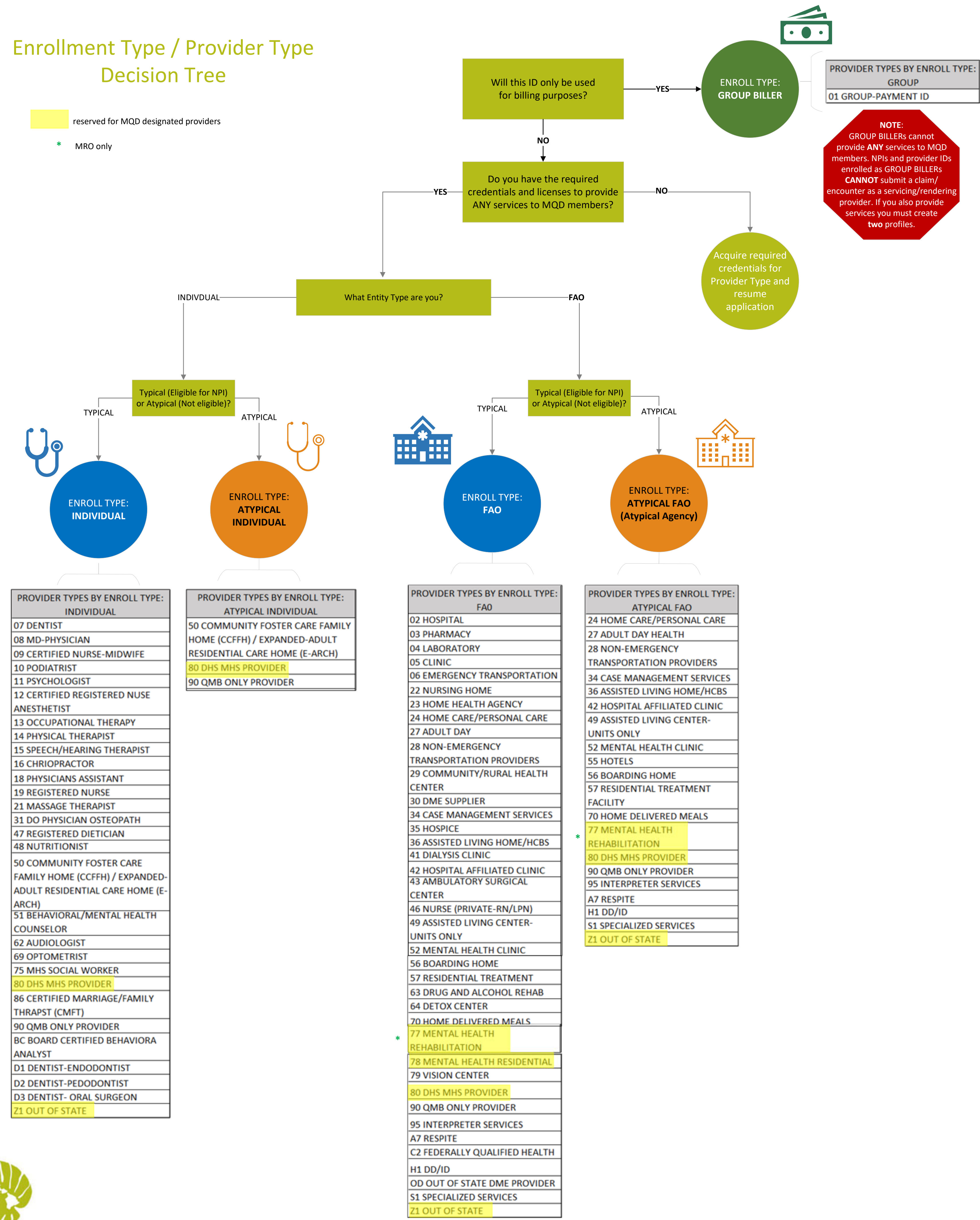


Enrollment Type / Provider Type Decision Tree

reserved for MQD designated providers
 MRO only



| PROVIDER TYPES BY ENROLL TYPE: |
|--------------------------------|
| GROUP |
| 01 GROUP-PAYMENT ID |

NOTE:
 GROUP BILLERS cannot provide ANY services to MQD members. NPIs and provider IDs enrolled as GROUP BILLERS CANNOT submit a claim/ encounter as a servicing/rendering provider. If you also provide services you must create two profiles.

| PROVIDER TYPES BY ENROLL TYPE: INDIVIDUAL |
|--|
| 07 DENTIST |
| 08 MD-PHYSICIAN |
| 09 CERTIFIED NURSE-MIDWIFE |
| 10 PODIATRIST |
| 11 PSYCHOLOGIST |
| 12 CERTIFIED REGISTERED NURSE ANESTHETIST |
| 13 OCCUPATIONAL THERAPY |
| 14 PHYSICAL THERAPIST |
| 15 SPEECH/HEARING THERAPIST |
| 16 CHIROPRACTOR |
| 18 PHYSICIANS ASSISTANT |
| 19 REGISTERED NURSE |
| 21 MASSAGE THERAPIST |
| 31 DO PHYSICIAN OSTEOPATH |
| 47 REGISTERED DIETICIAN |
| 48 NUTRITIONIST |
| 50 COMMUNITY FOSTER CARE FAMILY HOME (CCFFH) / EXPANDED-ADULT RESIDENTIAL CARE HOME (E-ARCH) |
| 51 BEHAVIORAL/MENTAL HEALTH COUNSELOR |
| 62 AUDIOLOGIST |
| 69 OPTOMETRIST |
| 75 MHS SOCIAL WORKER |
| 80 DHS MHS PROVIDER |
| 86 CERTIFIED MARRIAGE/FAMILY THERAPIST (CMFT) |
| 90 QMB ONLY PROVIDER |
| BC BOARD CERTIFIED BEHAVIORAL ANALYST |
| D1 DENTIST-ENDODONTIST |
| D2 DENTIST-PEDODONTIST |
| D3 DENTIST- ORAL SURGEON |
| Z1 OUT OF STATE |

| PROVIDER TYPES BY ENROLL TYPE: ATYPICAL INDIVIDUAL |
|--|
| 50 COMMUNITY FOSTER CARE FAMILY HOME (CCFFH) / EXPANDED-ADULT RESIDENTIAL CARE HOME (E-ARCH) |
| 80 DHS MHS PROVIDER |
| 90 QMB ONLY PROVIDER |

| PROVIDER TYPES BY ENROLL TYPE: FAO |
|---|
| 02 HOSPITAL |
| 03 PHARMACY |
| 04 LABORATORY |
| 05 CLINIC |
| 06 EMERGENCY TRANSPORTATION |
| 22 NURSING HOME |
| 23 HOME HEALTH AGENCY |
| 24 HOME CARE/PERSONAL CARE |
| 27 ADULT DAY |
| 28 NON-EMERGENCY TRANSPORTATION PROVIDERS |
| 29 COMMUNITY/RURAL HEALTH CENTER |
| 30 DME SUPPLIER |
| 34 CASE MANAGEMENT SERVICES |
| 35 HOSPICE |
| 36 ASSISTED LIVING HOME/HCBS |
| 41 DIALYSIS CLINIC |
| 42 HOSPITAL AFFILIATED CLINIC |
| 43 AMBULATORY SURGICAL CENTER |
| 46 NURSE (PRIVATE-RN/LPN) |
| 49 ASSISTED LIVING CENTER-UNITS ONLY |
| 52 MENTAL HEALTH CLINIC |
| 56 BOARDING HOME |
| 57 RESIDENTIAL TREATMENT |
| 63 DRUG AND ALCOHOL REHAB |
| 64 DETOX CENTER |
| 70 HOME DELIVERED MEALS |
| 77 MENTAL HEALTH REHABILITATION |
| 78 MENTAL HEALTH RESIDENTIAL |
| 79 VISION CENTER |
| 80 DHS MHS PROVIDER |
| 90 QMB ONLY PROVIDER |
| 95 INTERPRETER SERVICES |
| A7 RESPITE |
| C2 FEDERALLY QUALIFIED HEALTH |
| H1 DD/ID |
| OD OUT OF STATE DME PROVIDER |
| S1 SPECIALIZED SERVICES |
| Z1 OUT OF STATE |

| PROVIDER TYPES BY ENROLL TYPE: ATYPICAL FAO |
|---|
| 24 HOME CARE/PERSONAL CARE |
| 27 ADULT DAY HEALTH |
| 28 NON-EMERGENCY TRANSPORTATION PROVIDERS |
| 34 CASE MANAGEMENT SERVICES |
| 36 ASSISTED LIVING HOME/HCBS |
| 42 HOSPITAL AFFILIATED CLINIC |
| 49 ASSISTED LIVING CENTER-UNITS ONLY |
| 52 MENTAL HEALTH CLINIC |
| 55 HOTELS |
| 56 BOARDING HOME |
| 57 RESIDENTIAL TREATMENT FACILITY |
| 70 HOME DELIVERED MEALS |
| 77 MENTAL HEALTH REHABILITATION |
| 80 DHS MHS PROVIDER |
| 90 QMB ONLY PROVIDER |
| 95 INTERPRETER SERVICES |
| A7 RESPITE |
| H1 DD/ID |
| S1 SPECIALIZED SERVICES |
| Z1 OUT OF STATE |