska	GPNE1	837	✓	✓											
Great Plains Medicare Advantage of North Dakota	GPND1	835	✓	✓											Payer returns ERA automatically.
Great Plains Medicare Advantage of North Dakota	GPND1	837	✓	✓											
Great Plains Medicare Advantage of South Dakota	GPSD1	835	✓	✓											Payer returns ERA's automatically once electronic claim submission begins.
Great Plains Medicare Advantage of South Dakota	GPSD1	837	✓	✓											Payer returns ERA's automatically once electronic claim submission begins.
Great Southern Life (ERA Only)	IAS09	835	✓	✓		✓	✓								ERA Only
Great States Health IICT	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	✓	✓		✓	✓								
Greater Orange County Medical Group	NMM01	837	✓	✓											
Greater San Gabriel Med Grp	NMM01	835	✓	✓		✓	✓								
Greater San Gabriel Med Grp	NMM01	837	✓	✓											
Greater Valley	HCP01	837	✓						✓						This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Group Administrators Ltd.	36338	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Group Administrators Ltd.	36338	837	✓	✓	✓										
Group and Pension Administrators	48143	835	✓	✓	✓	✓	✓	✓							
Group and Pension Administrators	48143	837	✓	✓	✓										
Group Benefit Services Inc.	CB951	835	✓	✓		✓	✓								
Group Benefit Services Inc.	CB951	837	✓	✓											
Group Benefits – Louisiana	72087	837		✓											
Group Health Co-op	12X16	837	✓						✓						
Group Health Cooperative of South Central Wisconsin	39167	835	✓	✓		✓	✓								
Group Health Cooperative of South Central Wisconsin	39167	837	✓	✓											
Group Insurance Service Center Inc.	37276	837	✓	✓											
Group Management Services Inc	OBA16	837	✓	✓											
Group Marketing Services, Inc.	66701	835	✓	✓		✓	✓								
Group Marketing Services, Inc.	66701	837	✓	✓											
Group Resources	28680	837	✓	✓					✓	✓					
Guarantee Trust Life Insurance	TLW81	835	✓	✓		✓	✓								
Guardian Life Insurance Company of America	64246	835	✓	✓	✓	✓	✓	✓							
Guardian Life Insurance Company of America	64246	837	✓	✓	✓						✓			✓	
Gulf Guaranty	99943	837	✓	✓					✓	✓					
Gulf Guaranty	99953	835	✓	✓		✓	✓								
Gulf Stream-General Dynamics	CB624	837	✓	✓					✓	✓					
Gundersen Health Plan	39180	835	✓	✓		✓	✓								
Gundersen Health Plan	39180	837	✓	✓					✓	✓					
H.E.R.E.I.U Welfare Pension Funds	37114	837	✓	✓											
HAA Preferred Partners	65101	837	✓	✓											
Halcyon Behavioral Health	HALCY	837	✓	✓					✓	✓					
Hamaspik Choice	47738	835	✓	✓		✓	✓								
Hamaspik Choice	47738	837	✓	✓											
Hammerman and Gainer, Inc	97258	837	✓	✓											
HAP CareSource Michigan Dual Medicare Medicaid	MIMCRCS1	837	✓	✓											
HAP 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	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Harmony Health Plan of Illinois	14163	835	✓	✓		✓	✓								
Harmony Health Plan of Illinois	36406	837	✓	✓					✓	✓					ERA Payer Code 14163
Harmony Health Plan of Indiana	14163	835	✓	✓		✓	✓								
Harmony Health Plan of Indiana	36405	837	✓	✓						✓					ERA Payer Code 14163
Harpeth IPA - Amerivantage	75126	837		✓						✓					
Harrimon Jones	HCP01	837	✓						✓						This payer is now part of OptumCare Network. Please submit claims using payer code OCN01.
Harrington Health Non-EPO	59143	837	✓	✓											
Harrington Health-Kansas (formerly known as Fiserv Health-Kansas)	62061	837	✓	✓											
Harris Methodist Health Plan	75201	837	✓												
Harvard Community Health Plan	04245	837	✓	✓					✓	✓					
Harvard Pilgrim	04271	835	✓	✓		✓	✓								
Harvard Pilgrim	04271	837	✓	✓					✓	✓					
Hawaii Dental Service	99010	835			✓			✓							
Hawaii Dental Service	99010	837			✓						✓				
Hawaii Medicaid	12K62	837	✓						✓						
Hawaii Medicaid	SKHI0	837		✓			✓			✓					
Hawaii Medical Assurance Association (HMAA/HWMG)	48330	835	✓	✓		✓	✓								
Hawaii Medical Assurance Association (HMAA/HWMG)	48330	837	✓	✓											
Hawaii Medicare	SMHI0	835		✓			✓								
Hawaii Medicare	SMHI0	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	✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Health Change Pathway	62180	835	✓	✓		✓	✓								Formerly known as Health Choice Generations
Health Change Pathway	62180	837	✓	✓											
Health Choice Arizona	62179	835	✓	✓		✓	✓								
Health Choice Arizona	62179	837	✓	✓											
Health Choice Generations Utah	13054	837	✓	✓											
Health Choice Generations Utah	45399	835	✓	✓		✓	✓								
Health Choice Insurance Co	46221	835	✓	✓		✓	✓								
Health Choice Insurance Co	46221	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)	15064	835	✓	✓		✓	✓								ERA Only. EFT also required.
Health First Health Plan Inc. (ERA Only)	A5234	835	✓	✓		✓	✓								ERA Only
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 Health Plans	RP039	835	✓	✓		✓	✓								
Health First Health Plans	RP039	837	✓	✓											Inst: For Claims with DOS 01/01/22 through 12/31/2022. ; Prof: For Claims with DOS 01/01/22 through 12/31/2022. ;
Health First TPA Austin	75289	837	✓	✓											
Health Management Administrators (HMA)	TH049	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)	12B26	837	✓						✓						
Health Options Inc (FL - BCBS HMO)	SX030	837		✓						✓					
Health Partners - Jackson TN	62157	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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Health Plan of Michigan	83253	835	✓	✓		✓	✓								
Health Plan of Michigan	83253	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
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	837	✓	✓											Payer returns ERA automatically.
HealthChoice Oklahoma	39026	835	✓	✓		✓	✓								
HealthChoice Oklahoma	71064	837	✓	✓											
Healthcomp Inc.	85729	835	✓	✓		✓	✓								
Healthcomp Inc.	85729	837	✓	✓											
Healthease	59608	835	✓	✓		✓	✓								
Healthease	59608	837	✓	✓											
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 PPO	90001	837	✓	✓					✓	✓					
HealthNow - BCBS Northeastern NY	12B68	835	✓			✓									
HealthNow - BCBS Northeastern NY	12B68	837	✓						✓						
HealthNow - BCBS Northeastern NY	SB800	835		✓			✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
HealthNow - BCBS Northeastern NY	SB800	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	SB801	835		✓			✓								
HealthNow - Blue Cross Blue Shield of Western NY	SB801	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			✓			✓							
HealthPlex Dental	11271	837			✓						✓			✓	
HealthPlus Managed Long Term Care	45302	837	✓	✓					✓	✓					Formerly known as Integra Managed Long Term Care
Healthscope Benefits - EHC Repricing	52429	837	✓	✓											
HealthScope Benefits - Walmart	71084	837	✓	✓											
HealthScope Benefits (UMR)	40026	835	✓	✓		✓	✓								
HealthScope Benefits (UMR)	40026	837	✓	✓					✓	✓					Only for claims whose patient ID card shows 40026 as the payer ID.
HealthSCOPE Benefits Inc.	71063	835	✓	✓		✓	✓								
HealthSCOPE Benefits Inc.	71063	837	✓	✓					✓						
HealthSelect IPA (IL)	SB621	837		✓						✓					ERA Payer Code 00621
HealthSmart -Noble Mid Orange	HSM01	837	✓	✓											
Healthsmart Accel	75237	837	✓	✓					✓	✓					
HealthSmart Benefit Solutions	37272	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions	37272	837	✓	✓											
HealthSmart Benefit Solutions	37283	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions	37283	837	✓	✓					✓	✓					
HealthSmart Benefit Solutions fka Wells Fargo TPA.Inc.	87815	835	✓	✓		✓	✓								
HealthSmart Benefit Solutions fka Wells Fargo TPA.Inc.	87815	837	✓	✓					✓	✓					
HealthSmart Preferred Care Inc.	75250	837	✓	✓					✓	✓					
Healthsource AR (Med) (CIGNA)	71075	837	✓	✓					✓	✓					
Healthsource CMHC	02041	837	✓	✓					✓	✓					
Healthsource GA (CIGNA)	58210	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	837	✓	✓											
HealthTeam Advantage	88250	835	✓	✓											
HealthTeam Advantage	88250	837	✓	✓											
HealthTeam Advantage Diabetes and Heart Care Plan (DOS < 1/1/23)	88350	837	✓	✓											Effective 1/1/23, claims with 2023 DOS need to be submitted to payer code 88250
Healthways WholeHealth Networks	58213	837		✓											
Healthy Blue 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 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	10850	835	✓	✓		✓	✓								Payer returns ERA to the same clearinghouse claims are submitted under.
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Heritage Vision Plans	96462	837		✓											
HFN Inc.	36335	835	✓	✓		✓	✓								
HFN Inc.	36335	837	✓	✓											
High Desert Medical Group	95393	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	✓			✓									
Highmark Blue Cross & Blue Shield of Pennsylvania Western	54771W	837	✓			✓			✓						
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	✓	✓		✓	✓		✓	✓					(aka Freedom Blue Medicare Advantage)
Hill Physicians Medical Group	00046	837	✓	✓											
Hill Physicians Medical Group	HIL01	835	✓	✓		✓	✓								
HIP - Health Insurance Plan of Greater New York	55247	835	✓	✓		✓	✓								
HIP - Health Insurance Plan of Greater New York	55247	837	✓	✓		✓	✓		✓	✓					
Hispanic Physicians IPA	HPFFS	837		✓											
Hispanic Physicians IPA (Encounters Only)	HPIPA	837		✓											
HMA - Health Management Admin	12T11	837	✓												
HMA Hawaii	86066	835	✓	✓		✓	✓								
HMA Hawaii	86066	837	✓	✓											
HMC HealthWorks aka Health Management Co	75318	837	✓	✓											
HMO Louisiana Inc	84555	835	✓	✓		✓	✓								
HMO Louisiana Inc	84555	837	✓	✓											
HMSO-Highline Medical Service Organization	91164	837	✓	✓											
HN1 Therapy Network (HN1TN)	65062	837		✓											
Hoag Physician Partners	HPPZZ	835	✓	✓		✓	✓								
Hoag Physician Partners	HPPZZ	837	✓	✓											
Holista (Novant Health Direct to Employer)	HLSTA	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 J10 Cahaba	12M53	835	✓			✓									
Home Health & Hospice J10 Cahaba	12M53	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 J6 NGS – California (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 – California (06014)	12M98	837	✓			✓			✓						J6 Part A HHH - Contractor Code 06014. 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	✓			✓			✓						
Home Health & Hospice Jurisdiction M	12M80	835	✓			✓									
Home Health & Hospice Jurisdiction M	12M80	837	✓			✓			✓						
Homelink	30750	837	✓	✓					✓	✓					
Hometown Health Plan Nevada	88023	835	✓	✓		✓	✓	✓							
Hometown Health Plan Nevada	88023	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 Valley Medical Group	HVMG1	835	✓	✓		✓	✓								
Horizon Valley Medical Group	HVMG1	837	✓	✓					✓	✓					
Hotel Employees & Restaurant Employees Health Trust	91136	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Hotel Employees & Restaurant Employees Health Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
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 Oklahoma City	37256	837	✓	✓											
HSBS World Trade Center Health Program	31172	837	✓	✓					✓	✓					
HSBS World Trade Center Health Program	58605	835	✓	✓		✓	✓								
HSHS Medical Group IPA	37137	835	✓	✓		✓	✓								
HSHS Medical Group IPA	37137	837	✓	✓											
Humana (JVHL)	KVJVH	835	✓	✓		✓	✓								
Humana (JVHL)	KVJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Humana Choice Care Network	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Choice Care Network	61101	837	✓	✓					✓	✓					
Humana CompBenefits	CX021	835			✓			✓							
Humana CompBenefits	CX021	837			✓						✓				
Humana Dental	73288	835			✓			✓							
Humana Dental	73288	837			✓						✓			✓	
Humana Dermatology - New Century Health	NCH02	837		✓											
Humana Emphesys	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Emphesys	61101	837	✓	✓					✓	✓					
Humana Employers Health Insurance	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Employers Health Insurance	61101	837	✓	✓					✓	✓					
Humana Inc.	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Humana Inc.	61101	837	✓	✓					✓	✓					
Humana Long Term Care	61115	837	✓	✓											
Humana of Puerto Rico	65018	837	✓	✓											
Humana Ohio Medicaid	61103	837	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after
Humana Ohio Medicaid	SKOH0	835	✓	✓		✓	✓								Effective 2/1/2023, remittance returned under Ohio Medicaid
Humana Ohio Medicaid Vision	6110V	837	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Humana Ohio Medicaid Vision	SKOHO	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	✓	✓											
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	SKIDO	835		✓			✓								
Idaho Medicaid	SKIDO	837		✓						✓					
Idaho Medicare	12M07	835	✓			✓									
Idaho Medicare	12M07	837	✓			✓			✓						
Idaho Medicare	SMIDO	835		✓			✓								
Idaho Medicare	SMIDO	837		✓			✓			✓					
IEC Group - AmeriBen	97661	837	✓	✓											
IHG Direct	75274	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	SKILO	837	✓	✓					✓	✓					
Illinois Medicare	12M08	835	✓			✓									
Illinois Medicare	12M08	837	✓			✓			✓						
Illinois Medicare	SMILO	835		✓			✓								
Illinois Medicare	SMILO	837		✓			✓			✓					
Illinois Physicians Alliance IPA	IPA99	837	✓	✓											
IMA, Inc	64556	837	✓	✓											
Imagine Health	43123	837	✓	✓		✓	✓								
IMPACT HEALTH SHARE INC	IH400	837	✓	✓					✓	✓					
Imperial County Physicians Med Group (SCPMCS)	SCP01	837	✓	✓											
Imperial 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
IMS Management Services	TH099	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	54763	835		✓			✓								
Independence Administrators	TA720	837		✓											
Independence American Insurance Company	CB231	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	12X01	835	✓			✓									
Independent Health	12X01	837	✓			✓			✓						
Independent Health	SX073	835		✓			✓								
Independent Health	SX073	837		✓			✓			✓					
Independent Health Care Plan(ICARE)	11695	835	✓	✓		✓	✓								
Independent Health Care Plan(ICARE)	11695	837	✓	✓					✓	✓					
Independent Physicians at Mercy	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Independent Physicians at Mercy	37105	837	✓	✓											
Indian Health Services	12X75	837	✓												
Indian Health Services	SX171	837		✓											
Indiana Childrens Special Health Care Services	35600	835	✓	✓		✓	✓								
Indiana Childrens Special Health Care Services	35600	837	✓	✓		✓	✓		✓	✓					
Indiana Medicaid	12K09	835	✓			✓									
Indiana Medicaid	12K09	837	✓						✓						
Indiana Medicaid	SKIN0	835		✓			✓								
Indiana Medicaid	SKIN0	837		✓						✓					
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 ProHealth aka Community Health Network	35161	837	✓	✓					✓	✓					
Indiana Teamsters Health Benefits Fund (Indianapolis IN)	35107	837	✓	✓											
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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
InnovAge	31182	835	✓	✓		✓	✓								
InnovAge	31182	837	✓	✓											
Innovation Health	40025	837	✓	✓											
Innovative Healthware Solutions	04320	837	✓	✓											
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		✓											
INTEGRA GROUP/HOME	31128	837	✓												
Integral Quality Care	23229	837	✓	✓					✓	✓					
IntegraNet Health	INET1	835	✓	✓											
IntegraNet Health	INET1	837	✓	✓											
Integrated Care Network (ICN) by Emerald Health	34167	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								ERA Payer Code 54763
Inter County Health Plan	54763	837	✓	✓					✓	✓					
Inter Valley Health Plan	IVHPA	837	✓	✓											
Inter-County Health Plan	SX079	837		✓			✓			✓					
Interactive Medical Systems	56132	835	✓	✓		✓	✓								ERA Only
Interface EAP (IEAP)	60280	837	✓	✓					✓	✓					
Intergroup Services Corporation	23287	837	✓	✓											
Interlink	93116	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	✓	✓		✓	✓		✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Iowa Total Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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	✓	✓		✓	✓								
JAI MEDICAL SYSTEMS HC	JAI01	837	✓	✓											
JERICHO SHARE	IHS02	837	✓	✓					✓	✓					
JJ Specialties	TH033	837		✓											
JL Legacy Part A	12901	835	✓			✓									
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	835	✓	✓		✓	✓								
John Muir Mt. Diablo Health System	68036	837	✓	✓											
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	✓	✓											
JP Farley Corporation	34136	837	✓	✓											
JP Specialties	12T47	837	✓						✓						
JPS Preferred Care - PREFERRED CARE	MWPO1	837		✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	93079	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	✓	✓		✓	✓								
Kaiser Self Funded	94320	837	✓	✓					✓	✓					
Kalos Gold Health Plan	61185	837	✓	✓					✓	✓					
Kalos Heath	40137	835	✓	✓		✓	✓								
Kalos Heath	40137	837	✓	✓											
Kane County BCBS	KCIPA	837	✓	✓											
Kane County Harmony Medicaid	IPAK1	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	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Katy Medical Claims	81812	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	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	✓	✓	✓										
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Kentucky Spirit Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Kern County CDCR	28021	837		✓											
Kern Health Systems	77039	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Gap	35317	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	837	✓	✓											As of January 23, 2024, the payer does not offer an electronic remittance.
Keystone First	23284	835	✓	✓		✓	✓								
Keystone First	23284	837	✓	✓							✓	✓			
Keystone First Community HealthChoices	42344	835	✓	✓		✓	✓								
Keystone First Community HealthChoices	42344	837	✓	✓				✓	✓		✓	✓			
Keystone First VIP Choice	77741	837	✓	✓							✓	✓			
Keystone Health Plan East	12X25	837	✓			✓		✓							ERA Payer Code SX055
Keystone Health Plan East	SX055	835	✓	✓		✓	✓								ERA Payer Code SX055 ERA Payer Code SX055
Keystone Health Plan East	SX055	837		✓			✓		✓						ERA Payer Code SX055
Keystone Health Plan West	SX056	837		✓			✓		✓						
KG Administrative Services	KGA15	837	✓	✓											
Klais & Company	34145	837	✓	✓				✓	✓						
KM Strategic Management (KMSM)	HCMG1	837	✓	✓				✓	✓						
Koan Risk Solutions, Inc.	65871	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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓								✓	✓		
LACH HealthNet by MedPOINT	MPM19	837	✓	✓					✓	✓					
LADOC CorrectCare	LADOC	835	✓	✓		✓	✓								
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	✓	✓											
Lasso Healthcare MSA	10550	835	✓	✓		✓	✓								
Lasso Healthcare MSA	10550	837	✓	✓					✓	✓					
Lawndale Christian Health Center	LAWND	837	✓	✓											
LBA Health Plans	52193	835	✓	✓		✓	✓								
LBA Health Plans	52193	837	✓	✓											
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	835			✓			✓							
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 Gift Cards	33LGC	837	✓	✓					✓	✓					
Life Investors Insurance	12T67	837	✓												
Life Investors Insurance	TH120	837		✓						✓					
Life Investors Insurance of America - Long Term Care	12T39	837	✓												
Life Investors of America - Long Term Care	TH093	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	✓	✓					✓	✓					
Lifeworks Advantage	LWA01	835	✓	✓		✓	✓								
Lifeworks Advantage	LWA01	837	✓	✓											
Lincoln Heritage (ERA Only)	IAS12	835	✓	✓		✓	✓								ERA Only
Line Construction Benefit Fund	LCB01	835	✓	✓		✓	✓								ERA ONLY
LIPA/Agate Resources	TH106	837		✓											
Little Company of Mary	LCM01	837	✓	✓											
Little Company of Mary	LCM1	837	✓	✓											For claims with a DOS on or after 1/1/17
Local 135 Health Benefits Fund (Indianapolis IN)	35107	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Local 137 Operating Engineers Welfare Fund	84041	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	837	✓	✓					✓	✓					
Longevity Health Plan of Colorado	LCO01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Colorado	LCO01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Florida	LFL01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Florida	LFL01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Illinois	LIL01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Illinois	LIL01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Michigan	LMI01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Michigan	LMI01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of New Jersey	LNJ01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of New Jersey	LNJ01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of New York	LVNY01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of New York	LVNY01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of North Carolina	LNC01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of North Carolina	LNC01	837	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Oklahoma	LOK01	835	✓	✓											Payer returns ERA automatically.
Longevity Health Plan of Oklahoma	LOK01	837	✓	✓											Payer returns ERA automatically.
Los Angeles Medical Center (LAMC)	PROSP	835	✓	✓		✓	✓								
Los Angeles Medical Center (LAMC)	PROSP	837	✓	✓					✓	✓					
Louisiana Health Cooperative	88075	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Louisiana Healthcare Connections	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Louisiana Healthcare Connections	68069	837	✓	✓					✓	✓		✓	✓		
Louisiana Medicaid	MCDLA	835	✓	✓		✓	✓								
Louisiana Medicaid	MCDLA	837	✓	✓		✓	✓		✓	✓					
Louisiana Medicaid - Ambulance claims	SKLA2	837		✓			✓			✓					
Louisiana Medicaid - DME Claims	SKLA1	837		✓			✓			✓					
Louisiana Medicaid - KidMed Claims	SKLA3	837		✓			✓			✓					
Louisiana Medicaid - Rehab	SKLA4	837		✓											
Louisiana Medicaid-Home Health	12K94	837	✓												
Louisiana Medicare	12M12	835	✓			✓									
Louisiana Medicare	12M12	837	✓			✓									
Louisiana Medicare	SMLA0	835		✓			✓								
Louisiana Medicare	SMLA0	837		✓			✓			✓					
Lovelace Sandia Health Plan (as of 9/27/14)	90328	837	✓	✓					✓	✓					
Loyal American Life Ins Co-Medicare Supplement	13193	835	✓	✓		✓	✓								
Loyal American Life Ins Co-Medicare Supplement	13193	837	✓	✓					✓	✓					
Loyola Physician Partners	37175	835	✓	✓		✓	✓								
Loyola Physician Partners	37175	837	✓	✓											
Lucent Health Solutions	88056	835	✓	✓		✓	✓								
Lucent Health Solutions	88056	837	✓	✓											
Lucent Health Solutions (LHS Gov Operations)	17380	835	✓	✓		✓	✓								
Lucent Health Solutions (LHS Gov Operations)	17380	837	✓	✓					✓	✓					Also Known As Heritage Health Solutions
Lucentis Copay Program	82694	835	✓	✓		✓	✓								
Lucentis Copay Program	82694	837	✓	✓											
Lumico (ERA Only)	IAS13	835	✓	✓		✓	✓								ERA Only
Luminare Health (CoreSource AZ MN)	35182	835	✓	✓		✓	✓								Claim Mailing Address: PO Box 2920, Clinton, IAaka Health Options Program
Luminare Health (CoreSource AZ MN)	35182	837	✓	✓					✓						
Luminare Health (CoreSource OH)	35183	835	✓	✓		✓	✓								
Luminare Health (CoreSource OH)	35183	837	✓	✓											
Luminare Health Internal (CoreSource-Internal)	35187	835	✓	✓		✓	✓								
Luminare Health Internal (CoreSource-Internal)	35187	837	✓	✓											
Luminare Health Little Rock (CoreSource Little Rock)	75136	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Luminare Health Little Rock (CoreSource Little Rock)	75136	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	✓	✓											
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	✓	✓											
Magnacare	11303	835	✓	✓		✓	✓								Payer requires EFT in order to receive ERA files
Magnacare	11303	837	✓	✓											
Magnolia	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Magnolia	68069	837	✓	✓					✓	✓		✓	✓		
Maine Community Health Options	45341	835	✓	✓		✓	✓								
Maine Community Health Options	45341	837	✓	✓											
Maine Medicaid	12K13	835	✓			✓									
Maine Medicaid	12K13	837	✓												
Maine Medicaid	SKME0	835		✓			✓								
Maine Medicaid	SKME0	837		✓					✓						
Maine Medicare	12M13	835	✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Maine Medicare	12M13	837	✓			✓			✓						
Maine Medicare	SMME0	835		✓			✓								
Maine Medicare	SMME0	837		✓			✓			✓					
Managed Care of North America, Inc. (MCNA)	65030	837			✓						✓				
Managed Care Services LLC	35162	837	✓	✓											aka Parkview Health Plan Services
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Managed Health Services Indiana (Medicaid HMO)	68069	837	✓	✓					✓	✓		✓	✓		
Managed Health Services Wisconsin	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Managed Health Services Wisconsin	68069	837	✓	✓					✓	✓		✓	✓		
Mapfre (Canada Life)	L0160	837	✓	✓											
March Vision Care Inc.	52461	835		✓			✓								
March Vision Care Inc.	52461	837	✓	✓											
Marquette Life Insurance Company	48055	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	✓			✓									

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Maryland Medicare	12010	837	✓			✓			✓						
Maryland Medicare	SMMDO	835		✓			✓								
Maryland Medicare	SMMDO	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	✓	✓											
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 Allways 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	80314	835	✓	✓		✓	✓								
Massachusetts Mutual	80314	837	✓	✓					✓	✓		✓	✓		
Masters Mates and Pilots Plan	MMPHB	837	✓	✓											
Masters Mates and Pilots Program	12T52	837	✓												
Masters Mates and Pilots Program	TH111	837		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Max Specialty Benefits	27320	837		✓											
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	✓						✓						
McKinley Medical Group	MHM02	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	✓	✓					✓	✓					
MDI Holdings (Formerly Medical Partners of America)	80026	837	✓	✓											
MDSave	MDSAV	835	✓	✓		✓	✓								
MDSave	MDSAV	837	✓	✓		✓	✓		✓	✓					
Mdwise Healthy Indiana Plan	31354	835	✓	✓		✓	✓								
Mdwise Healthy Indiana Plan	31354	837	✓	✓					✓	✓					Claim runout period ends 6/30/19
MDWise Healthy Indiana Plan	3135M	835	✓	✓		✓	✓								
MDWise Healthy Indiana Plan	3135M	837	✓	✓					✓	✓					
Mdwise Hoosier Healthwise	35191	835	✓	✓											
Mdwise Hoosier Healthwise	35191	837	✓	✓					✓	✓					Claim runout period ends 6/30/19
MDWise Hoosier Healthwise	3519M	835	✓	✓		✓	✓								
MDWise Hoosier Healthwise	3519M	837	✓	✓					✓	✓					
MDWise Medicare Advantage	MDADV	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
MDWise Medicare Advantage	MDADV	837	✓	✓					✓	✓					
MDX Hawaii	MDXHI	835	✓	✓		✓	✓								
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 (Vision)	SKCA1	837		✓			✓								
Medi-Share	59355	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	837	✓	✓											
Medica HealthCare Plan of Florida	87726	835	✓	✓		✓	✓								
MEDICA of Minnesota	07031	837			✓						✓			✓	
Medica2	12422	835	✓	✓		✓	✓								
Medica2	12422	837	✓	✓					✓	✓					
Medicaid Hawaii Waivers	77059	837		✓			✓			✓					
Medicaid of New Jersey	CKNJ1	835			✓			✓							
Medicaid of New Jersey	CKNJ1	837			✓					✓					
Medicaid of New York (UHC Community Plan)	GP133	835			✓			✓							
Medicaid of New York (UHC Community Plan)	GP133	837			✓					✓				✓	
Medicaid of Texas - MCNA	MCNA1	837			✓					✓					
Medicaid of Texas (UHC Community Plan)	GP133	835			✓			✓							
Medicaid of Texas (UHC Community Plan)	GP133	837			✓					✓				✓	

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			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 DEVELOPMENT INTERNATIONAL	52181	837	✓	✓											
Medical Mutual of Ohio	29076	835	✓	✓		✓	✓								
Medical Mutual of Ohio	29076	837	✓	✓						✓	✓				
Medical Reimbursements of America	62177	837	✓	✓								✓	✓		
Medical Services for Indigents	AMM02	837	✓	✓											
Medical Services Initiative	12057	837	✓	✓						✓	✓				
Medical Value Plan - Ohio (MVP)	38224	835		✓			✓								
Medical Value Plan - Ohio (MVP)	38224	837		✓											
Medicare Blue Private	SX262	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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Medicare y Mucho Mas (MMM)	L0210	837	✓	✓											
MediChoice IPA	AMM11	837	✓	✓											
Medico Insurance Company	23160	835	✓	✓	✓	✓	✓	✓							
Medico Insurance Company	23160	837	✓	✓	✓						✓			✓	
MediGold	95655	835	✓	✓		✓	✓								
MediGold	95655	837	✓	✓					✓	✓					
MediGold PPO	13123	837	✓	✓											
Mediview Inc.	STAR1	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	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
MeridianTotal	68069	837	✓	✓					✓	✓		✓	✓		
MeridianTotal - Illinois	MHPIL	835	✓	✓		✓	✓								ERA enrollment is done under payer name "CENTENE". Payer Requires EFT in order to receive ERA

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
MeridianTotal - Illinois	MHPIL	837	✓	✓					✓	✓		✓	✓		For DOS on or after 1/1/21
Meritage Medical Network	IP097	835	✓	✓		✓	✓								
Meritage Medical Network	IP097	837	✓	✓											
Meritain Health	38232	837	✓	✓											
Meritain Health	64157	835	✓	✓		✓	✓								
Meritain Health	64157	837	✓	✓											
Meritain Health / Agency Services	64158	837	✓	✓											
Meritain Health Minneapolis	41124	835	✓	✓		✓	✓								
Meritain Health Minneapolis	41124	837	✓	✓	✓										
Methodist Associate Health Plan	Pilot	837		✓											
Metlife Dental	65978	835			✓			✓							
Metlife Dental	65978	837			✓					✓			✓		
MetroPlus Health Plan	13265	835	✓	✓		✓	✓								
MetroPlus Health Plan	13265	837	✓	✓											
Metrowest HealthPlan	TH068	837		✓											
Metrowest Star Medicaid	TH069	837		✓											
MFC & HealthPlus Peoria	23550	835	✓	✓		✓	✓								
MFC & HealthPlus Peoria	23550	837	✓	✓											
MHP Systems	64068	837	✓	✓											
Miami Children's Health Plan	82832	835	✓	✓		✓	✓								
Miami Children's Health Plan	82832	837	✓	✓					✓	✓					
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	✓	✓											
MidCoast IPA	77012	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Systems	66727	835	✓	✓		✓	✓								
Midwest Physicians Administrative Systems	66727	837	✓	✓											
Mills Peninsula Medical Group	SC050	837	✓	✓					✓	✓					
Minnesota Department of Health	MNDH1	835	✓	✓		✓	✓								
Minnesota Department of Health	MNDH1	837	✓	✓											
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Missoula County Medical Benefits Plan	37275	837	✓	✓											
Missouri Medicaid	12K15	835	✓			✓									
Missouri Medicaid	12K15	837	✓			✓			✓						
Missouri Medicaid	SKMO0	835		✓			✓								
Missouri Medicaid	SKMO0	837		✓					✓						
Missouri Medicare	12M15	835	✓			✓									
Missouri Medicare	12M15	837	✓			✓			✓						
Missouri Medicare	SMMO0	835		✓			✓								
Missouri Medicare	SMMO0	837		✓			✓		✓						
Missouri Medicare Select	MMS01	837	✓	✓					✓	✓					
MMM Florida	MMMFL	835	✓	✓		✓	✓								
MMM Florida	MMMFL	837	✓	✓					✓	✓					
MMSI (Mayo Clinic Health Solutions)	71890	835	✓	✓		✓	✓								
MMSI (Mayo Clinic Health Solutions)	71890	837	✓	✓											
MO - Missouri Home State Health Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
MO - Missouri Home State Health Care	68069	837	✓	✓					✓	✓		✓	✓		
Moda Health	13350	835	✓	✓		✓	✓								
Moda Health	13350	837	✓	✓											
Molina Complete Care of Virginia (Medicare & Medicaid)	MCC02	835	✓	✓		✓	✓								
Molina Complete Care of Virginia (Medicare & Medicaid)	MCC02	837	✓	✓											
Molina Healthcare Dental	SKYGN	835			✓			✓							
Molina Healthcare Dental	SKYGN	837			✓					✓				✓	
Molina Healthcare of California	38333	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Molina Healthcare of California	38333	837	✓	✓											
Molina Healthcare of California Encounters	33373	837	✓	✓											
Molina Healthcare of Florida	51062	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs
Molina Healthcare of Florida	51062	837	✓	✓					✓	✓					
Molina Healthcare of Idaho	61799	835	✓	✓		✓	✓								As of 8/29/22, Molina has designated ECHO Health as their ERA gateway to better meet provider's payment solutions needs

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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
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	✓	✓											Formerly known as TotalCare NY
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Molina Healthcare of Puerto Rico	81794	837	✓	✓					✓	✓					
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	ABRI1	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	ABRI1	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	✓	✓											Use for Medicaid claims with a DOS of 2/1/2023 or after
Molina Ohio Medicaid Vision	SKOH0	835	✓	✓		✓	✓								Effective 2/1/2023, remittance returned under Ohio Medicaid
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	✓			✓									
Montana Medicare	12M77	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Montana Medicare	SMMT0	835		✓			✓								
Montana Medicare	SMMT0	837		✓			✓			✓					
Montefiore Contract Management Organization	13174	835	✓	✓		✓	✓								
Montefiore Contract Management Organization	13174	837	✓	✓					✓	✓					
Montefiore HMO	46161	835	✓	✓		✓	✓								
Montefiore HMO	46161	837	✓	✓					✓	✓					
Monumental Life Insurance Company	MMLIC	837		✓											
Monumental Life Insurance Company (AR)	TLINS	837	✓	✓											
Monumental Life Insurance Company (IA, MD, PA)	TRP1E	835	✓	✓		✓	✓								
Monumental Life Insurance Company (IA, MD, PA)	TRP1E	837	✓	✓					✓	✓					
Monumental Life Insurance Company (IA)	TRCLF	837	✓	✓											
Monumental Life Insurance Company (TX)	TRLTC	837	✓	✓											
MORRIS ASSOCIATES	35092	835		✓			✓								
MORRIS ASSOCIATES	35092	837	✓	✓											
MotivHealth	U7632	835	✓	✓		✓	✓								
MotivHealth	U7632	837	✓	✓											
Mountain State Blue Cross Blue Shield of West Virginia	12B28	837	✓			✓			✓						
Mountain State Blue Cross Blue Shield of West Virginia	SB941	835	✓	✓		✓	✓								
Mountain State Blue Cross Blue Shield of West Virginia	SB941	837		✓			✓			✓					
Mountain States Administrative Services	86040	837	✓	✓											
MPE Services Inc.	37233	837	✓	✓											
MPEEBT	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	✓	✓											Payer ID 34080 is active for only insurance plans accessing MultiPlan HealthEOS for specific client groups in the state of WI. PHCS and MultiPlan are PPO Networks accessed by many insurance plans. Claims for individuals accessing these networks should be directed to the insurance plans, using the payer ID assigned to the insurer.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Municipal Health Benefit Fund	81883	837	✓	✓											
Mutual Health Services	34192	835	✓	✓		✓	✓								Formerly known as Antares Management Solutions
Mutual Health Services	34192	837	✓	✓					✓	✓					Formerly known as Antares Management Solutions
Mutual of Omaha Insurance Company	71412	835	✓	✓		✓	✓								
Mutual of Omaha Insurance Company	71412	837	✓	✓											
Mutual of Omaha Insurance Company	CX087	835			✓			✓							
Mutual of Omaha Insurance Company	CX087	837			✓					✓					
Mutually Preferred	71412	835	✓	✓		✓	✓								
Mutually Preferred	71412	837	✓	✓											
MVP Health Plan (Mohawk Valley)	14165	835	✓	✓		✓	✓								
MVP Health Plan (Mohawk Valley)	14165	837	✓	✓					✓	✓					
My Choice Wisconsin	27004	835	✓	✓		✓	✓								
My Choice Wisconsin	27004	837	✓	✓											Formerly Care Wisconsin Health Plan
My Choice Wisconsin BadgerCare Plus	62777	835	✓	✓		✓	✓								
My Choice Wisconsin BadgerCare Plus	62777	837	✓	✓											
My Family Medical Group	33020	837		✓											
MyDecision HealthSmart	18840	837	✓	✓					✓	✓					
MyTruAdvantage	SIHOMA	835	✓	✓	✓	✓	✓	✓							
MyTruAdvantage	SIHOMA	837	✓	✓	✓				✓	✓					
N.W. Ironworkers Health & Security Trust Fund	91136	835	✓	✓		✓	✓								
N.W. Ironworkers Health & Security Trust Fund	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
N.W. Roofers & Employers Health & Security Trust Fund	91136	835	✓	✓		✓	✓								
N.W. Roofers & Employers Health & Security Trust Fund	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
N.W. Textile Processors	91136	835	✓	✓		✓	✓								
N.W. Textile Processors	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	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	✓	✓		✓	✓								
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	835	✓			✓									
Nebraska Medicaid	12K19	837	✓			✓			✓						
Nebraska Medicaid	SKNE0	835		✓			✓								
Nebraska Medicaid	SKNE0	837		✓			✓			✓					
Nebraska Medicare	12M19	837	✓			✓									
Nebraska Medicare	SMNE0	835		✓			✓								
Nebraska Medicare	SMNE0	837		✓			✓			✓					
Nebraska Total Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Nebraska Total Care	68069	837	✓	✓					✓	✓		✓	✓		
Neighborhood Health Partnership (NHP)	96107	837	✓	✓					✓	✓					
Neighborhood Health Plan Rhode Island	05047	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Medical Management	NMM01	835	✓	✓		✓	✓								
Network Medical Management	NMM01	837	✓	✓											
Network Solutions IPA	NSIPA	837		✓						✓					
Network TPA LLC	58204	837	✓	✓											
NEUEHEALTH	NEUEH	835	✓	✓		✓	✓								
NEUEHEALTH	NEUEH	837	✓	✓											
Nevada Medicaid	NVMMIS	835	✓	✓		✓	✓								
Nevada Medicaid	NVMMIS	837	✓	✓		✓	✓		✓	✓					
Nevada Medicare	SMNV0	835		✓			✓								
Nevada Medicare	SMNV0	837		✓			✓			✓					
NEW AVENUES INC.	95998	837	✓	✓					✓	✓					
New Century Health - IEHP Oncology	NCH11	837		✓											
New Century Health - Vista Cardiology	NCH09	837		✓											
New Directions Behavioral Health (NDBH)	NDX99	837	✓	✓					✓	✓					
New England Dental Administrators (ERA Only)	43351	835	✓	✓		✓	✓								ERA Only
New Era Life	98798	835	✓	✓		✓	✓								
New Era Life	98798	837	✓	✓											
New Era Life - Employee Benefit Plans	96396	837	✓	✓											
New Hampshire Medicaid	12K90	835	✓			✓									
New Hampshire Medicaid	12K90	837	✓						✓						
New Hampshire Medicaid	SKNH0	835		✓			✓								
New Hampshire Medicaid	SKNH0	837		✓			✓			✓					
New Hampshire Medicare	12M21	835	✓			✓									
New Hampshire Medicare	12M21	837	✓			✓			✓						
New Hampshire Medicare	SMNH0	835		✓			✓								
New Hampshire Medicare	SMNH0	837		✓			✓			✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓			✓			✓						
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 Life	TH122	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	NYDFS	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 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	81085	835	✓	✓		✓	✓								Former payer code 69821

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Next Level Health Partners	81085	837	✓	✓											Former payer code 69821
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
NH Healthy Families	68069	837	✓	✓					✓	✓		✓	✓		
NH Healthy Families' Behavioral Health	68068	835	✓	✓		✓	✓								
NH Healthy Families' Behavioral Health	68068	837	✓	✓					✓	✓					
NHBCAUX	88050	837	✓	✓											
NHC Advantage	NHC01	837	✓	✓											As of January 23, 2024, the payer does not offer an electronic remittance.
Nippon Life Insurance Company of America	81264	835	✓	✓	✓	✓	✓	✓							
Nippon Life Insurance Company of America	81264	837	✓	✓	✓										
Nivano Physicians Group	MBA01	837	✓	✓					✓	✓					
NJ Carpenters Health Fund	22603	837	✓	✓					✓	✓					
Noble AMA Select IPA	PDT01	835	✓	✓		✓	✓								
Noble AMA Select IPA	PDT01	837	✓	✓											
Nomi Health	1NOMI	835	✓	✓		✓	✓								
Nomi Health	1NOMI	837	✓	✓		✓	✓								
North American Medical Management - Southern California	IP079	835	✓	✓		✓	✓								
North American Medical Management - Southern California	IP079	837	✓	✓											
North Carolina Department of Public Safety Correctional Claims	38520	835			✓			✓							
North Carolina Department of Public Safety Correctional Claims	38520	837	✓	✓	✓				✓	✓					
North Carolina Medicaid	12K23	835	✓			✓									
North Carolina Medicaid	12K23	837	✓			✓			✓						Encounter Claims Accepted
North Carolina Medicaid	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		✓			✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Texas Healthcare Network	35212	837	✓	✓					✓	✓					Payer Code 35212 is being deactivated soon. Claims for this plan should be sent using payer code 75250
North West Orange County Medical Group	PROSP	835		✓			✓								
North West Orange County Medical Group	PROSP	837		✓						✓					
Northeast Georgia Health Services	58169	835	✓	✓		✓	✓								
Northeast Georgia Health Services	58169	837	✓	✓											
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	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Northwest Physicians Network	LIFE1	837	✓	✓					✓	✓					For claim Dates of Service on or after 01/01/21.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
Northwestern Memorial Healthcare	NWEST	837	✓	✓					✓	✓					For claim DOS on or after 1/1/21
Northwood Healthcare	NWOOD	835	✓	✓		✓	✓								
Northwood Healthcare	NWOOD	837	✓	✓					✓	✓					
Novanet	OSCAR	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	✓	✓		✓	✓								
Oak West Physician Association	36400	837	✓	✓											
Oasis IPA	DESRT	837		✓											
OCCUPATIONAL EYEWEAR NETWORK INC	50653	837	✓	✓											
Ochsner Health Plan	72127	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	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
OhioHealthy	48116	835	✓	✓		✓	✓								formally known as Florida Hospital Waterman
OhioHealthy	48116	837	✓	✓											
Oklahoma Humana Healthy Horizon	61101	835	✓	✓		✓	✓								ERA Payer Code 61101
Oklahoma Humana Healthy Horizon	61101	837	✓	✓					✓	✓					
Oklahoma Complete Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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	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	✓	✓		✓	✓								ERA Only
Olympus Managed Health Care	65074	837	✓	✓											
OMNI Administrators	OMNIA	835		✓			✓								also known as Leading Edge Administrators
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	✓	✓											aka One Call Diagnostics. This is a Work Comp payer.
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	835	✓	✓		✓	✓								
Operating Engineers Locals 302 & 612 Health & Security Fund	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Choice of the Carolinas Inc. (OCCI)	52152	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 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	837		✓											For claims with DOS on or after 1/1/2024.
OptumCare Network of CT	E3287	835	✓	✓		✓	✓								
OptumCare Network of CT	E3287	837	✓	✓											
OptumHealth	87726	837		✓						✓					
OptumHealth Behavioral Solutions (formerly Pacificare Behavioral Health)	87726	837	✓	✓					✓	✓					
OptumHealth Behavioral Solutions (formerly United Behavioral Health)	87726	837	✓	✓					✓	✓					
OptumHealth Care Solutions (formerly United Resource Networks)	41194	835	✓	✓		✓	✓								
OptumHealth Care Solutions (formerly United Resource Networks)	41194	837	✓	✓					✓	✓					
OptumHealth Physical Health	41161	835		✓			✓								
OptumHealth Physical Health	41161	837		✓						✓					Former payer codes 41159, 41160 (includes Oxford)
OptumHealth Physical Health - includes Oxford (formerly ACN & ACNIPA)	41160	837		✓											
OptumHealth Vision	00773	835		✓			✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
OptumHealth Vision	00773	837		✓						✓					
Orange Coast Memorial IPA	IP095	837	✓	✓					✓	✓					
Orange County Advantage Medical Group	HSM01	837	✓	✓											
Orange County Health Care Agency	65021	837	✓	✓					✓	✓					
Oregon Medicaid	12K41	835	✓			✓									
Oregon Medicaid	12K41	837	✓			✓			✓						
Oregon Medicaid	SKOR0	835		✓			✓								
Oregon Medicaid	SKOR0	837		✓			✓			✓					
Oregon Medicare	12M41	835	✓			✓									
Oregon Medicare	12M41	837	✓			✓			✓						
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	✓	✓		✓	✓								ERA Only
P3 Health Partners Arizona	58375	837	✓	✓											
P3 Health Partners of Nevada	P3HNV	835	✓	✓		✓	✓								
P3 Health Partners of Nevada	P3HNV	837	✓	✓					✓	✓					
PA Health and Wellness	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
PA Health and Wellness	68069	837	✓	✓					✓	✓		✓	✓		
PACE Central Iowa	72436	837	✓	✓											
PACE CNY	70454	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
PACE Nebraska	35416	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		✓											
Pacific Alliance Medical Center	SYMED	837	✓	✓											
Pacific Alliance Medical Group	SYMED	837	✓	✓											
Pacific IPA	PCFCI	837		✓											
Pacific Life & Annuity	67466	837	✓			✓									
Pacific Southwest Administrators	75309	835	✓	✓		✓	✓								
Pacific Southwest Administrators	75309	837	✓	✓					✓	✓					
Pacifica of the Valley Hospital	MPM50	837	✓	✓											
PacificSource Community Solutions	20416	837	✓	✓											
PacificSource Community Solutions	93029	835	✓	✓		✓	✓								
PacificSource Health Plans	93029	835	✓	✓		✓	✓								
PacificSource Health Plans	93029	837	✓	✓								✓	✓		
PacificSource Medicare	20377	837	✓	✓											
PacificSource Medicare	93029	835	✓	✓		✓	✓								
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	✓	✓	✓				✓	✓	✓				
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Parkland Community Health Plan	66917	835	✓	✓		✓	✓								
Parkland Community Health Plan	66917	837	✓	✓		✓	✓								
PARTNERS BEHAVIORAL HEALTH MANAGEMENT	13141	835	✓	✓		✓	✓								
PARTNERS BEHAVIORAL HEALTH MANAGEMENT	52613	837	✓	✓		✓	✓		✓	✓					ERA Payer Code 13141
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	✓	✓					✓	✓					
Patient Physician Cooperatives	20510	837	✓	✓					✓	✓					
PATIENTPAY	26335	837		✓											
Payer Compass	PA331	837	✓	✓					✓	✓					
Payer Fusion	27048	837	✓	✓											
Peach State Health Plan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Peach State Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Peak Health	PEAK0	835	✓	✓		✓	✓								
Peak Health	PEAK0	837	✓	✓											
Peak Pace Solutions	27034	835	✓	✓		✓	✓								
Peak Pace Solutions	27034	837		✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Peak Pace Solutions	U7034	837	✓			✓									
PEF Clinic	PEF01	837	✓	✓											
Pegasus Medical Group	PROSP	835		✓			✓								
Pegasus Medical Group	PROSP	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	✓	✓					✓	✓					
Peoples Health Network	72126	835	✓	✓		✓	✓								
Peoples Health Network	72126	837	✓	✓											
Pequot Pharmaceutical Network	37121	837	✓	✓											
Perennial Advantage CO	PAC01	837	✓	✓											As of January 23, 2024, the payer does not offer an electronic remittance.
Perennial Advantage OH	PAOH1	835	✓	✓		✓	✓								
Perennial Advantage OH	PAOH1	837	✓	✓											
Personal Insurance Administrators Inc. (Agoura Hills CA)	95397	835	✓	✓		✓	✓								
Personal Insurance Administrators Inc. (Agoura Hills CA)	95397	837	✓	✓											
PHCS Claims (formerly American LIFECARE)	72099	837	✓	✓					✓	✓					Payer ID 72099 is active for only one insurance plan, Cigna West with members accessing PHCS in KY, MI, PA, MO, NY and WV. PHCS and MultiPlan are PPO Networks accessed by many insurance plans. Claims for individuals accessing these networks should be directed to the insurance plans, using the payer ID assigned to the insurer.

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Philadelphia American Life Insurance Company	98798	835	✓	✓		✓	✓								
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	✓	✓		✓	✓								
Physicians Healthways IPA	NMM01	837	✓	✓											
Physicians Medical Group of San Jose	EXC01	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			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 Medical Group of Santa Cruz County	PMGSC	837		✓											
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	837		✓						✓					
Pinnacle Physician Management ORG	45985	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Pioneer Medical Group	PIONR	837		✓											
Pioneer Provider Network (for claims with DOS prior to 3/31/19)	PPNZZ	835		✓			✓								
Pioneer Provider Network (for claims with DOS prior to 3/31/19)	PPNZZ	837		✓						✓					Medicare and Commercial members only. Claims submitted with DOS prior to 3/31/2019
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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
PLANSTIN	65241	837	✓	✓					✓	✓					
Podi Care Managed Care	58204	837	✓	✓											
PODIATRY NETWORK FL	59324	837	✓	✓											
Point Comfort Underwriters	PCU01	837	✓	✓											For claims where patient is less than 18 years old.
Point Comfort Underwriters	PCU02	837	✓	✓											For claims where patient is 18 years old or older
Polish Falcons of America	87020	835	✓	✓		✓	✓								
Polish Falcons of America	87020	837	✓	✓					✓	✓					
Pomona Valley Medical Group	IP057	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 (Louisville KY)	61106	837	✓	✓											Payer Code 61106 is being deactivated soon. Claims for this plan should be sent using payer code 87815.
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	837	✓	✓											
Preferred Medical Claim Solutions (PMCS) (ERA Only)	21524	835	✓	✓		✓	✓								ERA Only

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								
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.;

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Primary Care Associates Medical Group (PCAMG)	IP079	835	✓	✓		✓	✓								
Primary Care Associates Medical Group (PCAMG)	IP079	837	✓	✓											
Primary Care Associates of California	PCACZ	837	✓	✓											
Primary Care Practices Of Sacramento - EHS	SYMED	837	✓	✓											
Primary Care Services	MSO44	837	✓												
Primary Health Network	82048	837	✓	✓											
Primary PhysicianCare Inc.	56144	835	✓	✓		✓	✓								
Primary PhysicianCare Inc.	56144	837	✓	✓											
Prime Community Care Central Valley	MVCV1	835	✓	✓											Payer returns ERA automatically upon claim submission
Prime Community Care Central Valley	MVCV1	837	✓	✓											Payer returns ERA automatically upon claim submission
Prime West Health Plan	61604	835	✓	✓		✓	✓								
Prime West Health Plan	61604	837	✓	✓											
PrimeCare Medical Network	IP079	835	✓	✓		✓	✓								
PrimeCare Medical Network	IP079	837	✓	✓											
PrimeWest Health Dental	LX049	837			✓						✓				
Principal Financial Group (Dental claims only)	61271	835			✓			✓							
Principal Financial Group (Dental claims only)	61271	837			✓						✓			✓	
Principal Life (ERA Only)	IAS14	835	✓	✓		✓	✓								ERA Only
Priority Health	38217	835	✓	✓		✓	✓								
Priority Health	38217	837	✓	✓					✓	✓					
Priority Health (JVHL)	JZJVH	835	✓	✓		✓	✓								
Priority Health (JVHL)	JZJVH	837	✓	✓		✓	✓		✓	✓					Provider must be an approved JVHL lab
Prism Network Inc.	37268	837		✓											
Prism-Univera	37315	837	✓	✓											
Pro Care Health Plan Inc. (Detroit MI)	38329	837	✓	✓											
ProCare (Prospect)	PROSP	835		✓			✓								
ProCare (Prospect)	PROSP	837		✓						✓					
ProCare Advantage of TX	PTX01	835	✓	✓		✓	✓								
ProCare Advantage of TX	PTX01	837	✓	✓											
Prodegi Corporate Benefit Services	87065	837	✓	✓											
Professional Benefit Administrators Inc. (Oak Brook IL)	36331	835	✓	✓	✓	✓	✓	✓							
Professional Benefit Administrators Inc. (Oak Brook IL)	36331	837	✓	✓	✓						✓				
Professional Health Care Network (PHCN)	26748	837	✓	✓											
Progyny	PROGY	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Progyny	PROGY	837	✓	✓											
Prominence Health Plan of Nevada	93082	835	✓	✓		✓	✓								
Prominence Health Plan of Nevada	93082	837	✓	✓											
Prominence Health Plan of Texas	80095	837	✓	✓											
Prominence Healthfirst	83352	837	✓	✓											
Prospect Health Network	PROSP	835		✓			✓								
Prospect Health Network	PROSP	837		✓						✓					
Prospect Medical Group	PROSP	835	✓	✓		✓	✓								
Prospect Medical Group	PROSP	837	✓	✓						✓	✓				
Prospect Sherman Oaks Medical Group (Prospect Medical Group)	PROSP	835		✓			✓								
Prospect Sherman Oaks Medical Group (Prospect Medical Group)	PROSP	837		✓						✓					
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	SX133	835	✓	✓		✓	✓								
Providence of Oregon Health Plan	SX133	837	✓	✓											Effective February 23, 2024, use payer code PHP01.
Providence PACE CA	77240	837	✓	✓											
Providence PPO	SX187	837	✓	✓						✓					
Providence Preferred	PHP00	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	837	✓	✓						✓	✓				
Provider Partners Health Plan Missouri	31404	835	✓	✓											
Provider Partners Health Plan Missouri	31404	837	✓	✓											
Provider Partners Health Plan Ohio	31402	835	✓	✓											ERA enrollment not required. Payer returns ERA automatically.
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	✓	✓						✓	✓				

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Prudent Medical Group	MPM25	837	✓	✓											Formerly known as Hollywood Presbyterian Medical Group
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	✓	✓											
Puerto Rico Medicare	SMPRO	837		✓											
Puerto Rico Medicare Part B (J9-First Coast)	SMPRO	837		✓											
Puget Sound Benefits Trust	91136	835	✓	✓		✓	✓								
Puget Sound Benefits Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
Puget Sound Electrical Workers Trust	91136	835	✓	✓		✓	✓								
Puget Sound Electrical Workers Trust	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
Puritan (formerly Admiral Life) (ERA Only)	IAS15	835	✓	✓		✓	✓								ERA Only
Pyramid Life Insurance Company	48055	835	✓	✓		✓	✓								
Pyramid Life Insurance Company	48055	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	✓	✓											
Quality Plan Administrator, Inc	CX077	837		✓	✓					✓	✓				
Quartz ASO	46571	837	✓	✓					✓	✓					
Quartz ASO	QUARTZASO	835	✓	✓		✓	✓								
Quartz Health Solutions, Inc.	66705	835	✓	✓		✓	✓								
Quartz Health Solutions, Inc.	66705	837	✓	✓					✓	✓					
Quest Behavioral Health	44219	837	✓	✓					✓	✓					
QuikTrip	73067	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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		✓											
RADYS SAN DIEGO	99030	835	✓	✓		✓	✓								Payer returns ERAs automatically once electronic claim submission begins.
RADYS SAN DIEGO	99030	837	✓	✓											Also known as Aloha Care
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-Yucaipa Medical Group	18247	837		✓						✓					
Redwood Community Health Coalition	MPM17	837	✓	✓					✓	✓					
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 Utah	00910	835	✓	✓		✓	✓								
Regence Blue Cross Blue Shield of Utah	00910	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 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			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓					
Renaissance Physicians Organization	76066	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	✓	✓											
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 Health Plan - Grand Junction	84065	837	✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Rocky Mountain Health Plan - Grand Junction	RMHMO	835	✓	✓		✓	✓								
Rocky Mountain Health Plan - Grand Junction	SX141	837		✓											
Rocky Mountain PACE	93142	835	✓	✓		✓	✓								
Rocky Mountain PACE	93142	837	✓	✓		✓	✓								
Rosemont of Des Plaines IL	36215	837	✓												
Royal Health Care	73780	837	✓	✓					✓	✓					For dates of service prior to Jan. 1, 2020
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	✓	✓					✓	✓		✓	✓	✓	
Rural Health Clinic - Cahaba GBA	12M53	835	✓			✓									
Rural Health Clinic - Cahaba GBA	12M53	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	✓	✓											
Sage Technologies (Arcadia Healthcare Solutions)	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Sage Technologies (Arcadia Healthcare Solutions)	37105	837	✓	✓											
Saint Johns Health Clinic	SIHC1	837	✓	✓											
Saint Mary's Health Plan	88082	837		✓											Encounters Only
SAINT MARY'S HEALTH PLAN	88029	837	✓	✓											
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 Coverage Initiative(CI)	MSO77	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	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								
Sandhills Center	SHC303	837	✓	✓		✓	✓		✓	✓					
Sanford Health Plan	91184	835	✓	✓		✓	✓								
Sanford Health Plan	91184	837	✓	✓											
Sanford Health Plan Medicare Advantage	RP035	837	✓	✓					✓	✓					
Sanitation Officers Local 444	CX076	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	✓	✓		✓	✓								
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	✓												

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Scott & White Health Plan	TH002	835	✓	✓		✓	✓								
Scott & White Health Plan	TH002	837		✓											
Scripps Health Plan MSO	SHPM1	835	✓	✓		✓	✓								
Scripps Health Plan MSO	SHPM1	837	✓	✓					✓	✓					
Scripps Health Plan Services	SHPS1	835	✓	✓		✓	✓								
Scripps Health Plan Services	SHPS1	837	✓	✓					✓	✓					
Scripps Physicians Medical Group	SCP01	837	✓	✓											
Seaview IPA	SVIPA	835	✓	✓		✓	✓								Payer is listed as "McKesson Technologies Inc. (MED3000 CA)" within PaySpan
Seaview IPA	SVIPA	837	✓	✓											
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	✓	✓											Work Comp Claims Only
Select Administrative Services (SAS)	64088	835	✓	✓		✓	✓								
Select Administrative Services (SAS)	64088	837	✓	✓											
Select Advantage	SA704	837	✓	✓											
Select Benefit Administrators Inc.	93031	837	✓	✓											
Select Benefit Administrators of America	37282	835	✓	✓		✓	✓								
Select Benefit Administrators of America	37282	837	✓	✓											
Select Health of South Carolina	23285	835	✓	✓		✓	✓								
Select Health of South Carolina	23285	837	✓	✓								✓	✓		
Select Senior Clinic	20415	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
SelectCare	00014	837	✓	✓											
SelectCare of Texas (HPN) Heritage Physicians Network	76045	835	✓	✓		✓	✓								
SelectCare of Texas (HPN) Heritage Physicians Network	76045	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
SelectCare of Texas (Kelsey-Seybold)	61225	835	✓	✓		✓	✓								
SelectCare of Texas (Kelsey-Seybold)	61225	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
SelectHealth	SX107	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
SelectHealth	SX107	837	✓	✓											
Self Insured Plans (Naples FL)	36404	837	✓	✓											
Self Insured Services Company (SISCO) Dental	CX020	837			✓						✓				
Self-Funded Plans Inc.	34131	837	✓	✓											
Selman Tricare Supp	52214	835	✓	✓		✓	✓								
Selman Tricare Supp	52214	837	✓	✓											
Selman Tricare Supp (DOS prior to 1/1/19)	TRSEL	837	✓	✓					✓	✓					
Sendero IdealCare	MV440	835		✓			✓								
Sendero IdealCare	MV440	837		✓			✓								
Sendero IdealCare	UV440	835	✓			✓									
Sendero IdealCare	UV440	837	✓			✓									
Sendero Star and CHIP	SCS17	835	✓	✓		✓	✓								
Sendero Star and CHIP	SCS17	837	✓	✓											
Senior Health Partners (SHP)	80141	835	✓	✓		✓	✓								
Senior Health Partners (SHP)	80141	837	✓	✓											
Senior Whole Health 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	✓	✓					✓	✓					New Payer code for New York claims effective 1/1/22
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	✓	✓											
Sentinel Security Life Insurance Company	87020	835	✓	✓		✓	✓								
Sentinel Security Life Insurance Company	87020	837	✓	✓					✓	✓					
Seoul Medical Group	SMG01	837	✓	✓											
Sequoia Beverage	TKFMC	837		✓											
Sequoia Health IPA	CAPMN	835	✓	✓		✓	✓								
Sequoia Health IPA	CAPMN	837	✓	✓					✓	✓					
Seton Health Plan (CHIP)	SHPCH	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Seton MAP Program	TH081	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
Shasta Administrative Services	75280	835	✓	✓		✓	✓								
Shasta Administrative Services	75280	837	✓	✓					✓	✓					
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	✓	✓											
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	30891	837	✓	✓											
Sierra Nevada Medical Association	MBA01	837		✓						✓					
Signature Advantage	SA001	835	✓	✓											
Signature Advantage	SA001	837	✓	✓											
Significa Benefits Services Inc.	23250	837	✓	✓											
Silicon Valley Medical Development	S9637	837	✓	✓					✓	✓					
Silver Cross Health Connection	65093	835	✓	✓		✓	✓								
Silver Cross Health Connection	65093	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Silversummit Healthplan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Silversummit Healthplan	68069	837	✓	✓					✓	✓		✓	✓		
SimplePay	27905	835	✓	✓		✓	✓								Formerly known as Community Health Alliance TN
SimplePay	27905	837	✓	✓											
Simply Healthcare	SMPLY	835	✓	✓		✓	✓								Mailing Address: PO Box 61010, Virginia Beach, VA 23466
Simply Healthcare	SMPLY	837	✓	✓					✓	✓		✓	✓		Mailing Address: PO Box 61010, Virginia Beach, VA 23466
Simply Healthcare Plans	00199	835	✓	✓											
Simply Healthcare Plans	00199	837	✓	✓					✓	✓					Former payer code 27094
Simpra Advantage Inc.	SIM01	835	✓	✓		✓	✓								
Simpra Advantage Inc.	SIM01	837	✓	✓											
Simpra Advantage Inc. (DOS > 12/31/2022)	SIM02	835	✓	✓		✓	✓								
Simpra Advantage Inc. (DOS > 12/31/2022)	SIM02	837	✓	✓					✓	✓					
Sinclair Health Plan	84076	837	✓	✓											
SisCo Benefits	00540	835	✓	✓		✓	✓								
SisCo Benefits	00540	837	✓	✓											
SisCo Benefits	44827	835	✓	✓		✓	✓								
SisCo Benefits	44827	837	✓	✓					✓	✓					
Sloans Lake Preferred Health Networks	84096	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	837	✓	✓					✓	✓					As of October 10, 2023, Electronic Remits Advice (ERA) is not available for this payer at this time.
Sound Health (now known as First Choice Health Network)	91131	835	✓	✓		✓	✓								
Sound Health (now known as First Choice Health Network)	91131	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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
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	✓	✓											
Southeast Texas Govt Employees Benefit Pool	TH116	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		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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		✓											
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)	37259	835	✓	✓		✓	✓								ERA Only
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. 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. Peter Medical Group, Inc.	HSM01	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
St. Vincent IPA	PDT01	835	✓	✓		✓	✓								
St. Vincent IPA	PDT01	837	✓	✓											
Staff Benefits Management Administration (SBM)	SBMCO	835	✓	✓		✓	✓								
Staff Benefits Management Administration (SBM)	SBMCO	837	✓	✓					✓	✓					
Standard Life and Accident (Secondary claims only)	73099	835	✓	✓		✓	✓								
Standard Life and Accident (Secondary claims only)	73099	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	✓	✓	✓						✓				
State Trust Group	42162	837	✓	✓											
Sterling Option 1	91151	837	✓	✓											
Stirling Benefits	06089	835	✓	✓	✓	✓	✓	✓							
Stirling Benefits	06089	837	✓	✓	✓										
Stonebridge Life Insurance Company (IA, PA)	TRP1E	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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓											
Summit Community Care	PASSE	835	✓	✓		✓	✓								
Summit Community Care	PASSE	837	✓	✓								✓	✓		
SunAmerica Life Insurance Company	90956	837		✓											
Sunrise Advantage Plan of IL	SIL01	835	✓	✓		✓	✓								
Sunrise Advantage Plan of IL	SIL01	837	✓	✓											
Sunrise Advantage Plan of NY	SNY01	835	✓	✓		✓	✓								
Sunrise Advantage Plan of NY	SNY01	837	✓	✓											
Sunrise Advantage Plan of PA	SPA01	835	✓	✓		✓	✓								
Sunrise Advantage Plan of PA	SPA01	837	✓	✓											
Sunrise Advantage Plan of VA	SVA01	835	✓	✓		✓	✓								
Sunrise Advantage Plan of VA	SVA01	837	✓	✓											
Sunshine State Health Plan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Sunshine State Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Superior Choice Medical Group	SCPR1	837	✓	✓											Former payer ID ECMSO
Superior Health Plan Texas	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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		✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Sutter Connect (SIP/SMG/SWMG)	SC004	837		✓						✓					
Sutter Connect Medical Foundation	99308	837	✓							✓					
Sutter Delta Medical Group	77318	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	835	✓	✓		✓	✓								
Sutter Medical Group of the Redwoods	77304	837	✓	✓						✓	✓				
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		✓			✓								
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	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 First Health Plans (TIOPA)	76046	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Texas HealthSpring	33104	837	✓	✓											
Texas Independence Health Plan	31403	837	✓	✓											
Texas Medicaid	12K64	835	✓			✓									
Texas Medicaid	12K64	837	✓						✓						
Texas Medicaid	SKTX0	835		✓	✓		✓	✓							
Texas Medicaid	SKTX0	837		✓	✓			✓		✓					
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	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
The Alliance	88461	837	✓	✓											
The Benefit Group Inc	TBGNE	837	✓	✓											
The Care Network/The Savannah Business Group	68423	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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			✓						✓			✓	
Third Party Administrators	37225	837	✓												
Thomas H. Cooper & Company	SX160	837		✓						✓					Equivalent to payer code 315
Thomas McGee	J1746	837	✓	✓								✓	✓		This is a workers comp payer
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	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Today's Options powered by CCRX	48055	835	✓	✓		✓	✓								
Today's Options powered by CCRX	48055	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
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	✓	✓											
Touchstone Health PSO	23856	835		✓			✓								
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		✓			✓								
Transact RX	PARTD	837		✓											
TransAmerica Financial Life Insurance Company (AR)	TLINS	837	✓	✓											
TransAmerica Financial Life Insurance Company (TX)	TRP1P	837	✓	✓											
TransAmerica Life Insurance Company (AR)	TLINS	837	✓	✓											
TransAmerica Life Insurance Company (IA, MD, PA)	TRP1E	835	✓	✓		✓	✓								
TransAmerica Life Insurance Company (IA, MD, PA)	TRP1E	837	✓	✓					✓	✓					
TransAmerica Life Insurance Company (TX)	TRP1P	837	✓	✓											
TransAmerica Premier Life Insurance Company (AR)	TLINS	837	✓	✓											
TransAmerica Premier Life Insurance Company (IA)	TRCLF	837	✓	✓											
TransAmerica Premier Life Insurance Company (TX)	TRP1P	837	✓	✓											
TransChoice-Key Benefit Administrators	37284	837	✓	✓					✓	✓					
Transwestern Insurance Administrators, Inc	TRAN1	837		✓						✓					
Trellis Health Partners	36397	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	TREST	835	✓	✓		✓	✓								
Tricare East	TREST	837	✓	✓		✓	✓								
Tricare for Life	12X43	835	✓			✓									
Tricare for Life	12X43	837	✓						✓						
Tricare for Life	SX176	835		✓			✓								
Tricare for Life	SX176	837		✓						✓					
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	835	✓	✓		✓	✓								
TRIHEALTH PHYSICIAN SOLUTIONS	31144	837	✓	✓											
TRIHEALTH PHYSICIAN SOLUTIONS - CONCERN	31143	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Trillium Community Health Plan	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Trillium Community Health Plan	68069	837	✓	✓					✓	✓		✓	✓		
Trillium Health Resources	56089	835	✓	✓		✓	✓								
Trillium Health Resources	56089	837	✓	✓											
Trinity Health Pace	TRNPC	837	✓	✓											
Trinity HealthShare	TRIN1	835	✓	✓		✓	✓								
Trinity HealthShare	TRIN1	837	✓	✓					✓	✓					
Triple-S Advantage	973MA	835	✓	✓		✓	✓								
Triple-S Advantage	973MA	837	✓	✓					✓	✓					
Triple-S Inc.	12B48	837	✓												
Triple-S Inc.	SB980	835		✓			✓								
Triple-S Inc.	SB980	837		✓			✓								
TRIPLEFIN LLC	64300	837	✓	✓											
TRISTAR Benefit Administrators	42137	835	✓	✓		✓	✓								
TRISTAR Benefit Administrators	42137	837	✓	✓											
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		✓			✓			✓					
True Health New Mexico	82288	835	✓	✓		✓	✓								
True Health New Mexico	82288	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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓		✓	✓					
TX Premier Plan - Medicaid	12T29	837	✓												
U.S. Network and Administrative Services	USN01	837	✓	✓					✓	✓					
UC Health Plan Admin	89789	835	✓	✓		✓	✓								
UC Health Plan Admin	89789	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 Senior Health Options	55413	835	✓	✓		✓	✓								
UCare Minnesota Senior Health Options	55413	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 Seminole Tribe of Florida	78702	837	✓	✓											
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	✓	✓					✓	✓					
Ullico Inc.	ULLIC	837	✓	✓											
Ultimate Health Plan	77022	837	✓	✓											
Ultra Benefits Inc.	41206	835	✓	✓		✓	✓								
Ultra Benefits Inc.	41206	837	✓	✓					✓	✓					
UMC HEALTH PLAN	75130	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Wausau	39026	835	✓	✓	✓	✓	✓	✓							
UMR Wausau	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	80314	835	✓	✓		✓	✓								
Unicare Life & Health	80314	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	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Unified Physicians Network	37105	837	✓	✓											
Uniform Medical Plan	39026	835	✓	✓		✓	✓								
Uniform Medical Plan	39026	837	✓	✓					✓	✓					
Unify HealthCare Administrators	84962	837	✓	✓	✓										
Union Labor Life Insurance Company (IA)	TRP1E	837	✓	✓					✓	✓					
Union Pacific IPA (SCPMCS)	SCP01	837	✓	✓											
Union Pacific Railroad Employees Health Systems	87042	835	✓	✓		✓	✓								
Union Pacific Railroad Employees Health Systems	87042	837		✓						✓					
Union Security Insurance Company Medicare	62118	835	✓	✓		✓	✓								
Unison Health Plan/Better Health Plans	87726	837	✓	✓					✓	✓					
UNITE HERE	UNITE	837	✓	✓											
United Administrative Services, Inc. (ERA Only)	94174	835	✓	✓		✓	✓								ERA Only
United Agriculture Benefit Trust	UABT1	837		✓						✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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 Fire	WZ997	835	✓	✓		✓	✓								
United Food & Commercial Workers Midwest Unions	36659	837		✓											
United Group Programs	UGP19	837	✓	✓											
United Healthcare (Golden Rule)(JVHL)	KRJ VH	835	✓	✓		✓	✓								
United Healthcare (Golden Rule)(JVHL)	KRJ VH	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			✓					✓				✓	
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			✓			✓							

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
United Healthcare Community Plan (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)	JRJVH	835	✓	✓		✓	✓								
United Healthcare Community Plan (Great Lakes Health Plan)(JVHL)	JRJVH	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			✓			✓							
United Healthcare Community Plan (Wash. DC Medicare)	GP133	837			✓					✓			✓		
United Healthcare Community Plan (WI)	GP133	835			✓			✓							
United Healthcare Community Plan (WI)	GP133	837			✓					✓			✓		
United Healthcare Community Plan AZ-Evercare	GP133	835			✓			✓							
United Healthcare Community Plan AZ-Evercare	GP133	837			✓					✓			✓		
United Healthcare Community Plan Louisiana-Medicaid (Healthy Louisiana)	GP133	835			✓			✓							
United Healthcare Community Plan Louisiana-Medicaid (Healthy Louisiana)	GP133	837			✓					✓			✓		
United Healthcare Dental	52133	835			✓			✓							
United Healthcare Dental	52133	837			✓					✓			✓		

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
United Healthcare NDC Claims	UHNDC	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	✓	✓		✓	✓								
UnitedHealthCare Community Plan (KS / KanCare)	96385	837	✓	✓					✓	✓					
UnitedHealthcare Community Plan / AZ (formerly AZ Physicians IPA APIPA)	03432	835	✓	✓		✓	✓								Formerly AZ Physicians IPA APIPA
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	✓	✓		✓	✓								Formerly Great Lakes Health Plan
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	86001	837	✓	✓											
UnitedHealthcare Community Plan / NJ (formerly Americhoice NJ Medicaid)	86047	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
UnitedHealthcare Community Plan / NJ (formerly AmeriChoice NJ Medicaid)	86047	837	✓	✓					✓	✓					
UnitedHealthcare Community Plan / NY	NYU01	835	✓	✓		✓	✓								ERA Payer Code NYU01
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	✓	✓		✓	✓								ERA Payer Code TEX01
UnitedHealthcare Community Plan / UnitedHealthcare Dual Complete	87726	837	✓	✓					✓	✓					
UnitedHealthcare Community Plan / UnitedHealthcare Long Term Care	87726	837	✓	✓					✓	✓					
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	✓	✓		✓	✓								
UnitedHealthcare West	87726	837	✓	✓					✓	✓					
UnitedHealthcare West Encounters	95958	837		✓											
UnitedHealthOne	81400	835	✓	✓		✓	✓								
UnitedHealthOne	81400	837	✓	✓					✓	✓					
UnitedHealthOne (formerly Golden Rule)	37602	835	✓	✓		✓	✓								Formerly Golden Rule
UnitedHealthOne (formerly Golden Rule)	37602	837	✓	✓					✓	✓					Formerly Golden Rule
UnitedHealthcare Community Plan	87726	837	✓	✓					✓	✓					
Unity Health Insurance	66705	837	✓	✓					✓	✓					
Unity Health Insurance	QUARTZASO	835	✓	✓		✓	✓								
Univera Healthcare	UNINW	835	✓	✓		✓	✓								
Univera Healthcare	UNINW	837	✓	✓						✓					
Universal Benefits (IA, MD)	TRP1E	837	✓	✓					✓	✓					
Universal Care - California	33001	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓					✓	✓					
University of Utah Health Plans	SX155	835	✓	✓		✓	✓								
University of Utah Health Plans	SX155	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			✓			✓							
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		✓			✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
US Department of Labor	77044	837		✓						✓					
US Department of Labor - Black Lung	77104	835		✓				✓							
US Department of Labor - Black Lung	77104	837		✓						✓					
US Department of Labor - Energy	77103	835		✓				✓							
US Department of Labor - Energy	77103	837		✓						✓					
US Engagement, LLC	50443	837	✓	✓											
US Family Health Plan	90551	837	✓	✓											
US Family Health Plan (USFHP) TX AND LA	USFHP	835	✓	✓		✓	✓								
US Family Health Plan (USFHP) TX AND LA	USFHP	837	✓	✓					✓	✓					
US Imaging Network	50383	835	✓	✓		✓	✓								
US Imaging Network	50383	837	✓	✓											
USAA-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	835	✓			✓									
Utah Medicaid	12K42	837	✓			✓			✓						
Utah Medicaid	SKUT0	835		✓			✓								
Utah Medicaid	SKUT0	837		✓			✓			✓					
Utah Medicare	12M84	837	✓			✓									
Utah Medicare	MR046	835	✓			✓									
Utah Medicare	SMUT0	835		✓			✓								
Utah Medicare	SMUT0	837		✓			✓			✓					
UTMB Correctional Managed Care	UTMBC	835	✓	✓		✓	✓								
UTMB Correctional Managed Care	UTMBC	837	✓	✓											
UW Graduate Appointee Plan	91136	835	✓	✓		✓	✓								
UW Graduate Appointee Plan	91136	837	✓	✓											Per payer, please enter group #F62 when submitting claims.
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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
VA Community Care Network Region 3	VACCN	835	✓	✓		✓	✓								
VA Community Care Network Region 3	VACCN	837	✓	✓	✓				✓	✓	✓				For DOS after 7/29/19
VA Community Care Network Region 4	VACCN4	835	✓	✓		✓	✓								
VA Community Care Network Region 4	VACCN4	837	✓	✓					✓	✓					
VA Community Care Network Region 5	VACCN5	835	✓	✓		✓	✓								
VA Community Care Network Region 5	VACCN5	837	✓	✓					✓	✓					
VA Fee Basis Programs	12115	835	✓	✓		✓	✓								
VA Fee Basis Programs	12115	837	✓	✓								✓	✓		
VA Financial Services Center (Dialysis)	VAFSC	837	✓						✓						
Valenz	94749	837	✓	✓											
Valir Pace	64009	837	✓	✓											
Valley Baptist Health Plan	12T06	837	✓						✓						
Valley Baptist Health Plan	TH022	837		✓											
Valley Care IPA	VCIPA	835	✓	✓		✓	✓								
Valley Care IPA	VCIPA	837	✓	✓					✓	✓					
Valley Health Plan (Commercial)	VHP01	835	✓	✓		✓	✓								
Valley Health Plan (Commercial)	VHP01	837	✓	✓		✓	✓		✓	✓					
Valley Health Plan (Medi-Cal)	VHP02	835	✓	✓		✓	✓								
Valley Health Plan (Medi-Cal)	VHP02	837	✓	✓		✓	✓		✓	✓					
Valley 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	✓	✓					✓	✓					
Valley Presbyterian Hospital Community Family Care VPRESFCFC	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	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								ERA's are activated as soon as the provider is approved for EDI submissions.
Vaya Health	13010	837	✓	✓											ERA's are activated as soon as the provider is approved for EDI submissions.
Ventura County Health Care Plan	VCHCP	837	✓	✓					✓	✓					
Verdugo Hills Medical Group	66126	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	✓	✓											
Victor Valley IPA	VVIPA	837		✓											
VieCare Life and Beaver and Life Lawrence Counties	25924	835	✓	✓		✓	✓								
VieCare Life and Beaver and Life Lawrence Counties	25924	837	✓	✓											
VieCare Life Armstrong	25922	835	✓	✓		✓	✓								
VieCare Life Armstrong	25922	837	✓	✓											
VieCare LIFE Butler	25923	835	✓	✓		✓	✓								
VieCare LIFE Butler	25923	837	✓	✓											
Village Family Practice	73743	837	✓	✓											Payer code is no longer active ... please send claims to Wellcare payer id 14163
Village MD	37105	835	✓	✓		✓	✓								aka Amita Health Medical Care Group
Village MD	37105	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Village Practice Management Company	36477	837	✓	✓											
VillageCareMAX	26545	837	✓	✓											
Virgin Islands Medicare	12M52	835	✓			✓									
Virgin Islands Medicare	12M52	837	✓												
Virgin Islands Medicare	SMVIO	835		✓			✓								
Virgin Islands Medicare	SMVIO	837		✓											
Virgin Islands Medicare Part B (J9-First Coast)	SMVIO	837		✓											
Virginia Health Network, Inc.	54138	837		✓						✓					
Virginia Mason Group Health	91131	835	✓	✓		✓	✓								
Virginia Mason Group Health	91131	837	✓	✓											
Virginia Medicaid	12003	835	✓			✓									
Virginia Medicaid	12003	837	✓						✓						
Virginia Medicaid	SKVA0	835		✓			✓								
Virginia Medicaid	SKVA0	837		✓						✓					
Virginia Medicare	12004	837	✓			✓			✓						
Virginia Medicare	SMVA0	835		✓			✓								
Virginia Medicare	SMVA0	837		✓			✓			✓					
Virginia Premier Health Plan	VAPRM	835	✓	✓		✓	✓								
Virginia Premier Health Plan	VAPRM	837	✓	✓		✓	✓		✓	✓					
Vista Oncology - New Century Infusion Solutions	NCH08	837		✓											
VitalCore Millette	MAI58	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	✓	✓					✓	✓					Claims submitted to 45488 for DOS prior to 1/1/21. Claims with DOS 1/1/21 forward submit to payer code A0102
VMD Primary Providers of AZ	84213	835	✓	✓		✓	✓								
VMD Primary Providers of AZ	84213	837	✓	✓											
VNA Homecare Options	31626	837	✓	✓											
VNS CHOICE Medicare	77073	835	✓	✓		✓	✓								
VNS CHOICE Medicare	77073	837	✓	✓					✓	✓					
VOLUSIA HEALTH NETWORK	59266	835	✓	✓		✓	✓								
VOLUSIA HEALTH NETWORK	59266	837	✓	✓											

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								ERA Only
Vytra Healthcare	22264	835	✓	✓		✓	✓								
Vytra Healthcare	22264	837	✓	✓		✓	✓		✓	✓					
WA - Washington Coordinated Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
WA - Washington Coordinated Care	68069	837	✓	✓					✓	✓		✓	✓		
Wabash Memorial Hospital Association	85256	835	✓	✓		✓	✓								
Wabash Memorial Hospital Association	85256	837	✓	✓											
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	✓	✓		✓	✓								
WelbeHealth	WBHCA	837	✓	✓					✓	✓					

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Welcome Health	MPM57	837	✓	✓											
Welfare and Pension Administrators	91136	835	✓	✓		✓	✓								
Welfare and Pension Administrators	91136	837	✓	✓	✓										Per payer, please enter group #F62 when submitting claims.
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	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
Wellcare by Allwell	68069	837	✓	✓					✓	✓		✓	✓		
Wellcare Complete	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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.
WellFirst Health	39113	837	✓	✓					✓	✓					
Wellmark BCBS - Medicare COB	12B92	837	✓						✓						
Wellnet Health Plans	25711	837	✓	✓					✓	✓					
WellPay/Inssolen	95729	837	✓	✓											
Wellpoint Maryland	26375	835	✓	✓		✓	✓								ERA payer code 26375
Wellpoint Maryland	26375	837	✓	✓					✓	✓		✓	✓		
WellSpace Nexus LLC	NEXUS	835	✓	✓		✓	✓								
WellSpace Nexus LLC	NEXUS	837	✓	✓											

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

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Western Sky Community Care	68069	835	✓	✓			✓								Inst: This payer is not available for production until April 1, 2024.; Prof: ERA Payer Code 68069; Payer requires EFT enrollment in order for ERA files to be returned. Centene will not produce an ERA file for any paper checks.;
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	✓	✓					✓	✓					
Willamette Valley Community Health	WVCH5	835	✓	✓		✓	✓								
Willamette Valley Community Health	WVCH5	837	✓	✓					✓	✓					
William C. Earhart	93050	835	✓	✓		✓	✓								
William C. Earhart	93050	837	✓	✓											
Willow Health	WHLTH	837	✓	✓					✓	✓					
Wilson McShane Dental	R7002	837			✓							✓		✓	
Wilson-McShane	41095	837	✓	✓											
Windsor Medicare Extra	62153	837	✓	✓					✓	✓					
WINHealth	27327	835	✓	✓		✓	✓								
WINHealth	27327	837	✓	✓					✓	✓					
Wisconsin Chronic Disease Program (WCDP)	SKWID	835	✓	✓		✓	✓								
Wisconsin Chronic Disease Program (WCDP)	SKWID	837	✓	✓					✓	✓					
Wisconsin Department of Corrections	74101	835	✓	✓		✓	✓								
Wisconsin Department of Corrections	74101	837	✓	✓											
Wisconsin Medicaid	CKWI1	835			✓			✓							
Wisconsin Medicaid	CKWI1	837			✓										
Wisconsin Medicaid	SKWI0	835	✓	✓		✓	✓								
Wisconsin Medicaid	SKWI0	837	✓	✓					✓	✓					
Wisconsin Medicare	12M29	835	✓			✓									
Wisconsin Medicare	12M29	837	✓			✓			✓						
Wisconsin Medicare	SMWI0	835		✓			✓								
Wisconsin Medicare	SMWI0	837		✓			✓			✓					
Wisconsin Well Woman Program (WWWP)	SKWIW	835	✓	✓		✓	✓								
Wisconsin Well Woman Program (WWWP)	SKWIW	837	✓	✓					✓	✓					
Women's Integrated Network Inc. (WIN Fertility)	13413	837		✓											
Workers Comp of West Virginia	SX067	837		✓			✓								
Workers Comp/Arkansas Blue Cross	12048	837	✓			✓			✓						

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
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	✓	✓		✓	✓								
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	837			✓					✓				✓	
Zing Choice IL (HMO)	83248	835	✓	✓		✓	✓								

Payer Name	Payer Code	Transaction	Available			Enrollment			COB			Attachments			Notes
			I	P	D	I	P	D	I	P	D	I	P	D	
Zing Choice IL (HMO)	83248	837	✓	✓											