This tip sheet clarifies which 837 X12 transaction corresponds to which provider type on Florida Medicaid Managed care encounters.

**Provider Types for the 837I Transaction**
The following provider types are billed on an 837I (Institutional) X12 transaction to ensure proper processing of an encounter:

- Freestanding Dialysis Centers
- Hospitals
- Hospital-Based Skilled Nursing Facilities
- Hospices
- Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)
- Nursing Facilities
- State Mental Hospitals
- Rural Swing Bed Providers
- Statewide Inpatient Psychiatric Program (SIPP) Waiver providers

**Provider Types Who Bill Crossover Encounters on the 837I Transaction**
The following provider types are typically billed on an 837P (Professional) X12 transaction; however, when the recipient is dually eligible for both Medicare and Medicaid services and Medicare has made payment towards the services, the encounter is billed using an 837I transaction:

- Federally Qualified Health Centers
- Independent Therapists
- Rural Health Clinics

For more information on the 837I X12 transaction, refer to the 837I X12 Companion Guide on the EDI Companion Guides page.

**Dental Providers Types**
Dental services are typically billed on an 837D (Dental) X12 transaction; however, if one of the following coding scenarios exist, the encounter is billed on the 837P (Professional) X12 transaction:

- Procedure codes listed on the oral and maxillofacial fee schedule, with the exception of radiology and evaluation and management codes. Only dentists enrolled in the Medicaid program as oral surgeons may bill these codes.
- Procedure codes for drugs (injectable medications).
- Procedure codes that require a modifier.

Health plans are encouraged to review the Dental Oral and Maxillofacial Surgery fee schedule and the Dental Injectable Medications fee schedule on the fee schedules page for a listing of procedure codes billable on the 837P X12 transaction.
For more information on the 837D X12 transaction, refer to the companion guide.

**Provider Types for the 837P Transaction**
The following provider types are billed on an 837P X12 transaction to ensure proper processing of an encounter:

- Advanced Registered Nurse Practitioners
- Ambulance, Land and Air
- Ambulatory Surgical Centers
- Assistive Care Providers
- Audiologists
- Birthing Centers
- Child Health Check-Up Providers
- Children at Risk Targeted Case Management
- Children's Health Services Targeted Case Management
- Chiropractors
- Community Mental Health Services Providers
- County Health Departments
- Optometrists
- Physicians
- Physician Assistants
- Podiatrists
- Portable X-ray
- Prescribed Pediatric Extended Care
- County Health Department Certified Match
- Dentists (as described above)
- Durable Medical Equipment
- Early Intervention Services
- Federally Qualified Health Centers
- Hearing Aid Specialists
- Home and Community-Based Waiver Services
- Home Health
- Independent Laboratories
- Licensed Midwives
- Medicaid Certified School Match
- Medical Foster Care
- Mental Health Targeted Case Management
- Opticians Rural Health Clinics
- Registered Nurse First Assistants
- Therapists
- Visual Services
- Wheelchair and Stretcher Vans

For more information on the 837P X12 transaction, refer to the companion guide.

For More Information

Agency for Health Care Administration (AHCA)


DXC Technology

For assistance with encounter claims, contact Encounter Support or for all other questions, contact the Medicaid fiscal agent at 800-289-7799 and select Option 7.

EDI Encounter Support
For assistance with electronic transactions, such as the 837 X12 transactions, please contact Health Plan Support at healthplan.support@dxc.com. Health plans are encouraged to regularly review the Managed Care area within with public Web Portal for educational materials and other important information.