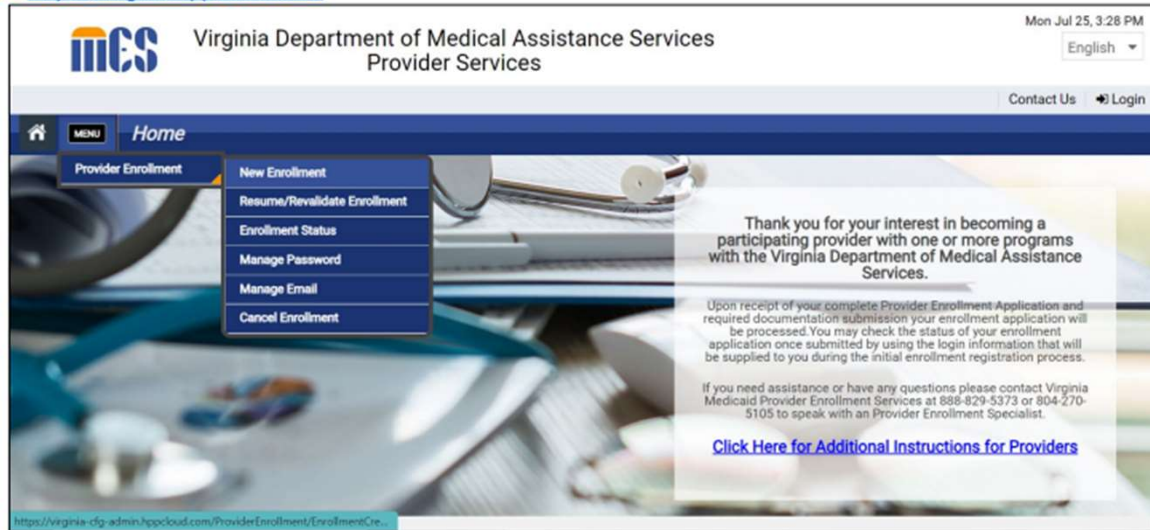


ORP/LEA Enrollment and Revalidation



Instructions for Enrolling as an Ordering, Referring or Prescribing (ORP) Provider for School-Based Services*

→ Go to <https://virginia.hppcloud.com/>



→ Choose "Menu" > "Provider Enrollment" > "New Enrollment"

*Note: These instructions are applicable for the following provider types enrolling only for referring for school-based services:

Clinical Psychologists
Clinical Social Workers
Marriage and Family Therapists
Nurse Practitioners
Occupational Therapists
Physical Therapists

Professional Counselors
School Psychologists
Speech-Language Pathologists
School Social Workers (pending federal approval and systems changes)
School Counselors (pending federal approval and systems changes)
Behavior Analysts
Substance Abuse Treatment Practitioners

Pre-Enrollment Checklist

Welcome to the Virginia Department of Medical Assistance Services Provider Enrollment System

Please note that only one provider type can be enrolled per application and required documentation must be complete, legible and current. You will be notified if your enrollment application cannot be processed because it is incomplete or the information is incorrect.

Providers should review enrollment requirements using the Enrollment Pre-Checklist below to determine what is required by Enrollment Type, Medicaid Program, Provider Type, and Specialty. Once you have started your enrollment application you may also reference the User Guide for additional information that will guide you through the enrollment application process.

Please click the "Start" button to begin the enrollment process. The application will automatically save each time you click "Continue".

START

Enrollment Pre-Checklist

Please select from the below parameters to generate a checklist enlisting the credentials and required documentation for your enrollment application. All information must be complete and current for processing.

* Enrollment Type	ⓘ	* Provider Type	ⓘ
Ordering, Prescribing, Referring	▼	Therapists	▼
* Specialty	ⓘ	Tax ID Type	ⓘ
043-Speech-Language Pathologist	▼	<input type="radio"/> EIN	<input checked="" type="radio"/> SSN
Are you Medicare enrolled?	ⓘ	* I will accept patients in the following programs:	ⓘ
<input type="radio"/> Yes	<input checked="" type="radio"/> No	FFS only	▼

CLEAR **GENERATE PRE-CHECKLIST**

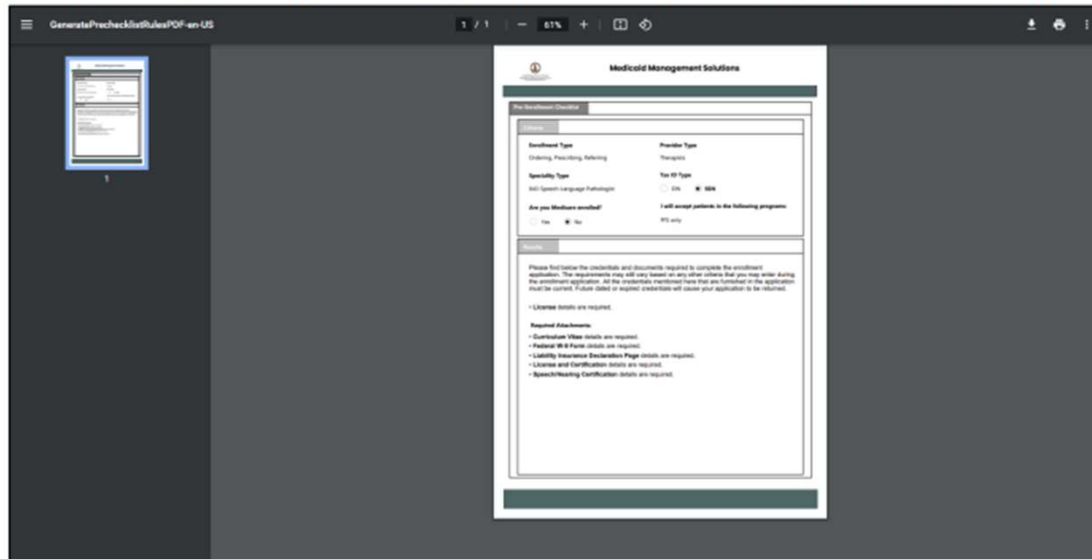
- Choose the Enrollment type: "Ordering", "Prescribing", "Referring"
- Choose the Provider Type: "Behavioral Health Practitioner" (for psychologists, social workers, counselors, applied behavior analysts and other behavioral health professionals licensed by the Virginia Department of Health Professions VDHP) or choose "Therapist" (for rehab specialty providers including speech, physical and occupational therapists – also licensed by VDHP)

*Note: School counselors, school social workers and school psychologists licensed by VDOE **may not enroll at this time pending federal approval and needed systems changes.***

- Choose the Specialty Type: From the drop-down menu, choose the option that most closely matches your license type. (Note: School social workers, choose "Social Worker".
- Choose Tax ID Type: "SSN"
- Answer: "Are you Medicare-enrolled? Choose "No"
- I will accept patients in the following programs: Choose "FFS only"
- Click on "Generate Pre-Checklist"

Pre-Enrollment Checklist

A separate window will open. You will see a list of required attachments. Ensure that you have all of the attachments available/on-hand prior to proceeding with the application. The types of attachments required will vary based on the provider type.



The screenshot shows a web browser window displaying the 'Medicaid Management Solutions' Pre-Enrollment Checklist. The form is titled 'The Enrollment Checklist' and contains several sections:

- Enrollment Type:** Ordering, Referring, Refilling
- Provider Type:** Therapist
- Specialty Type:** All Special Language Proficiency: OIA MIA
- Are you Medicaid enrolled?** Yes No
- I will accept patients in the following programs:** All MCO only

Below the form, there is a section titled 'Please furnish the credentials and documents required to complete the enrollment application. The requirements may vary based on any other criteria that you may enter during the enrollment application. All the credentials mentioned here that are included in the application must be current. If such detail or required information will leave your application to be reviewed.'

Required Attachments:

- License details are required.
- Contribution Vitals details are required.
- Federal W-9 Form details are required.
- Liability Insurance Declaration Page details are required.
- License and Certification details are required.
- Speech/Hearing Certification details are required.

NOTE: Those enrolling as ordering, referring or prescribing (ORP) providers only (professionals that do not intend to bill Medicaid) are **not** required to submit the following documents:

[Liability Insurance Declaration Page](#)

[Federal W-9 Form](#)

[Curriculum Vitae](#)

[Medical Board Certification](#)

Reference page 23 and 27 for additional instructions on this topic.

→ When you have compiled electronic (scanned) versions of the required documents, click on "Start".

→ Make note of your tracking number.

The screenshot displays the Virginia Department of Medical Assistance Services (DMAS) Provider Services website. The header includes the DMAS logo, the text "Virginia Department of Medical Assistance Services Provider Services", and the date "Mon Jul 25, 4:00 PM". A navigation bar shows "Provider Enrollment" and "General Information". A "Tracking Number: 9060860351" is prominently displayed. A blue-bordered dialog box titled "Registration Complete" is centered on the screen, containing the following text: "Your tracking number is 9060860351. An email will be generated and sent to your email address rebecca.anderson@dmass.virginia.gov with further instructions. You can now continue with your enrollment application." Below the dialog box, the "Initial Enrollment Information" section is visible, featuring a dropdown menu for "Enrollment Type" and a "Provider" field. The "Provider Information" section below it includes a text input field for "NPI" and a checkbox for "Are you currently enrolled as a Provider?".

Initial Enrollment Information and Provider Information

- Choose Enrollment type: "Ordering, Prescribing, Referring"
- Choose Provider Type: "Behavioral Health Practitioner" or "Therapist" (for rehab specialty providers including speech, physical and occupational therapists)
- Enter the Effective Date: This is the first date for which services associated with your National Provider Identifier (NPI) as the referring provider may be billed by your school division(s). **This date can be retroactive within the most recent 365-day period or a date that is no longer than 90 days in the future.** You must be licensed and otherwise eligible to enroll with DMAS on the effective date used.
- Choose Program Selection: I will accept patients in the following programs: Choose "FFS Only"
- Fill out the remaining page of the form. Items with a blue* are required.

General Required Fields (4)

Initial Enrollment Information

Enrollment Type: Ordering, Prescribing, Referring
Provider Type: Therapists
Effective Date: 07/12/2022

Provider Information

The Provider Name must be the current name on tax, corporation, or other legal documents. The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9 for businesses and Internal Revenue Service records for individuals.

Title: _____
Last Name: Bird
First Name: Twenty
Middle Name: _____
Suffix: _____

Gender: select a value...
What is your ethnicity? **SSN is a required field.**
Birth Date: 01/01/1942

NPI: 1234567890
SSN: --- -- 5555

Are you currently enrolled as a Provider?
 Yes No

Were you previously enrolled as a Provider?
 Yes No

Are you Medicare enrolled?
 Yes No

This provider application is for enrollment in the Virginia Medicaid Managed Care program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations or to provide Dental Services, your enrollment application and supporting documentation will be forwarded to the appropriate organizations. Please select from program options below.

I will accept patients in the following programs:
FFS only

Are you registered with CAQH?
 Yes No

Initial Enrollment Information and Provider Information (cont'd)

Note: Address confirmation may indicate "invalid". Double-check the address, and if the address information is correct, choose "Yes".

This provider enrollment application is for the Department of Medical Assistance Services of Virginia program(s). If your enrollment includes a request to participate in one or more of the Virginia Medicaid Managed Care Organizations or to provide Dental Services, your enrollment application and supporting documentation will be forwarded to those selected organizations. Please select from program options below:

I will accept patients in the following programs:

FFS only

I will accept patients in the following programs: is a required field.

Are you registered with CAQH?

Yes No

Contact Information

Title

Last Name

Last Name is a required field.

Address Line 1

City

City is a required field.

State

State is a required field.

Country

Country is a required field.

ZIP Code/ Postal Code

ZIP Code/ Postal Code is a required field.

Phone Type

Phone Type is a required field.

Telephone Number

Telephone Number is a required field.

Telephone Number Extension

Fax Number

Email Address

Confirm Email

Address Confirmation

Address has been validated and it is invalid. Do you want to keep the same address details to continue further?

New Specialties

- Choose "Create New"
- Choose **Specialty Type**: From the drop-down menu, choose the option that most closely matches your license type
 - Be sure to check box marked "**Make Primary**"
- Enter **Taxonomy**: This taxonomy code should match the specialty you chose.
- Enter **Effective Date**: Enter **the effective date of your current applicable professional license**.

The screenshot shows a web application interface for managing specialties. A modal window titled "New Specialty" is open, allowing the user to create a new specialty. The modal contains the following fields:

- Make Primary
- Specialty**: A dropdown menu with the placeholder text "select a value...".
- Taxonomy**: A dropdown menu with the placeholder text "select a value...".
- Effective Date**: A date picker field.

At the bottom of the modal, there are "CANCEL" and "SAVE" buttons. The background shows a "Specialties" table with columns for "Specialty" and "Taxonomy", and buttons for "CREATE NEW" and "Edit".

→ Enter additional taxonomies, if applicable.

This system requires a "primary" specialty/taxonomy. You may enter additional taxonomies, if applicable.

Note: Additional taxonomies are not required. In most cases this will not be applicable.

Virginia Department of Medical Assistance Services
Provider Services

Mon Jul 25, 4:27 PM

Provider Enrollment Specialties

Print Preview

Provider Type
Therapists

CREATE NEW

Specialty	Taxonomy	Primary	Effective Date	Edit
043-Speech-Language Pathologist	235Z00000X-Speech-Language Pathologist	X	07/25/2022	

Additional Taxonomies

Additional taxonomy codes may be added below. The taxonomy codes will not be associated with a specialty.

CREATE NEW

Taxonomy	Edit
----------	------

Service Location

The screenshot shows a web interface for managing service locations. At the top, a progress bar indicates the current step is 'Service Location'. Below the progress bar are navigation buttons: 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'. The main content area is titled 'Service Location (For Revalidations, If a Service Location is listed below, please select Edit and review all data)'. It features a 'CREATE NEW' button and a table with the following columns: Location Name, Address Line1, Address Line 2, City, State, Primary, and Edit. The table is currently empty.

- Choose "Create New". Your service location will be the main business address for your school division, regardless of the specific school buildings where you may provide services to students.
 - You are able to enter multiple locations, for example, if you work for more than one school division.
- Note:** Be sure to click the "Make Primary" box to advance to the next screen even if you only have one service location.

This screenshot shows the 'New Service Location' form. A modal window is open over the form, containing the following fields and data:

- Location Name:** Merrie Melodies School
- Contact Information:**
 - Last Name: Cat
 - First Name: Sylvester
 - Middle Name:
 - Suffix:
- Address Line 1:** 987 Warner Bros Lot
- Address Line 2:**
- City:** Richmond
- State:** Virginia
- ZIP Code/ Po...:** 23219-0000
- Location Code:** In State
- County:** Richmond
- Country:** United States

Email: rebecca.anderson@dmas.virginia.gov (both fields)

Phone Number: (Required field)

Phone Type: Mobile

Telephone Number: 417-881-9552

Telephone Number Extension:

Service Location (Cont'd)

What you enter for these prompts under “**Service Address Information**” will not affect your application.

The image shows a screenshot of a web application interface. A modal window titled "New Service Location" is open, displaying various form fields. The "Service Address Information" section is highlighted with a black box. This section contains several dropdown menus and checkboxes:

- Accepting New Patients with Special Needs
- Age Restrictions
- Accepting New Patients
- Accepting existing patients
- Preferred Patient Gender
- No Restrictions

The background shows a "PROGRESS" bar with steps: 1 General Information, 2 Special Services, 3 Agreement / Submit. Other visible buttons include "CANCEL", "SAVE AND CONTINUE", "CREATE NEW", and "Edit".

Mailing address

- Where do you want information related to your enrollment sent?
 - This **may or may not** be the same as your service location.
- Indicate your preferred method of contact – land mail **or** email.

The screenshot shows a web form for entering a mailing address. At the top, the logo for 'mcs' (Virginia Department of Medical Assistance Services) is displayed, along with the text 'Virginia Department of Medical Assistance Services Provider Services' and the date 'Mon Jul 25, 4:42 PM'. A navigation bar includes 'Provider Enrollment' and 'Addresses'. A 'Print Preview' button is visible in the top right. Below the navigation bar, a message states: 'You may enter the Mail To address only after completing all the required fields for the Service Location address.' The form contains several sections: 1. A checkbox labeled 'Same as Service Location' which is checked. 2. A 'Location Name' field containing 'Merrie Melodies School'. 3. A 'CONTACT INFORMATION' section with fields for: 'Last Name' (Cat), 'First Name' (Sylvester), 'Middle Name', and 'Suffix'. 4. 'Address Line 1' (987 Warner Bros Lot) and 'Address Line 2'. 5. 'City' (Richmond) and 'State' (Virginia). 6. 'ZIP Code/ Postal Code' (23219-0000) and 'Country' (United States). 7. A second 'Same as Service Location' checkbox, which is also checked. 8. A 'Preferred Communication' section with radio buttons for 'Mail' (selected) and 'Email'. 9. An 'Email' field and a 'Confirm Email' field.

License Information

→ A Virginia license **must** be entered.

The screenshot shows a 'New License' modal form. The form contains the following fields:

- License or Certification Number: 123456
- Issuing State: Rhode Island
- License or Certification Entity: OTHER - OTHER
- Effective Date: 07/01/2022
- End Date: 07/02/2025

Buttons: CANCEL, SAVE

Below the modal, the 'Medicaid Program' section is visible with the question: "Are you enrolled in other state Medicaid programs? If so, please indicate which states." The 'No' radio button is selected.

→ Indicate if you are enrolled in any other state Medicaid programs. **(The licensing state must be the same as the service location state.)**

The screenshot shows the 'License' table in the Credentials system. The table contains one row of data:

License or Certification Number	Issuing State	License or Certification Entity	Effective Date	End Date	Edit
123456	Virginia	DHP - Virginia Department of Health Professionals	07/01/2022	07/02/2025	

Buttons: CANCEL, PREVIOUS, SAVE AND CONTINUE

Below the table, the 'Medicaid Program' section is visible with the question: "Are you enrolled in other state Medicaid programs? If so, please indicate which states." The 'No' radio button is selected.

Other Information

- You **may** enter other optional information including a provider website, medical facility ownership information, as applicable.
- This information is **not required**.

The screenshot displays the 'Other' step of a 9-step enrollment process. The header includes the 'mcs' logo, the text 'Virginia Department of Medical Assistance Services Provider Services', and the date 'Mon Jul 25, 4:51 PM'. A navigation bar contains links for 'New Enrollment', 'Resume/Revalidate Enrollment', 'Enrollment Status', 'Manage Password', 'Manage Email', 'Cancel Enrollment', and 'Print Preview'. The current step is 'Step 6: Other - Tracking Number: 9060860351'. A progress bar shows steps 1 through 9, with 'Other' (step 6) highlighted in yellow. Below the progress bar are buttons for 'CANCEL', 'PREVIOUS', and 'SAVE AND CONTINUE'. The main content area is titled 'Other' and contains a 'Languages' section with a 'CREATE NEW' button and an 'Edit' button.

Disclosures

You will disclose any issues with your licensure or education, any disciplinary actions taken against you, etc. If a topic is not applicable, indicate "no".

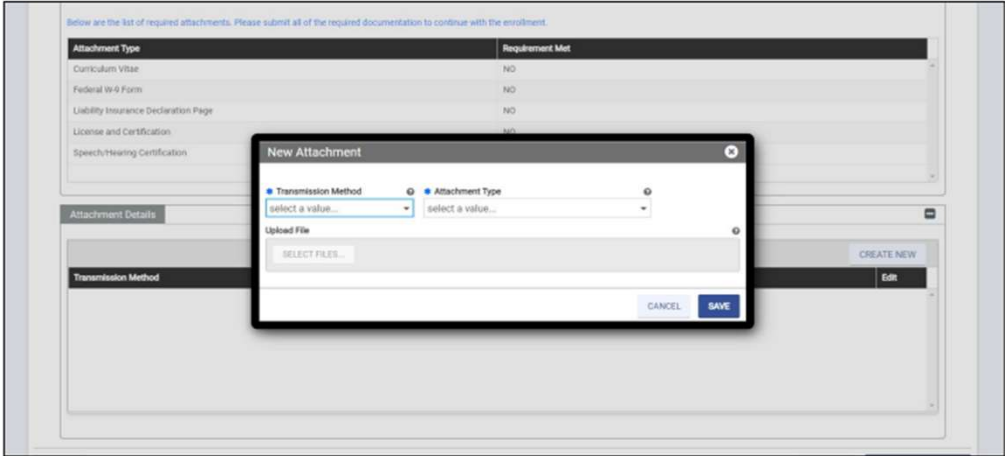
The screenshot shows a web application interface for a 'New Provider Self Disclosure' form. The form is divided into several sections: 'Licensure' and 'Affiliations'. Each section contains three questions with radio button options for 'Yes' and 'No'. The 'Licensure' section questions are: 'Has any action ever been taken against your license or certification, by any state or certification board in the past 10 years?', 'Have there been any changes to your license, registration or certification in the past 10 years?', and 'Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?'. The 'Affiliations' section questions are: 'Has any action ever been taken against your medical privileges or any other associations, by any hospital, healthcare institution or governing board?', 'Have you ever voluntarily withdrawn your privileges based on any action by a hospital, healthcare institution or governing board?', and 'Have you ever been terminated or not renewed your enrollment, or subject to any disciplinary action by any healthcare organization?'. The form also includes a 'Create New' button and a 'SAVE AND CONTINUE' button.

Contact for audit purposes

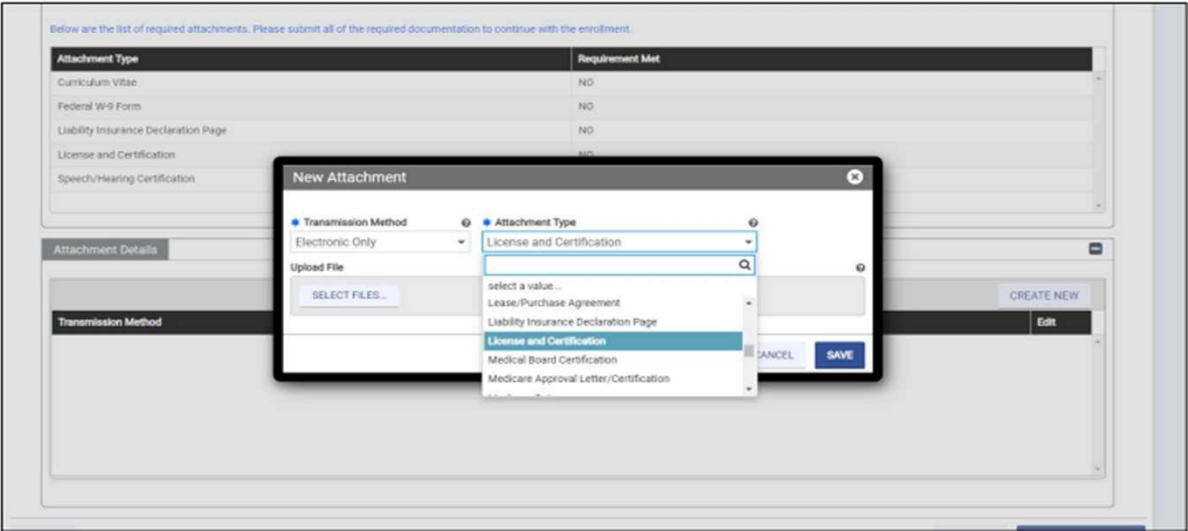
Enter the physical address of where student service records are maintained. Provide a key contact for purposes of accessing student service records for audit purposes. Check with your Medicaid Coordinator if you are unsure.

The screenshot shows a web application interface for a 'New Provider Self Disclosure' form, specifically the contact information section. The form is divided into several sections: 'Provide the following information for the contact person for audit purposes.', 'Provide the address for the physical location of the records to be kept.', and 'P.O. boxes and drop boxes are not acceptable.'. The 'Provide the following information for the contact person for audit purposes.' section includes fields for Title, Last Name, First Name, Middle Name, and Suffix. The 'Provide the address for the physical location of the records to be kept.' section includes fields for Address Line 1, Address Line 2, City, State, Country, and ZIP Code. The 'P.O. boxes and drop boxes are not acceptable.' section includes fields for Address Line 1, Address Line 2, City, State, Country, and ZIP Code. The form also includes a 'Phone Type' dropdown and a 'Telephone Number' field. The form also includes a 'Create New' button and a 'SAVE AND CONTINUE' button.

Submitting Required Attachments



Attach an Electric Copy of Your License and/or Certification



Attachments NOT Required for ORP Providers

When prompted to upload the forms listed below, you may instead upload a document simply stating that you are enrolling as an ORP provider and these forms are not required. You may use the same document (see sample on the next page), but the document must be uploaded in place **need to add an "e"** of each of the documents listed as required on your Pre-Enrollment Checklist (see page 3).

[Liability Insurance Declaration Page](#)

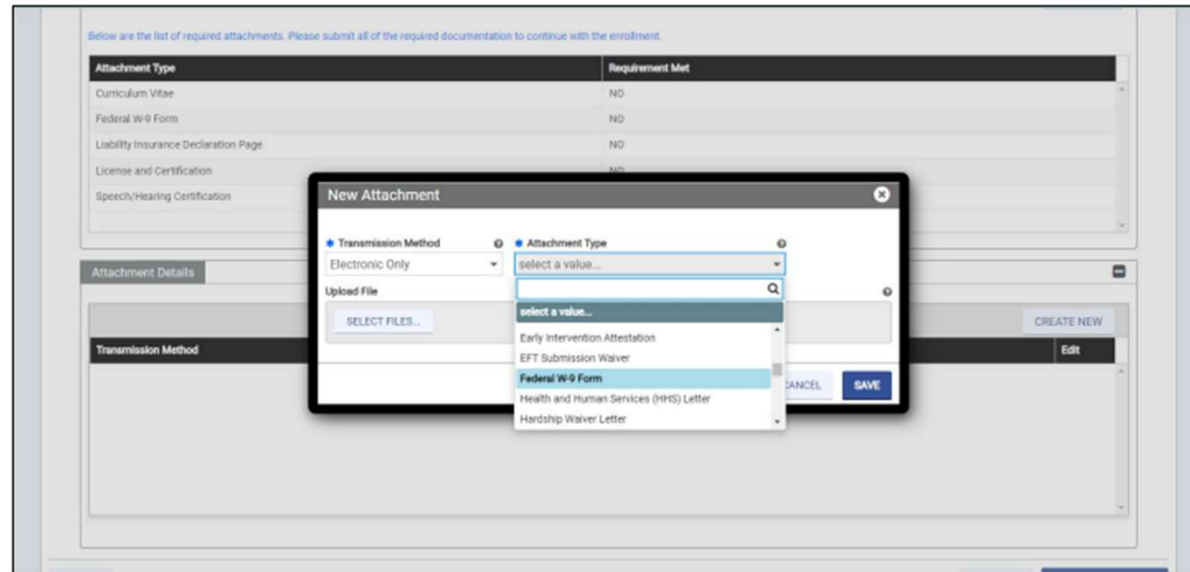
[Federal W-9 Form](#) (please state on the document that you are enrolling using your social security number)

[Curriculum Vitae](#)

[Medical Board Certification](#)

[DEA License](#)

[Certification \(SLP certification is NOT required for DMAS ORP enrollment\)](#)



Sample:

July 18, 2022

RE: Required documents - Workaround for ORP provide enrollment

To whom it may concern:

I am enrolling with DMAS as an ordering, referring or prescribing (ORP) provider type. My NPI is 1234567890. I am enrolling with my social security number and a W9 form is not required.

In addition, the following documents are also not required for ORP providers:

- Curriculum Vitae details
- Liability Insurance Declaration Page details

Sincerely,

This letter should be created on the LEA company letterhead and either emailed or faxed to Virginia Medicaid Provider Enrollment Services.

• Fax - 804-270-7027 or 888-335-8476

Virginia Medicaid Provider Enrollment Helpdesk

• Phone - 804-270-5105 or 888-829-5373

• Fax - 804-270-7027 or 888-335-8476

Email:

VaMedicaidProviderEnrollment@gainwelltechnologies.com

Liability Insurance Declaration

Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment.

The screenshot shows a web application interface for uploading attachments. A modal dialog titled "New Attachment" is open, displaying a dropdown menu for "Attachment Type". The dropdown is open, showing a search bar and a list of options. "Liability Insurance Declaration Page" is highlighted in blue. Other options include "Curriculum Vitae", "License and Certification", "Medical Board Certification", "Lease/Purchase Agreement", and "IRS 147C". The "Transmission Method" is set to "Electronic Only". The background shows a table of required attachments with columns "Attachment Type" and "Requirement Met".

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	NO

CV

Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment.

The screenshot shows the same web application interface. The "New Attachment" dialog box is open, and the "Attachment Type" dropdown menu is open, showing a search bar and a list of options. "Curriculum Vitae" is highlighted in blue. Other options include "CV - 3 Year Residency in Psychiatry", "HCBS Compliance Letter", "DFA", "Collaborating Physician Form", "Lease/Purchase Agreement", and "IRS 147C". The "Transmission Method" is set to "Electronic Only". The background shows the same table of required attachments.

Attachment Type	Requirement Met
Curriculum Vitae	NO
Federal W-9 Form	NO
Liability Insurance Declaration Page	NO
License and Certification	NO
Speech/Hearing Certification	NO

Once you have uploaded all required documents you will proceed to the final section.

Complete the Agreement and Submit.

You will be notified within 10 business days by email or land mail of the results of your application. The mode of notification will depend on the preference indicated in the **Addresses** section (reference page 14).

Revalidating Enrollment as an Ordering, Referring or Prescribing (ORP) Provider for School-Based Services

Validation of enrollment as an ORP provider

- All enrolled providers must complete a **revalidation** of their enrollment information at least every 5 years. (Timing may vary depending on provider specialty.)
- DMAS will mail or email revalidation information and instructions directly to the providers, depending on the communication preference noted in their initial ORP application. The first notification will be sent approximately 90 days prior to the deadline for revalidation.
- ORP providers do not have to be registered with the **MES Provider Portal** to receive notifications, but they do have to make sure to keep their contact information updated with DMAS. For those not registered with the portal, this can be done via email, land mail or fax to the following:

Virginia Medicaid Provider Enrollment Services

PO Box 26803

Richmond, VA 23261-6803

vamedicaidproviderenrollment@gainwelltechnologies.com

Fax 804-270-7027 or 888-335-8476

IMPORTANT: Validation of professional licensure is separate from provider enrollment revalidation.

- For those licensed through the Virginia Department of Health professions - licensure information is updated automatically. No action is required on the part of the enrolled ORP provider.
- For those licensed through the Virginia Department of Education, the person must mail, fax or email any updated license information directly to DMAS using one of the methods for contact listed above.

Workaround Procedures for Ordering, Referring, Prescribing (ORP) Provider Enrollment Type

The provider online enrollment application system requires the following forms to be submitted at the end of the application. The information below outlines the workaround to allow enrolling ORP provider to replace the documents that are not required for ORP enrollment. The highlighted documents below are not required for ORP enrollment.

- **Curriculum Vitae details.** Not required for ORP enrollments. ORP providers can submit a document outlining that this is not required for ORP enrollment for school-based services and submit this in place of the Curriculum Vitae.
- **Federal W-9 Form details.** Not a required document for ORP enrollments. Please submit a document indicating that the W9 is not required since they are enrolling with their Social Security Number.
- **Liability Insurance Declaration Page details.** Not required for ORP enrollments. Submit a document that indicates this document is not required for ORP enrollment for school-based services.
- **Certification.** Not required for ORP enrollments of school based services. Submit a document that indicates this document is not required for ORP enrollment for school-based services.
- **DEA license.** For providers that do not prescribe medications, submit a document that indicates this document is not required for ORP enrollment of your provider type.
- **License and Certification details are required.** License is required for ORP providers. Include certification information if certification is required for your enrollment type.

The document used in place of the non-required documents highlighted above can be a single document that lists all of the applicable documents and reasons why they are not required. It will need to be uploaded for each of the required documents, however.

Enrollment Fees

There is no enrollment fee for school divisions or for school-based providers enrolling for ORP purposes. Disregard any email or letter received regarding an enrollment fee.

Should this be EBI?

Basic (EDI) Electronic Billing Information for LEA's/ORP

- Loop 2000A - Billing/Pay-To Provider
- **Segment PRV - Provider Information (Not always present)**
- **Example:** PRV*BI*PXC*193200000X~
- Element 01 = Hardcoded to BI for Billing
- Element 02 = Identification Qualifier Code
 - PXC = Taxonomy
- Element 03 = Identification Code (193200000X) [Box 33b](#)

Loop 2010AA - Billing Provider (BP) Name

Segment NM1 - Name

Example: NM1*85*2*WEBPTTHERABILL CLINIC*****XX*1952465171~

- Element 01 = Hardcoded to 85 for Billing Provider
- Element 02 = Entity Type (2)
 - 1 = Individual
 - 2 = Organization
- Element 03 = Last Name or Organization Name (WebPT/Therabill Clinic) [Box 33](#)
- Element 04 = First Name [Box 33](#)
- Element 05 = Middle Name/Initial [Box 33](#)
- Element 07 = Suffix [Box 33](#)
- Element 08 = Identification Code Qualifier (XX)
 - XX = NPI
- Element 09 = Identification Code (1952465171) [Box 33a](#)

Segment NM3 - Street Address

Example: N3*123 STREET~

- Element 01 = Street Address (123 Street) [Box 33](#)
- Element 02 = Street Address 2 [Box 33](#)

Segment N4 - City, State, and ZIP

Example: N4*PHOENIX*AZ*850044461~

- Element 01 = City (Phoenix) [Box 33](#)
- Element 02 = State (Arizona) [Box 33](#)
- Element 03 = ZIP code (850044461) [Box 33](#)

Loop 2310A - Referring Provider

Segment NM1 - Name

Example: NM1*DN*1*HENSON*JIM****XX*999999995~

- Element 01 = Hardcoded to DN for Referring Provider [Box 17](#)
- Element 02 = Hardcoded to 1 for Individual
- Element 03 = Last Name (Henson) [Box 17](#)
- Element 04 = First Name (Jim) [Box 17](#)
- Element 05 = Middle Name/Initial [Box 17](#)
- Element 07 = Suffix [Box 17](#)
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (999999995) [Box 17b](#)

Segment REF - Reference (Not always present)

Example: REF*0B*A485422~

- Element 01 = Identifier Code Qualifier (0B) [Box 17a](#)
 - 0B = State License Number
 - G2 = Commercial Number
- Element 02 = Identifier Code (A485422) [Box 17a](#)

Loop 2310B - Rendering Provider

Segment NM1 - Name

Example: NM1*82*1*SMITH*TERESA****XX*5595436374~

- Element 01 = Hardcoded to 82 for Rendering Provider
- Element 02 = Hardcoded to 1 for Individual
- Element 03 = Last Name (Smith)
- Element 04 = First Name (Teresa)
- Element 05 = Middle Name/Initial
- Element 07 = Suffix
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (5595436374) [Box 24j](#)

Segment PRV - Provider

Example: PRV*PE*PXC*225100000X~

- Element 01 = Hardcoded to PE for Performing
- Element 02 = Hardcoded to PXC for Provider Taxonomy Code
- Element 03 = Identifier Code/Taxonomy (225100000X)

Segment REF - Reference

Example: REF*G2*998855~

- Element 01 = Secondary Identification Reference ID Qualifier (G2) [Box 24i](#)
 - G2 = Commercial Number
 - 0B = State License Number
 - 1G = Provider UPIN Number
- Element 02 = Secondary Identification Reference ID (998855) [Box 24j Shaded](#)

Loops 2310C - Service Facility Location

Segment NM1 - Name

Example: NM1*77*2*MY HOME CLINIC*****XX*999999995~

- Element 01 = Hardcoded to 77 for Service Location
- Element 02 = Hardcoded to 2 for Non-Person Entity
- Element 03 = Service Facility Name (My Home Clinic) [Box 32](#)
- Element 08 = Identifier Code Qualifier - Hardcoded to XX for NPI
- Element 09 = Identifier Code (999999995) [Box 32a](#)

Segment N3 - Street Address

Example: N3*Box 123~

- Element 01 = Street Address (Box 123) [Box 32](#)