



# Tribal Health Program Tool-Kit

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CRIHB Options 2015  
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# High-Level Screening and Eligibility

Eligibility Form & Related Tools



### CRIHB Options 2015

**\*\*THP Staff Use Only\*\***

## Client High-Level Screening and Eligibility Form

#### Section 1. Client Information

<b>Last Name:</b>		<b>First Name:</b>		<b>MI</b>
<b>Date of Birth:</b> MM/DD/YYYY ___ / ___ / ___	<b>Last 4 digits of SSN:</b> XXX-XX- ___ ___	<b>Other Names Used:</b>		<b>Tribal Code/Affiliation:</b>

#### Section 2. Verification of IHS, Medi-Cal coverage, and Age

**2a) IHS eligible?** *(If YES, go to 2b. If NO, client does not qualify; go to 4a.)*       YES       NO

**2b) Has Medi-Cal coverage?** *(If YES, go to 2c. If NO, client does not qualify; go to 4a.)*       YES       NO

**2c) Between the ages of 21-64?** *(If YES, go to 4b. If NO, client does not qualify; go to 4a.)*       YES       NO

#### Section 3. Limitations related to Medicare coverage

If client is less than 64 years of age and has Medicare coverage, a client would not be eligible for medical services (acupuncture, audiology, chiropractor, podiatry and speech therapy). However, client would qualify for dental services, which are not Medicare covered benefits.

#### Section 4. Program Eligibility Certification

**4a)**     Not Eligible for CRIHB Options

**4b)**     Eligible for CRIHB Options, complete Section 5    Use Group Code= CO or CCO

#### Section 5. Benefits ID number and Certification

**If eligible, you must assign an 8 character benefit identification number as follows:**

<b>IHS Tribe Code:</b> _____ <small>Becomes the first 3 digits</small>	<b>Last 4 digits of SSN:</b> _____ <small>The next 4 digits</small>	<b>First Initial of Last Name:</b> ____ <small>The last character</small>
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**This number becomes the client's benefit ID number:** \_\_\_\_\_

**I certify the applicant meets the Indian Health Service eligibility requirement and is a Medi-Cal beneficiary.**

X		/ /
<b>Staff Signature</b>	<b>Print Staff Name</b>	<b>Date</b>



### **Benefits ID Number Instructions**

Once a client is deemed eligible, THP must establish the clients benefit ID number.

The first 3 characters will be the IHS Tribe code

The next 4 characters will be the last four digits of client SSN

The last character will be the first letter of the clients last name

**Example:** Tribe: Yurok (IHS Tribe code is: 408-COAST INDIAN COMM YUROK IND, CA)  
SSN: 123-12-1234  
Name: Jane Doe

In this example the insured ID would be: **4081234D**

408 is the IHS Tribe code. 1234 are the last 4 of the SSN & D is the first initial of the last name.

If you don't have a copy of the IHS Tribe Codes, they are available on the IHS website and are downloadable (see link below) :

[http://www.ihs.gov/scb/index.cfm?module=W\\_TRIBE&option=list&num=57&newquery=1](http://www.ihs.gov/scb/index.cfm?module=W_TRIBE&option=list&num=57&newquery=1)



## CRIHB OPTIONS 2015

### IHS ELIGIBILITY CRITERIA

Eligible Group	Federal Regulation & References
Federally-recognized Indians or their descendents	42 CFR Part 136 25 USC 1603(13)  List of Federally Recognized Tribes, Federal Register Notice 8/10/2012: <a href="https://www.federalregister.gov/articles/2012/08/10/2012-19588/indian-entities-recognized-and-eligible-to-receive-services-from-the-bureau-of-indian-affairs">https://www.federalregister.gov/articles/2012/08/10/2012-19588/indian-entities-recognized-and-eligible-to-receive-services-from-the-bureau-of-indian-affairs</a>
Descendent of Indian residing in California on June 1, 1852, if such descendent is: <ul style="list-style-type: none"> <li>• A member of community served by a local program of the Service, and</li> <li>• Recognized as Indian by the community in which the descendent lives.</li> </ul> <i>Must reside in California</i>	25 USC 1679(a)(2) Indian Health Care Improvement Act
Holds interest in public domain, national forest, or reservation allotments in California  <i>Must reside in California</i>	25 USC 1679(a)(3) Indian Health Care Improvement Act
Any Indian of California who is listed on the plans for distribution of the assets of rancherias and reservations located within the State of California under the Act of August 18, 1958 (72 Stat 619) and any descendent of such Indian  <i>Must reside in California</i>	25 USC 1679(a)(4) Indian Health Care Improvement Act



**CRIHB OPTIONS 2015**

**IHS ELIGIBILITY CRITERIA**

<b>Eligible Group</b>	<b>Federal Regulation &amp; References</b>
Non-Indian woman pregnant with an eligible Indians child <ul style="list-style-type: none"> <li>· Through post partum period, generally 6 weeks after delivery</li> </ul> <p><i>Limited to pregnancy related services</i></p>	25 USC 1680c(d)(3) 42 CFR Part 136
Non-Indian member of an eligible Indian’s household when medical officer determines care is necessary to control an acute infectious disease or public hazard	25 USC 1680c(d)(2) 42 CFR Part 136



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
742	IND ANCESTORS RESIDING IN CA ON 6/01/1852*	Active	Indian
999	INDIAN - TRIBE UNSPECIFIED	Active	Indian
997	INDIAN - NON-TRIBAL MEMBER	Active	Indian
740	PUB DOMAIN/ALLTMNT TRUST INTEREST, CA**	Active	Indian
741	RANCHERIA/RES ASSET DISTRIBUTION LIST, CA***	Active	Indian

\* Use this code for descendants of California Indians

\*\* Use this code for individuals who hold trust interest in public domain lands or allotments in California

\*\*\* Use this code for individuals on the California Distribution lists

Code	Tribe	Active Flag	Indian Flag
141	ABSENTEE-SHAWNEE TRIBE, OK	Active	Indian
710	AFOGNAK	Active	Indian
263	AGUA-CALIENTE BAND CAHUILLA INDIANS, CA	Active	Indian
711	AHKIOK-KAGUYAK NATIVE CORPORATION	Active	Indian
500	AHTNA, INC.	Active	Indian
360	AK CHIN INDIAN COMM. PAPAGO IND, AZ	Active	Indian
501	AKHIOK, NATIVE VILLAGE OF AKHIOK, AK	Active	Indian
502	AKIACHAK, NATIVE VILLAGE OF AKIACHAK, AK	Active	Indian
503	AKIAK NATIVE COMMUNITY, AK	Active	Indian
713	AKIAKCHAK NATIVE COMMUNITY	Active	Indian
712	AKIAKCHAK, LIMITED	Active	Indian
714	AKUTAN CORPORATION	Active	Indian
504	AKUTAN, NATIVE VILLAGE OF AKUTAN, AK	Active	Indian
223	ALABAMA AND COUSHATTA TRIBES, TX	Active	Indian
266	ALABAMA-QUASSARTE TRIBAL, CREEK NATION, OK	Active	Indian
715	ALAKANUK NATIVE CORPORATION	Active	Indian
505	ALAKANUK, VILLAGE OF ALAKANUK, AK	Active	Indian
716	ALASKA PENINSULA CORPORATION	Active	Indian
001	ALASKAN INDIAN	Inactive	Indian
506	ALATNA VILLAGE, AK	Active	Indian
507	ALEGNAGIK, VILLAGE OF ALEGNAGIK	Active	Indian
717	ALEKNAGIK NATIVES LIMITED	Active	Indian
508	ALEUT CORPORATION	Active	Indian
002	ALEUT	Inactive	Indian
718	ALEXANDER CREEK, INC.	Active	Indian
509	ALLAKAKET VILLAGE	Active	Indian
385	ALTURAS INDIAN RANCHERIA, CA	Active	Indian
510	AMBLER, VILLAGE OF AMBLER	Active	Indian
511	ANAKTUVUK PASS, VILLAGE OF ANAKTUVUK PASS	Active	Indian
719	ANDREAFSKY	Active	Indian
512	ANGOON COMMUNITY ASSOCIATION	Active	Indian
513	ANIAK, VILLAGE OF ANIAK	Active	Indian
720	ANTON-LARSEN, INC.	Active	Indian





CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
514	ANVIK VILLAGE	Active	Indian
231	APACHE TRIBE, OK	Active	Indian
004	APACHE	Inactive	Indian
007	APACHE-KIOWA	Inactive	Indian
011	ARAPAHO TRIBE,WIND RIVER RES, WY	Active	Indian
515	ARCTIC SLOPE REGIONAL CORPORATION	Active	Indian
516	ARCTIC VILLAGE	Active	Indian
010	ARIKARA,THREE AFFIL TRBS FT BERTHOLD RS, ND	Active	Indian
193	AROOSTOOK (INDIAN ASSOC.)	Inactive	Non-Indian
225	AROOSTOOK BAND OF MICMAC INDIANS, ME	Active	Indian
721	ARVIQ, INC. (PLATINUM)	Active	Indian
925	ASA?CARSARMIUT	Active	Indian
993	ASIAN	Inactive	Non-Indian
722	ASKINUK CORPORATION (SCAMMON BAY)	Active	Indian
013	ASSINIBOINE	Inactive	Indian
235	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-ASSINIB	Active	Indian
276	ASSINIBOINE/SIOUX TRBS,FT PECK, MT-SIOUX	Active	Indian
517	ATKA, NATIVE VILLAGE OF ATKA	Active	Indian
723	ATKASOOK CORPORATION	Active	Indian
518	ATKASOOK VILLAGE	Active	Indian
519	ATMAUTHLUAK, VILLAGE OF ATMAUTHLUAK	Active	Indian
724	ATMAUTLUAK, LIMITED	Active	Indian
725	ATXAM CORPORATION (ATKA)	Active	Indian
255	AUGUSTINE BAND OF CAHUILLA MISSION, CA	Active	Indian
726	AYAKULIK, INC.	Active	Indian
727	AZACHOROK, INC. (MOUNTAIN VILLAGE)	Active	Indian
728	BAAN-O-YEEL KOM CORPORATION (RAMPART)	Active	Indian
243	BAD RIVER BAND LAKE SUPERIOR, CHIPPEWA, WI	Active	Indian
014	BANNOCK	Inactive	Non-Indian
330	BARONA GROUP, MAIN GROUP, CA	Active	Indian
412	BARONA GROUP, SPLINTER GROUP, CA	Active	Indian
520	BARROW NATIVE VILLAGE (POINT BARROW)	Active	Indian
244	BAY MILLS IND COMM, CHIPPEWA, WI	Active	Indian
729	BAY VIEW, INC. (IVANOF BAY)	Active	Indian
730	BEAN RIDGE CORP (MANLEY HOT SPRINGS)	Active	Indian
731	BEAVER KWIT'CHIN CORPORATION	Active	Indian
521	BEAVER VILLAGE	Active	Indian
732	BECHAROF CORPORATION (EGEGIK)	Active	Indian
522	BELKOFSKY, NATIVE VILLAGE BELKOFSKY	Active	Indian
733	BELL FLATS NATIVES, INC.	Active	Indian
523	BERING STRAITS NATIVE CORPORATION	Active	Indian
312	BERRY CREEK RANCHERIA MAIDU IND, CA	Active	Indian
734	BETHEL (AKA ORUTSARAMUIT)	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
524	BETHEL NATIVE VILLAGE	Active	Indian
525	BETTLES FIELD/EVANSVILLE VILLAGE	Active	Indian
380	BIG BEND RANCHERIA PIT RIVER TRB, CA	Active	Indian
415	BIG LAGOON RANCHERIA SMITH RIVER IND, CA	Active	Indian
363	BIG PINE BAND PAIUTE SHOSHONE, CA	Active	Indian
417	BIG SANDY RANCHERIA MONO IND, CA	Active	Indian
420	BIG VALLEY BAND OF POMO INDIANS OF THE BIG VALLEY RANCHERIA, CALIFORNIA	Active	Indian
735	BILL MOORE'S (BILL MOORE'S SLOUGH)	Active	Indian
526	BIRCH CREEK VILLAGE	Active	Indian
992	BLACK/AFRICAN AMERICAN	Inactive	Non-Indian
015	BLACKFEET TRIBE, MT	Active	Indian
421	BLUE LAKE RANCHERIA, CA	Active	Indian
736	BREVIK MISSION NATIVE CORPORATION	Active	Indian
527	BREVIK MISSION VILLAGE	Active	Indian
345	BRIDGEPORT PAIUTE INDIAN COLONY, CA	Active	Indian
528	BRISTOL BAY NATIVE CORPORATION	Active	Indian
529	BUCKLAND, NATIVE VILLAGE OF BUCKLAND	Active	Indian
320	BUENA VISTA RANCHERIA MEWUK IND, CA	Active	Indian
351	BURNS PAIUTE INDIAN COLONY, OR	Active	Indian
256	CABAZON BAND OF CAHUILLA MISSION, CA	Active	Indian
406	CACHIL DE HE BAND WINTUN COLUSA COMM, CA	Active	Indian
016	CADDO TRIBE INDIAN, OK	Active	Indian
433	CAHTO IND TRIBE LAYTONVILLE RANCHERIA, CA	Active	Indian
257	CAHUILLA BAND OF MISSION INDIANS, CA	Active	Indian
035	CAHUILLA	Inactive	Indian
922	CALIFORNIA VALLEY MIWOK	Active	Indian
530	CALISTA CORPORATION	Active	Indian
981	CAMBODIAN	Inactive	Non-Indian
331	CAMPO BAND OF DIEGUENO MISSION IND, CA	Active	Indian
017	CANADIAN INDIAN	Inactive	Non-Indian
737	CANDLE	Active	Indian
531	CANTWELL, NATIVE VILLAGE OF CANTWELL	Active	Indian
738	CANYON VILLAGE	Active	Indian
065	CAPALIS	Inactive	Non-Indian
739	CAPE FOX CORPORATION (SAXMAN)	Active	Indian
332	CAPITAN GRANDE BAND DIEGUENO MISS IND, CA	Active	Indian
750	CASWELL NATIVE ASSOCIATION	Active	Indian
751	CASWELL	Active	Indian
452	CATAWBA TRIBE, SC	Active	Indian
018	CAYUGA NATION, NY	Active	Indian
346	CEDARVILLE RANCH NORTHERN PAIUTE IND, CA	Active	Indian
215	CELILO-WYAM BOARD	Inactive	Non-Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
752	CHALKYITSIK NATIVE CORPORATION	Active	Indian
532	CHALKYITSIK VILLAGE	Active	Indian
753	CHALUKA CORPORATION (NIKOLSKI)	Active	Indian
533	CHANEGA, NATIVE VILLAGE OF CHANEGA	Active	Indian
534	CHEFORNAK, VILLAGE OF CHEFORNAK	Active	Indian
021	CHEMEHUEVI TRIBE,CHEMEHUEVI RES, CA	Active	Indian
422	CHER-AE HEIGHTS COMM TRINIDAD RANCH, CA	Active	Indian
022	CHEROKEE NATION, OK	Active	Indian
025	CHEROKEE-DELAWARE	Active	Indian
024	CHEROKEE-SHAWNEE DUAL ENROLLMENT	Active	Indian
535	CHEVAK NATIVE VILLAGE	Active	Indian
277	CHEYENNE RIVER SIOUX TRIBE, SD	Active	Indian
012	CHEYENNE-ARAPAHO TRIBES, OK	Active	Indian
754	CHICKALOON MOOSE CREEK NATIVE ASSN.	Active	Indian
536	CHICKALOON VILLAGE	Active	Indian
027	CHICKASAW NATION, OK	Active	Indian
321	CHICKEN RANCH RANCHERIA MEWUK IND, CA	Active	Indian
538	CHIGNIK LAGOON, NATIVE VILLAGE	Active	Indian
539	CHIGNIK LAKE VILLAGE	Active	Indian
755	CHIGNIK RIVER LIMITED (CHIGNIK LAKE)	Active	Indian
537	CHIGNIK, NATIVE VILLAGE OF CHIGNIK	Active	Indian
540	CHILKAT INDIAN VILLAGE OF KLUKWAN	Active	Indian
541	CHILKOOT INDIAN ASSOCIATION OF HAINES	Active	Indian
986	CHINESE	Inactive	Non-Indian
926	CHINIK/GOLOVIN	Active	Indian
029	CHINOOK (LANDLESS)	Inactive	Non-Indian
028	CHINOOK	Inactive	Non-Indian
030	CHIPPEWA (OBJIBWAY)	Inactive	Indian
042	CHIPPEWA-CREE INDIANS,ROCKY BOY RES, MT	Active	Indian
542	CHISTOCHINA, NATIVE VILLAGE	Active	Indian
180	CHITIMACHA TRIBE, LA	Active	Indian
756	CHITINA NATIVE CORPORATION	Active	Indian
543	CHITINA, NATIVE VILLAGE OF CHITINA	Active	Indian
031	CHOCTAW NATION, OK	Active	Indian
757	CHOGGIUNG LIMITED	Active	Indian
544	CHUATHBALUK, VILLAGE OF CHUATHBALUK	Active	Indian
758	CHUGACH ALASKA CORPORATION	Active	Indian
545	CHUGACH NATIVES, INC.	Active	Indian
759	CHULONAWIK CORPORATION	Active	Indian
546	CIRCLE VILLAGE	Active	Indian
104	CITIZEN POTAWATOMI NATION, OK	Active	Indian
547	CLARK'S POINT, VILLAGE OF CLARK'S POINT	Active	Indian
390	CLOVERDALE RANCHERIA POMO INDIANS, CA	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
408	COAST INDIAN COMMUNITY YUOK IND, CA	Active	Indian
036	COCOPAH TRIBE, AZ	Active	Indian
037	COEUR D'ALENE TRIBE, ID	Active	Indian
418	COLD SPRINGS RANCHERIA MONO IND, CA	Active	Indian
269	COLORADO RIVER INDIANS, AZ AND CA	Active	Indian
039	COMANCHE INDIAN TRIBE, OK	Active	Indian
049	CONFED SALISH/KOOTENAI TRBS FLATHEAD RES	Active	Indian
174	CONFED TRIBES AND BANDS, YAKAMA NATION, WA	Active	Indian
200	CONFEDERATED TRIBES GOSHUTE RES, NV & UT	Active	Indian
208	CONFEDERATED TRIBES GRAND RONDE COMM, OR	Active	Indian
212	CONFEDERATED TRIBES OF COOS, OR	Active	Indian
038	CONFEDERATED TRIBES, COLVILLE RES, WA	Active	Indian
183	CONFEDERATED TRIBES, SILETZ RES, OR	Active	Indian
164	CONFEDERATED TRIBES, UMATILLA RES, OR	Active	Indian
020	CONFEDERATED TRIBES,CHEHALIS RES, WA	Active	Indian
168	CONFEDERATED TRIBES,WARM SPRINGS RES, OR	Active	Indian
548	COOK INLET REGION, INC.	Active	Indian
549	COPPER CENTER VILLAGE	Active	Indian
224	COQUILLE TRIBE, OR	Active	Indian
407	CORTINA RANCHERIA WINTUN INDIANS, CA	Active	Indian
760	COUNCIL NATIVE CORPORATION	Active	Indian
181	COUSHATTA TRIBE, LA	Active	Indian
423	COVELO INDIAN COMM ROUND VALLEY RES, CA	Active	Indian
198	COW CREEK BAND UMPQUA INDIANS, OR	Active	Indian
041	COWLITZ (LANDLESS)	Inactive	Non-Indian
040	COWLITZ	Active	Indian
391	COYOTE VALLEY BAND POMO IND VALLEY, CA	Active	Indian
550	CRAIG COMMUNITY ASSOCIATION	Active	Indian
043	CREEK NATION, OK	Active	Indian
551	CROOKED CREEK, VILLAGE OF CROOKED CREEK	Active	Indian
278	CROW CREEK SIOUX TRIBE, SD	Active	Indian
044	CROW TRIBE, MT	Active	Indian
761	CULLY CORPORATION (POINT LAY)	Active	Indian
927	CURYUNG	Active	Indian
333	CUYAPAIPE COMMUNITY DIEGUENO MISS IND, CA	Active	Indian
045	DAKOTA (SIOUX)	Inactive	Indian
762	DANZIT HANIAII CORPORATION (CIRCLE)	Active	Indian
370	DEATH VALLEY TIMBI-SHA SHOSHONE BAND, CA	Active	Indian
552	DEERING, NATIVE VILLAGE OF DEERING	Active	Indian
459	DELAWARE TRIBE OF INDIANS, OK	Active	Indian
046	DELAWARE TRIBE, WESTERN OK	Active	Indian
763	DELOYCHUT, INC. (HOLY CROSS)	Active	Indian
047	DIEGUENO	Inactive	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
553	DILLINGHAM, NATIVE VILLAGE OF DILLINGHAM	Active	Indian
764	DINEEGA CORPORATION (RUBY)	Active	Indian
765	DINYEE CORPORATION (STEVENS)	Active	Indian
554	DIOMEDE, NATIVE VILLAGE (AKA INALIK)	Active	Indian
555	DOT LAKE, VILLAGE OF DOT LAKE	Active	Indian
556	DOUGLAS INDIAN ASSOCIATION	Active	Indian
557	DOYON, LIMITED	Active	Indian
392	DRY CREEK RANCHERIA POMO IND, CA	Active	Indian
369	DUCKWATER SHOSHONE TRIBE, NV	Active	Indian
048	DWAMISH	Inactive	Non-Indian
558	EAGLE, VILLAGE OF EAGLE	Active	Indian
023	EASTERN BAND OF CHEROKEE IND, NC	Active	Indian
142	EASTERN SHAWNEE TRIBE, OK	Active	Indian
559	EEK, NATIVE VILLAGE OF EEK	Active	Indian
560	EGEGIK VILLAGE	Active	Indian
561	EKLUTNA NATIVE VILLAGE	Active	Indian
766	EKLUTNA, INC.	Active	Indian
562	EKUK, NATIVE VILLAGE OF EKUK	Active	Indian
767	EKWOK NATIVES, LIMITED	Active	Indian
563	EKWOK VILLAGE	Active	Indian
393	ELEM INDIAN COLONY POMO IND, CA	Active	Indian
768	ELIM NATIVE CORPORATION	Active	Indian
564	ELIM, NATIVE VILLAGE OF ELIM	Active	Indian
448	ELK VALLEY RANCHERIA SMITH RIVER, CA	Active	Indian
374	ELY SHOSHONE TRIBE, NV	Active	Indian
565	EMMONAK VILLAGE	Active	Indian
769	ENGLISH BAY CORPORATION	Active	Indian
313	ENTERPRISE RANCHERIA OF MAIDU IND, CA	Active	Indian
003	ESKIMO	Inactive	Indian
770	EVANVILLE, INC.	Active	Indian
923	EWIIAAPAAYP BAND KUMEYAAY	Active	Indian
771	EYAK CORPORATION	Active	Indian
566	EYAK NATIVE VILLAGE	Active	Indian
567	FALSE PASS, NATIVE VILLAGE	Active	Indian
772	FAR WEST, INC. (CHIGNIK)	Active	Indian
462	FEDERATED INDIANS OF GRATON RANCHERIA, CA	Active	Indian
980	FILIPINO	Inactive	Non-Indian
279	FLANDREAU SANTEE SIOUX TRIBE, SD	Active	Indian
378	FOREST COUNTY POTAWATOMI COMM, WI	Active	Indian
290	FORT BELKNAP IND COMM, GROS VENTRE, MT	Active	Indian
236	FORT BELKNAP INDIAN COMM - ASSINIBOINE, MT	Active	Indian
347	FORT BIDWELL INDIAN COMM PAIUTE IND, CA	Active	Indian
348	FORT INDEPENDENCE IND COMM PAIUTE IND, CA	Active	Indian



CRIHB Options 2015 Program  
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Code	Tribe	Active Flag	Indian Flag
364	FORT MCDERMOTT PAIUTE / SHOSHONE TRBS, NV	Active	Indian
081	FORT MOJAVE INDIAN TRIBE, AZ	Active	Indian
005	FORT SILL APACHE TRIBE, OK	Active	Indian
568	FORT YUKON, NATIVE VILLAGE	Active	Indian
234	FT. MCDOWELL MOHAVE-APACHE IND COMM, AZ	Active	Indian
569	GAKONA, NATIVE VILLAGE OF GAKONA	Active	Indian
570	GALENA VILLAGE (AKA LOUDEN VILLAGE)	Active	Indian
571	GAMBELL, NATIVE VILLAGE OF GAMBELL	Active	Indian
773	GANAYOO LIMITED (GALENA, KALTAG ET AL)	Active	Indian
202	GAY HEAD WAMPANOAG INDIANS, MA	Active	Indian
774	GEORGETOWN	Active	Indian
293	GILA RIVER PIMA MARICOPA INDIAN COMM, AZ	Active	Indian
775	GOLD CREEK-SUSITNA, INC.	Active	Indian
776	GOLDBELT, INC (JUNEAU)	Active	Indian
777	GOLOVIN NATIVE CORPORATION	Active	Indian
572	GOLOVIN, VILLAGE OF GOLOVIN	Active	Indian
573	GOODNEWS BAY, NATIVE VILLAGE	Active	Indian
196	GRAND TRAVERSE BAND, OTTAWA/CHIPPEWA, MI	Active	Indian
574	GRAYLING, ORGANIZED VILL (AKA HOLIKACHUK)	Active	Indian
314	GREENVILLE RANCHERIA OF MAIDU IND, CA	Active	Indian
435	GRINDSTONE IND RANCH WINTUN-WAITAKI, CA	Active	Indian
050	GROS VENTRE, HIDATSA, MINITARI	Inactive	Indian
388	GUIDIVILLE BAND POMO INDIANS	Active	Indian
575	GULKANA VILLAGE	Active	Indian
778	GWITCHYAA ZHEE CORPORATION (FORT YUKON)	Active	Indian
402	HABEMATOLEL POMO OF UPPER LAKE,CALIFORNIA	Active	Indian
779	HAIDA CORPORATION (HYDABURG)	Active	Indian
780	HAMILTON	Active	Indian
379	HANNAHVILLE IND COMM POTAWATOMIE IND, MI	Active	Indian
051	HAVASUPAI TRIBE, AZ	Active	Indian
576	HEALY LAKE VILLAGE	Active	Indian
781	HEE YEA LINDGE CORPORATION (GRAYLING)	Active	Indian
991	HISPANIC/LATINO	Inactive	Non-Indian
295	HO-CHUNK NATION - WISCONSIN	Active	Indian
052	HOH INDIAN TRIBE, WA	Active	Indian
577	HOLY CROSS VILLAGE	Active	Indian
578	HOONAH INDIAN ASSOCIATION	Active	Indian
053	HOOPA VALLEY TRIBE, CA	Active	Indian
579	HOOPER BAY, NATIVE VILLAGE HOOPER BAY	Active	Indian
054	HOPI TRIBE, AZ	Active	Indian
404	HOPLAND BAND POMO INDIANS, CA	Active	Indian
204	HOULTON BAND OF MALISEET INDIANS, ME	Active	Indian
055	HUALAPAI TRIBE, AZ	Active	Indian





CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
580	HUGHES VILLAGE	Active	Indian
064	HUMPTULIPS	Inactive	Non-Indian
782	HUNA TOTEM (HOONAH)	Active	Indian
783	HUNGWITCHIN CORPORATION (EAGLE)	Active	Indian
386	HURON POTAWATOMI, INC.	Active	Indian
581	HUSLIA VILLAGE	Active	Indian
582	HYDABURG COOPERATIVE ASSOCIATION	Active	Indian
583	IGIUGIG VILLAGE	Active	Indian
784	IGUIGIG NATIVE CORPORATION	Active	Indian
785	ILIAMNA NATIVES, LIMITED	Active	Indian
584	ILIAMNA, VILLAGE OF ILIAMNA	Active	Indian
434	INAJA BAND COSMIT MISSION INDIANS, CA	Active	Indian
786	INALIK (AKA DIOMEDE)	Active	Indian
787	INGALIK CORPORATION (ANVIK)	Active	Indian
585	INUPIAT COMMUNITY OF THE ARTIC SLOPE	Active	Indian
456	IONE BAND MIWOK INDIANS	Active	Indian
057	IOWA TRIBE, KS AND NE	Active	Indian
056	IOWA TRIBE, OK	Active	Indian
788	IQFIJOUAQ COMPANY (EEK)	Active	Indian
928	IQURMUIT	Active	Indian
789	ISANOTSKI CORPORATION (FALSE PASS)	Active	Indian
586	IVANOFF BAY VILLAGE	Active	Indian
322	JACKSON RANCHERIA OF MEWUK INDIANS, CA	Active	Indian
034	JAMESTOWN KLALLAM TRIBE, WA	Active	Indian
424	JAMUL INDIAN VILLAGE, CA	Active	Indian
227	JENA BAND OF CHOCTAW INDIANS	Active	Indian
006	JICARILLA APACHE TRIBE, NM	Active	Indian
791	KAGUYAK	Active	Indian
352	KAIBAB BAND OF PAIUTE INDIANS, AZ	Active	Indian
792	KAKE TRIBAL CORPORATION	Active	Indian
587	KAKE, ORGANIZED VILLAGE OF KAKE	Active	Indian
793	KAKTOVIK INUPIAT CORPORATION	Active	Indian
588	KAKTOVIK VILLAGE BARTER ISLAND	Active	Indian
179	KALISPEL INDIAN COMM, WA	Active	Indian
589	KALSKAG, VILLAGE OF KALSKAG	Active	Indian
794	KALTAG	Active	Indian
590	KANATAK, NATIVE VILLAGE OF KANATAK	Active	Indian
591	KARLUK, NATIVE VILLAGE OF KARLUK	Active	Indian
216	KARUK TRIBE, CA	Active	Indian
592	KASAAN, NATIVE VILLAGE OF KASAAN	Active	Indian
394	KASHIA BAND POMO IND STEWARTS PT, CA	Active	Indian
795	KASIGLUK, INC.	Active	Indian
593	KASIGLUK, NATIVE VILLAGE OF KASIGLUK	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
796	KAVILCO, INC. (KASAAN)	Active	Indian
058	KAW INDIAN TRIBE, OK	Active	Indian
797	KENAI NATIVE ASSOCIATION, INC.	Active	Indian
594	KENAITZE INDIAN TRIBE	Active	Indian
595	KETCHIKAN INDIAN CORPORATION	Active	Indian
240	KEWEENAW BAY IND COMM, CHIPPEWA, MI	Active	Indian
267	KIALEGEE TRIBAL TOWN, CREEK NATION, OK	Active	Indian
798	KIAN T'REE (CANYON VILLAGE)	Active	Indian
596	KIANA VILLAGE	Active	Indian
061	KICKAILLUS	Inactive	Non-Indian
060	KICKAPOO TRIBE, KS	Active	Indian
059	KICKAPOO TRIBE, OK	Active	Indian
199	KICKAPOO TRIBE, TX	Active	Indian
799	KIJIK CORPORATION (NONDALTON)	Active	Indian
800	KIKIKTAGRUK INUPIAT CORP (KOTZEBUE)	Active	Indian
802	KING COVE CORPORATION	Active	Indian
597	KING COVE VILLAGE	Active	Indian
598	KING ISLAND NATIVE COMMUNITY	Active	Indian
801	KING ISLAND NATIVE CORPORATION	Active	Indian
918	KING SALMON TRIBE	Active	Indian
062	KIOWA INDIAN TRIBE, OK	Active	Indian
599	KIPNUK, NATIVE VILLAGE OF KIPNUK	Active	Indian
600	KIVALINA, NATIVE VILLAGE OF KIVALINA	Active	Indian
221	KLAMATH INDIAN TRIBE, OR	Active	Indian
601	KLAWOCK COOPERATIVE ASSOCIATION	Active	Indian
804	KLAWOCK, HEENYA	Active	Indian
805	KLUKWAN, INC.	Active	Indian
803	KLUTSARAK, INCORPORATED (GOODNEWS BAY)	Active	Indian
602	KNIK VILLAGE	Active	Indian
806	KNIKATNU, INC. (KNIK)	Active	Indian
603	KOBUK VILLAGE	Active	Indian
919	KOI NATION OF NORTHERN CALIFORNIA	Active	Indian
807	KOKARMIUT CORPORATION (AKIAK)	Active	Indian
604	KOKHANOK VILLAGE	Active	Indian
808	KOLIGANEK NATIVES, LIMITED	Active	Indian
605	KONGIGANAK NATIVE VILLAGE	Active	Indian
809	KONGNIKILNOMIUT YUITA CORP (BILL MOORE)	Active	Indian
606	KONIAG, INC.	Active	Indian
063	KOOTENAI TRIBE, ID	Active	Indian
810	KOOTZNOOWOO, INC. (ANGOON)	Active	Indian
984	KOREAN	Inactive	Non-Indian
811	KOTLIK YUPIK CORPORATION	Active	Indian
607	KOTLIK, VILLAGE OF KOTLIK	Active	Indian





CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
608	KOTZEBUE, NATIVE VILLAGE OF KOTZEBUE	Active	Indian
790	K'OYITL'OTA'INA, LIMITED (ALATNA, ET AL)	Active	Indian
609	KOYUK, NATIVE VILLAGE OF KOYUK	Active	Indian
610	KOYUKUK NATIVE VILLAGE	Active	Indian
812	KUGKAKTLIK, LIMITED (KIPNUK)	Active	Indian
813	KUSKOKWIM NATIVE CORP (ANIAK ET AL)	Active	Indian
814	KUUGPIK CORPORATION (NOOIKSUT)	Active	Indian
815	KWETHLUK, INC.	Active	Indian
611	KWETHLUK, ORGANIZED VILLAGE OF KWETHLUK	Active	Indian
612	KWIGILLINGOK, NATIVE VILLAGE KWIGILLINGOK	Active	Indian
816	KWIK, INC. (KWIGILLINGOK)	Active	Indian
613	KWINHAGAK, NATIVE VILLAGE (AKA QUINHAGAK)	Active	Indian
303	LA JOLLA BAND LUISENO MISSION IND, CA	Active	Indian
334	LA POSTEA BAND DIEGUENO MISSION IND, CA	Active	Indian
241	LAC COURTE OREILLES, CHIPPEWA, WI	Active	Indian
246	LAC DU FLAMBEAU, CHIPPEWA, WI	Active	Indian
447	LAC VIEUX DESERT BAND CHIPPEWA IND, MI	Active	Indian
983	LAOTIAN	Inactive	Non-Indian
614	LARSEN BAY, NATIVE VILLAGE OF LARSEN BAY	Active	Indian
353	LAS VEGAS TRIBE OF PAIUTE INDIANS, NV	Active	Indian
817	LEISNOI, INC. (WOODY ISLAND)	Active	Indian
818	LEVELOCK NATIVES, INC.	Active	Indian
615	LEVELOCK VILLAGE	Active	Indian
616	LIME VILLAGE	Active	Indian
819	LITNIK, INC.	Active	Indian
454	LITTLE RIVER BAND OTTAWA INDIANS	Active	Indian
453	LITTLE TRAVERSE BAY BAND ODAWA INDIANS	Active	Indian
381	LOOKOUT RANCHERIA PIT RIVER TRB, CA	Active	Indian
258	LOS COYOTES BAND CAHUILLA MISSION, CA	Active	Indian
354	LOVELOCK PAIUTE TRIBE, NV	Active	Indian
280	LOWER BRULE SIOUX TRIBE, SD	Active	Indian
213	LOWER ELWHA TRIBAL COMM, WA	Active	Indian
617	LOWER KALSKAG, VILLAGE OF LOWER KALSKAG	Active	Indian
281	LOWER SIOUX IND COMM, MDEWAKANTON, MN	Active	Indian
068	LUISENO	Inactive	Indian
069	LUMMI TRIBE, WA	Active	Indian
450	LYTTON INDIAN COMMUNITY, CA	Active	Indian
070	MAIDU	Inactive	Indian
071	MAKAH INDIAN TRIBE, WA	Active	Indian
395	MANCHESTER BAND POMO MANCHESTER PT, CA	Active	Indian
072	MANDAN,THREE AFFIL TRBS, FT BERTHOLD RS,ND	Active	Indian
618	MANLEY HOT SPRINGS VILLAGE	Active	Indian
820	MANOKOTAK NATIVES, LIMITED	Active	Indian



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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
619	MANOKOTAK VILLAGE	Active	Indian
335	MANZANITA BAND DIEGUENO MISSION IND, CA	Active	Indian
073	MARICOPA	Inactive	Indian
620	MARSHALL, NAT VILL (AKA FORTUNA LEDGE)	Active	Indian
821	MARY'S IGLOO NATIVE CORPORATION	Active	Indian
822	MASERCULIQ, INC. (MARSHALL)	Active	Indian
206	MASHANTUCKET PEGUOT TRIBE, CT	Active	Indian
254	MASHPEE WAMPANOAG INDIAN TRIB COUN INC, MA	Active	Indian
461	MATCH-E-BE-NASH-SHE-WISH BAND POTTAWATOMI	Active	Indian
621	MCGRATH, NATIVE VILLAGE OF MCGRATH	Active	Indian
451	MECHOOPDA IND TRIBE CHICO RANCHERIA, CA	Active	Indian
622	MEKORYUK, NATIVE VILLAGE, ISL OF NUNIVAK	Active	Indian
823	MENDAS CHAAQ NATIVE CORP (HEALY LAKE)	Active	Indian
074	MENOMINEE IND TRIBE, WI	Active	Indian
623	MENTASTA VILLAGE (AKA MENTASTA LAKE)	Active	Indian
336	MESA GRANDE BAND DIEGUENO MISSION IND, CA	Active	Indian
008	MESCALERO APACHE TRIBE, NM	Active	Indian
624	METLAKATLA COMM, ANNETTE ISL RESERVE, AK	Active	Indian
075	ME-WUK	Inactive	Indian
076	MIAMI TRIBE, OK	Active	Indian
077	MICCOSUKEE TRIBE, FL	Active	Indian
396	MIDDLETOWN RANCHERIA POMO IND, CA	Active	Indian
441	MINNESOTA CHIPPEWA, BOIS FORTE BAND, MN	Active	Indian
442	MINNESOTA CHIPPEWA, FOND DU LAC BAND, MN	Active	Indian
443	MINNESOTA CHIPPEWA, GRAND PORTAGE BAND, MN	Active	Indian
444	MINNESOTA CHIPPEWA, LEECH LAKE BAND, MN	Active	Indian
445	MINNESOTA CHIPPEWA, MILLE LACS BAND, MN	Active	Indian
446	MINNESOTA CHIPPEWA, WHITE EARTH BAND, MN	Active	Indian
625	MINTO, NATIVE VILLAGE OF MINTO	Active	Indian
218	MISSION (CALIFORNIA)	Inactive	Indian
032	MISSISSIPPI BAND CHOCTAW INDIANS, MS	Active	Indian
078	MISSOURI	Inactive	Indian
201	MIWOCK	Inactive	Indian
355	MOAPA BAND OF PAIUTE INDIANS, NV	Active	Indian
080	MODOC TRIBE, OK	Active	Indian
226	MOHEGAN TRIBE, CT	Active	Indian
824	MONTANA CREEK NATIVE ASSOCIATION	Active	Indian
382	MONTGOMERY CREEK RANCHERIA PIT RIVER, CA	Active	Indian
315	MOORETOWN RANCHERIA MAIDU IND, CA	Active	Indian
259	MORONGO BAND CAHUILLA MISSION, CA	Active	Indian
626	MOUNTAIN VILLAGE, NATIVE VILLAGE	Active	Indian
825	MTNT, LIMITED (MCGRATH ET AL)	Active	Indian
082	MUCKLESHOOT INDIAN TRIBE, WA	Active	Indian



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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
083	MUNSEE	Inactive	Non-Indian
826	NAGAMUT	Active	Indian
627	NAKNEK NATIVE VILLAGE	Active	Indian
628	NANA REGIONAL CORPORATION	Active	Indian
827	NAPAIMUTE	Active	Indian
828	NAPAKIAK CORPORATION	Active	Indian
629	NAPAKIAK, NATIVE VILLAGE OF NAPAKIAK	Active	Indian
630	NAPASKIAK TRADITIONAL VILLAGE	Active	Indian
191	NARRAGANSETT INDIAN TRIBE, RI	Active	Indian
985	NATIVE HAWAIIAN/OTH PACIFIC ISLANDER	Inactive	Non-Indian
239	NATIVE VILLAGE OF UNGA	Active	Indian
830	NATIVES OF AFOGNAK, INC.	Active	Indian
084	NAVAJO TRIBE, AZ NM AND UT	Active	Indian
831	NEETS'AI CORPORATION (ARCTIC VILLAGE)	Active	Indian
832	NELSON LAGOON CORPORATION	Active	Indian
631	NELSON LAGOON, NATIVE VILLAGE	Active	Indian
632	NENANA NATIVE ASSOCIATION	Active	Indian
833	NERKLIK MUTE NATIVE CORP (ANDREAFSKI)	Active	Indian
929	NEW KOLIGANEK	Active	Indian
634	NEW STUYAHOK VILLAGE	Active	Indian
633	NEWHALEN VILLAGE	Active	Indian
834	NEWTOK CORPORATION	Active	Indian
635	NEWTOK VILLAGE	Active	Indian
085	NEZ PERCE TRIBE, ID	Active	Indian
835	NGTA, INC. (NIGHTMUTE)	Active	Indian
636	NIGHTMUTE, NATIVE VILLAGE OF NIGHTMUTE	Active	Indian
637	NIKOLAI VILLAGE	Active	Indian
638	NIKOLSKI, NATIVE VILLAGE OF NIKOLSKI	Active	Indian
836	NIMA CORPORATION (MEKORYUK)	Active	Indian
837	NINILCHIK NATIVE ASSOCIATION	Active	Indian
921	NINILCHIK VILLAGE	Active	Indian
086	NISQUALLY INDIAN COMM, WA	Active	Indian
639	NOATAK, NATIVE VILLAGE OF NOATAK	Active	Indian
640	NOME ESKIMO COMMUNITY	Active	Indian
087	NOMELACKI	Inactive	Indian
641	NONDALTON VILLAGE	Active	Indian
000	NON-INDIAN (AND NON-FED RECOGNIZED INDIAN)	Inactive	Non-Indian
970	NON-INDIAN MEMBER OF INDIAN HOUSEHOLD	Inactive	Non-Indian
838	NOOIKSUT (AKA NUIQSUT)	Active	Indian
088	NOOKSACK INDIAN TRIBE, WA	Active	Indian
642	NOORVIK NATIVE COMMUNITY	Active	Indian
026	NORTHERN CHEYENNE TRIBE, MT	Active	Indian
419	NORTHFORK RANCHERIA MONO IND, CA	Active	Indian



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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
839	NORTHWAY NATIVES, INC.	Active	Indian
643	NORTHWAY VILLAGE	Active	Indian
220	NORTHWESTERN BAND SHOSHONE IND, UT	Active	Indian
644	NULATO VILLAGE	Active	Indian
840	NUNAKUIAK YUPIK CORP (TOKSOOK BAY)	Active	Indian
930	NUNAKUYARMIUT	Active	Indian
841	NUNAMIUT CORPORATION (ANAKTUVUK PASS)	Active	Indian
842	NUNAPIGLLURAQ CORPORATION (HAMILTON)	Active	Indian
843	NUNAPITCHUK, LIMITED	Active	Indian
645	NUNAPITCHUK, NATIVE VILLAGE	Active	Indian
844	OCEANSIDE CORPORATION (PERRYVILLE)	Active	Indian
282	OGLALA SIOUX TRIBE, SD	Active	Indian
845	OHOG, INC. (OHOGAMIUT)	Active	Indian
846	OHOGAMIUT	Active	Indian
847	OLD HARBOR NATIVE CORPORATION	Active	Indian
646	OLD HARBOR, VILLAGE OF OLD HARBOR	Active	Indian
848	OLGOONIK CORPORATION (WAINWRIGHT)	Active	Indian
849	OLSONVILLE	Active	Indian
089	OMAHA TRIBE, NE	Active	Indian
090	ONEIDA NATION, NY	Active	Indian
294	ONEIDA TRIBE OF INDIANS, WI	Active	Indian
217	ONONDAGA NATION, NY	Active	Indian
091	OSAGE TRIBE, OK	Active	Indian
850	OSCARVILLE NATIVE CORPORATION	Active	Indian
647	OSCARVILLE TRADITIONAL VILLAGE	Active	Indian
998	OTHER	Inactive	Non-Indian
092	OTOE	Inactive	Indian
079	OTOE-MISSOURIA TRIBE, OK	Active	Indian
093	OTTAWA TRIBE, OK	Active	Indian
851	OUNALASHKA CORPORATION (UNALASKA)	Active	Indian
852	OUZINKIE NATIVE CORPORATION	Active	Indian
648	OUZINKIE, NATIVE VILLAGE OF OUZINKIE	Active	Indian
094	OZETTE	Inactive	Non-Indian
853	PAIMUIT	Active	Indian
194	PAIUTE INDIAN TRIBE, UT	Active	Indian
095	PAIUTE	Inactive	Indian
365	PAIUTE-SHOSHONE IND BISHOP COMM, CA	Active	Indian
368	PAIUTE-SHOSHONE IND DUCK VALLEY, NV	Active	Indian
366	PAIUTE-SHOSHONE IND FALLON RES, NV	Active	Indian
367	PAIUTE-SHOSHONE IND LONE PINE COMM, CA	Active	Indian
304	PALA BAND OF LUISENO MISSION IND, CA	Active	Indian
187	PASCUA YAQUI TRIBE, AZ	Active	Indian
458	PASKENTA BAND NOMLAKI INDIANS, CA	Active	Indian



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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
197	PASQUA YAQUI - UNENROLLED	Inactive	Indian
189	PASSAMAQUODDY TRIBE, ME - INDIAN TOWNSHIP	Active	Indian
188	PASSAMAQUODDY TRIBE, ME - PLEASANT POINT	Active	Indian
854	PAUG-VIK, INC., LIMITED (NAKNEK)	Active	Indian
855	PAULOFF HARBOR	Active	Indian
305	PAUMA BAND OF LUISENO MISSION IND, CA	Active	Indian
097	PAWNEE INDIAN TRIBE, OK	Active	Indian
306	PECHANGA BAND OF LUISENO MISSION IND, CA	Active	Indian
856	PEDRO BAY NATIVE CORPORATION	Active	Indian
649	PEDRO BAY VILLAGE	Active	Indian
190	PENOBSCOT TRIBE, ME	Active	Indian
184	PEORIA TRIBE, OK	Active	Indian
650	PERRYVILLE, NATIVE VILLAGE OF PERRYVILLE	Active	Indian
651	PETERSBURG INDIAN ASSOCIATION	Active	Indian
425	PICAYUNE RANCHERIA CHUKCHANSI IND, CA	Active	Indian
857	PILOT POINT NATIVE CORPORATION	Active	Indian
652	PILOT POINT, NATIVE VILLAGE	Active	Indian
653	PILOT STATION TRADITIONAL VILLAGE	Active	Indian
858	PILOT STATION, INCORPORATED	Active	Indian
098	PIMA	Inactive	Indian
397	PINOLEVILLE RANCHERIA POMO IND, CA	Active	Indian
383	PIT RIVER INDIAN TRIBE, X-L RANCH, CA	Active	Indian
099	PIT RIVER	Inactive	Indian
859	PITKA'S POINT NATIVE CORPORATION	Active	Indian
654	PITKA'S POINT, NATIVE VILLAGE	Active	Indian
655	PLATINUM TRADITIONAL VILLAGE	Active	Indian
207	POARCH BAND OF CREEK INDIANS, AL	Active	Indian
656	POINT HOPE, NATIVE VILLAGE OF POINT HOPE	Active	Indian
657	POINT LAY, NATIVE VILLAGE OF POINT LAY	Active	Indian
860	POINT POSSESSION, INC.	Active	Indian
455	POKAGON BAND POTAWATOMI INDIANS	Active	Indian
101	POMO	Inactive	Indian
449	PONCA TRIBE, NE	Active	Indian
102	PONCA TRIBE, OK	Active	Indian
861	PORT ALSWORTH	Active	Indian
214	PORT GAMBLE IND COMM, WA	Active	Indian
862	PORT GRAHAM CORPORATION	Active	Indian
659	PORT GRAHAM VILLAGE	Active	Indian
660	PORT HEIDEN, NATIVE VILLAGE	Active	Indian
661	PORT LIONS, NATIVE VILLAGE OF PORT LIONS	Active	Indian
863	PORT WILLIAMS (SHUYAK)	Active	Indian
864	PORTAGE CREEK (OHGSENAKALE)	Active	Indian
658	PORTAGE CREEK VILLAGE	Active	Indian



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Code	Tribe	Active Flag	Indian Flag
103	POTAWATOMIE	Inactive	Indian
403	POTTER VALLEY RANCHERIA POMO INDIANS, CA	Active	Indian
105	PRAIRIE BAND POTAWATOMI, KS	Active	Indian
273	PRAIRIE ISLAND SIOUX IND COMM, MN	Active	Indian
662	PRIBILOF ISLANDS, ALEUT COMMUNITIES	Active	Indian
107	PUEBLO OF ACOMA, NM	Active	Indian
108	PUEBLO OF COCHITI, NM	Active	Indian
109	PUEBLO OF ISLETA, NM	Active	Indian
110	PUEBLO OF JEMEZ, NM	Active	Indian
111	PUEBLO OF LAGUNA, NM	Active	Indian
112	PUEBLO OF NAMBE, NM	Active	Indian
113	PUEBLO OF PICURIS, NM	Active	Indian
100	PUEBLO OF POJOAQUE, NM	Active	Indian
115	PUEBLO OF SAN FELIPE, NM	Active	Indian
116	PUEBLO OF SAN ILDEFONSO, NM	Active	Indian
117	PUEBLO OF SAN JUAN, NM	Active	Indian
114	PUEBLO OF SANDIA, NM	Active	Indian
118	PUEBLO OF SANTA ANA, NM	Active	Indian
119	PUEBLO OF SANTA CLARA, NM	Active	Indian
120	PUEBLO OF SANTO DOMINGO, NM	Active	Indian
121	PUEBLO OF TAOS, NM	Active	Indian
122	PUEBLO OF TESUQUE, NM	Active	Indian
123	PUEBLO OF ZIA, NM	Active	Indian
106	PUYALLUP TRIBE, WA	Active	Indian
356	PYRAMID LAKE PAIUTE TRIBE, NV	Active	Indian
865	QANIRTUUG, INC (QUINHAGAK AKA KWINHAGAK)	Active	Indian
242	QAWALANGIN TRIBE OF UNALASKA	Active	Indian
866	QEMIRTALEK COAST CORP (KONGIGANAK)	Active	Indian
125	QUAPAW TRIBE, OK	Active	Indian
219	QUARTZ VALLEY RANCHERIA, CA	Active	Indian
126	QUECHAN TRIBE, CA	Active	Indian
127	QUILEUTE TRIBE, WA	Active	Indian
128	QUINAULT TRIBE, WA	Active	Indian
260	RAMONA BAND VILLAGE CAHUILLA MISSION, CA	Active	Indian
663	RAMPART VILLAGE	Active	Indian
247	RED CLIFF, CHIPPEWA, WI	Active	Indian
664	RED DEVIL, VILLAGE OF RED DEVIL	Active	Indian
248	RED LAKE BAND OF CHIPPEWA, MN	Active	Indian
398	REDDING RANCHERIA POMO IND, CA	Active	Indian
399	REDWOOD VALLEY RANCHERIA POMO IND, CA	Active	Indian
349	RENO-SPARKS INDIAN COLONY, PAIUTE, NV	Active	Indian
371	RENO-SPARKS INDIAN COLONY, SHOSHONE, NV	Active	Indian
409	RESIGHINI RANCHERIA COAST IND COM	Inactive	Indian





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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
307	RINCON BAND OF LUISENO MISSION IND, CA	Active	Indian
384	ROARING CREEK RANCHERIA PIT RIVER TRB, CA	Active	Indian
400	ROBINSON RANCHERIA POMO IND, CA	Active	Indian
426	ROHNERVILLE RANCH BEAR RIV MATTOLE IND, CA	Active	Indian
283	ROSEBUD SIOUX TRIBE, SD	Active	Indian
665	RUBY, NATIVE VILLAGE OF RUBY	Active	Indian
172	RUMSEY INDIAN RANCHERIA, WINTUN IND, CA	Active	Indian
867	RUSSIAN MISSION / CHUATHBULAK (KUSKOKWIM)	Active	Indian
666	RUSSIAN MISSION, NATIVE VILLAGE (YUKON)	Active	Indian
129	SAC AND FOX TRIBE OF THE MISSISSIPPI, IA	Active	Indian
131	SAC AND FOX TRIBE, KS AND NE	Active	Indian
130	SAC AND FOX TRIBE, OK	Active	Indian
245	SAGINAW CHIPPEWA TRIBE, ISABELLA RES, MI	Active	Indian
868	SAGUYAK, INCORPORATED (CLARK'S POINT)	Active	Indian
869	SALAMATOF NATIVE ASSOCIATION, INC.	Active	Indian
377	SALT RIVER PIMA-MARICOPA IND COMM, AZ	Active	Indian
228	SAMISH TRIBAL ORGANIZATION	Active	Indian
132	SAMISH	Inactive	Non-Indian
232	SAN CARLOS APACHE TRIBE, AZ	Active	Indian
133	SAN JUAN OF WASHINGTON	Inactive	Non-Indian
344	SAN JUAN SOUTHERN PAIUTE INDIANS, AZ	Active	Indian
139	SAN MANUEL BAND, SERRANO MISSION IND, CA	Active	Indian
337	SAN PASQUAL BAND DIEGUENO INDIANS, CA	Active	Indian
870	SANAK CORPORATION (PAULOFF HARBOR)	Active	Indian
669	SAND POINT VILLAGE	Active	Indian
427	SANTA ROSA BAND CAHUILLA MISSION IND, CA	Active	Indian
261	SANTA ROSA COMM, SANTA ROSA RANCHERIA, CA	Active	Indian
033	SANTA YNEZ BAND CHUMASH MISSION INDS, CA	Active	Indian
338	SANTA YSABEL BAND DIEGUENO MISS IND, CA	Active	Indian
284	SANTEE SIOUX NATION, NE	Active	Indian
066	SATSOP	Inactive	Non-Indian
134	SAUK-SUIATTLE INDIAN TRIBE	Active	Indian
249	SAULT STE. MARIE CHIPPEWA TRIBE, MI	Active	Indian
871	SAVOONGA NATIVE CORPORATION	Active	Indian
670	SAVOONGA, NATIVE VILLAGE OF SAVOONGA	Active	Indian
671	SAXMAN, ORGANIZED VILLAGE OF SAXMAN	Active	Indian
672	SCAMMON BAY, NATIVE VILLAGE SCAMMON BAY	Active	Indian
389	SCOTTS VALLEY BAND POMO INDIANS	Active	Indian
872	SEA LION CORPORATION (HOOPER BAY)	Active	Indian
673	SEALASKA CORPORATION	Active	Indian
674	SELAWIK, NATIVE VILLAGE OF SELAWIK	Active	Indian
873	SELDOVIA NATIVE ASSOCIATION	Active	Indian
137	SEMINOLE NATION, OK	Active	Indian



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Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
136	SEMINOLE TRIBE, FL	Active	Indian
135	SEMINOLE	Inactive	Indian
138	SENECA NATION, NY	Active	Indian
019	SENECA-CAYUGA TRIBE, OK	Active	Indian
874	SETH-DY-YA-AH CORPORATION (MINTO)	Active	Indian
875	SHAAN-SEET, INC. (CRAIG)	Active	Indian
675	SHAGULUK NATIVE VILLAGE	Active	Indian
274	SHAKOPEE MDEWAKANTON SIOUX COMM,MN	Active	Indian
876	SHAKTOOKIK NATIVE CORPORATION	Active	Indian
676	SHAKTOOLIK, NATIVE VILLAGE OF SHAKTOOLIK	Active	Indian
140	SHAWNEE	Active	Indian
877	SHEE ATIKA, INC. (SITKA)	Active	Indian
323	SHEEP RANCH RANCHERIA OF MEWUK IND, CA	Active	Indian
677	SHELDON'S POINT, NATIVE VILLAGE	Active	Indian
401	SHERWOOD VALLEY RANCHERIA POMO IND, CA	Active	Indian
428	SHINGLE SPRINGS BAND MIWOK IND, CA	Active	Indian
932	SHINNECOCK INDIAN NATION	Active	Indian
678	SHISHMAREF, NATIVE VILLAGE OF SHISHMAREF	Active	Indian
878	SHISMAREF NATIVE CORPORATION	Active	Indian
185	SHOALWATER BAY TRB, WA	Active	Indian
372	SHOSHONE TRIBE WIND RIVER RES, WY	Active	Indian
143	SHOSHONE	Inactive	Indian
209	SHOSHONE-BANNOCK TRIBES FORT HALL RES, ID	Active	Indian
879	SHUMIGAN CORPORATION (SAND POINT)	Active	Indian
679	SHUNGNAK, NATIVE VILLAGE OF SHUNGNAK	Active	Indian
880	SHUYAK INC., (PORT WILLIAMS)	Active	Indian
285	SISSETON WAHPETON OYATE, SD	Active	Indian
680	SITKA COMMUNITY ASSOCIATION	Active	Indian
881	SITNASUAK NATIVE CORPORATION (NOME)	Active	Indian
144	SKAGIT, LOWER	Inactive	Non-Indian
237	SKAGWAY VILLAGE	Active	Indian
146	SKOKOMISH INDIAN TRIBE, WA	Active	Indian
376	SKULL VALLEY BAND GOSHUTE INDIANS, UT	Active	Indian
147	SKYKOMISH	Inactive	Non-Indian
681	SLEETMUTE, VILLAGE OF SLEETMUTE	Active	Indian
429	SMITH RIVER RANCHERIA, CA	Active	Indian
149	SNOHOMISH (LANDLESS)	Inactive	Non-Indian
148	SNOHOMISH	Inactive	Non-Indian
460	SNOQUAIMIE TRIBAL ORGANIZATION, WA	Active	Indian
150	SNOQUALMIE	Inactive	Non-Indian
308	SOBOBA BAND OF LUISENO MISSION IND, CA	Active	Indian
250	SOKOAGON CHIPPEWA, MOLE LAKE BAND, WI	Active	Indian
882	SOLOMON NATIVE CORPORATION	Active	Indian





CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
682	SOUTH NAKNEK VILLAGE	Active	Indian
151	SOUTHERN UTE TRIBE, CO	Active	Indian
272	SPIRIT LAKE SIOUX TRIBE, ND	Active	Indian
152	SPOKANE TRIBE, WA	Active	Indian
153	SQUAXIN ISLAND TRIBE, WA	Active	Indian
920	ST GEORGE TRADITIONAL COUNCIL	Active	Indian
251	ST. CROIX CHIPPEWA, WI	Active	Indian
883	ST. GEORGE TANAQ CORPORATION	Active	Indian
884	ST. MARY'S NATIVE CORPORATION	Active	Indian
667	ST. MARY'S VILLAGE (AKA ALGAACIQ)	Active	Indian
668	ST. MICHAEL, NATIVE VILLAGE ST. MICHAEL	Active	Indian
885	ST. MICHAEL'S NATIVE CORPORATION	Active	Indian
886	ST. PAUL	Active	Indian
182	ST. REGIS BAND, MOHAWK INDIANS, NY	Active	Indian
286	STANDING ROCK SIOUX TRIBE, ND AND SD	Active	Indian
683	STEBBINS COMMUNITY ASSOCIATION	Active	Indian
154	STEILACOOM	Inactive	Non-Indian
887	STEVEN'S VILLAGE	Active	Indian
684	STEVENS, NATIVE VILLAGE OF STEVENS	Active	Indian
155	STILLAGUAMISH TRIBE, WA	Active	Indian
156	STOCKBRIDGE-MUNSEE COMM MOHICAN IND, WI	Active	Indian
685	STONY RIVER, VILLAGE OF STONY RIVER	Active	Indian
888	STUYAHOK, LIMITED (NEW STUYAHOK)	Active	Indian
357	SUMMIT LAKE PAIUTE TRIBE, NV	Active	Indian
829	SUN'AQ TRIBE OF KODIAK	Active	Indian
157	SUQUAMISH TRIBE, WA	Active	Indian
430	SUSANVILLE IND. RANCHERIA, CA	Active	Indian
889	SWAN LAKE CORPORATION (SHELDON'S POINT)	Active	Indian
158	SWINOMISH TRIBE, WA	Active	Indian
339	SYCUAN BAND DIEGUENO MISSION IND, CA	Active	Indian
431	TABLE BLUFF RANCHERIA WIYOT INDIANS, CA	Active	Indian
432	TABLE MOUNTAIN RANCHERIA, CA	Active	Indian
159	TACHI	Inactive	Non-Indian
686	TAKOTNA VILLAGE	Active	Indian
890	TANACROSS, INC.	Active	Indian
687	TANACROSS, NATIVE VILLAGE OF TANACROSS	Active	Indian
891	TANADGUSIX CORPORATION (ST. PAUL)	Active	Indian
892	TANALIAN, INC. (PORT ALSWORTH)	Active	Indian
688	TANANA, NATIVE VILLAGE OF TANANA	Active	Indian
893	TATITILEK CORPORATION	Active	Indian
689	TATITILEK, NATIVE VILLAGE OF TATITILEK	Active	Indian
690	TAZLINA, NATIVE VILLAGE OF TAZLINA	Active	Indian
933	TEJON INDIAN TRIBE	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
691	TELIDA VILLAGE	Active	Indian
894	TELLER NATIVE CORPORATION	Active	Indian
692	TELLER NATIVE VILLAGE	Active	Indian
160	TE-MOAK BANDS, WESTERN SHOSHONE, NV	Active	Indian
895	TETLIN NATIVE CORPORATION	Active	Indian
693	TETLIN, NATIVE VILLAGE OF TETLIN	Active	Indian
205	TEWA	Inactive	Non-Indian
987	THAI	Inactive	Non-Indian
694	THIRTEENTH REGIONAL CORPORATION	Active	Indian
268	THLOPHLOCCO TRIBAL TOWN, CREEK NATION, OK	Active	Indian
253	THREE AFFILIATED TRIBES OF FT BERTHOLD, ND	Active	Indian
291	THREE AFFILIATED TRIBES, HIDATSA, ND	Active	Indian
896	TIGARA CORPORATION (POINT HOPE)	Active	Indian
897	TIHTEET AII, INC (BIRCH CREEK)	Active	Indian
695	TLINGIT & HAIDA INDIANS OF ALASKA	Active	Indian
210	TLINGIT	Inactive	Indian
898	TOGHOTTELE CORPORATION (NENANA)	Active	Indian
899	TOGIAK NATIVES, LIMITED	Active	Indian
696	TOGIAK, TRADITIONAL VILLAGE OF TOGIAK	Active	Indian
096	TOHONO O'ODHAM NATION,AZ (FORMERLY PAPAGO)	Active	Indian
211	TOLOWA/TOLOWA-HOOPA	Inactive	Indian
192	TONAWANDA BAND SENECA INDIANS, NY	Active	Indian
161	TONKAWA TRIBE, OK	Active	Indian
230	TONTO APACHE TRIBE, AZ	Active	Indian
697	TOOKSOOK BAY, NATIVE VILLAGE TOKSOOK BAY	Active	Indian
262	TORRES-MARTINEZ BAND CAHUILLA MISSION, CA	Active	Indian
900	TOZITNA, LIMITED (TANANA)	Active	Indian
163	TULALIP TRIBE, WA	Active	Indian
162	TULE RIVER TRIBE, CA	Active	Indian
901	TULKISARMUTE, INC. (TULUKSAK)	Active	Indian
698	TULUKSAK NATIVE COMMUNITY	Active	Indian
203	TUNICA-BILOXI INDIAN TRIBE, LA	Active	Indian
902	TUNTUTULIAK LAND, LIMITED	Active	Indian
699	TUNTUTULIAK, NATIVE VILLAGE TUNTUTULIAK	Active	Indian
700	TUNUNAK, NATIVE VILLAGE OF TUNUNAK	Active	Indian
324	TUOLUMNE BAND OF ME-WUK INDIANS, CA	Active	Indian
252	TURTLE MOUNTAIN BAND CHIPPEWA, ND	Active	Indian
195	TUSCARORA NATION, NY	Active	Indian
309	TWENTY-NINE PALMS LUISENO MISSION, CA	Active	Indian
903	TWIN HILLS NATIVE CORPORATION	Active	Indian
701	TWIN HILLS VILLAGE	Active	Indian
904	TYONEK NATIVE CORPORATION	Active	Indian
702	TYONEK, NATIVE VILLAGE OF TYONEK	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

Code	Tribe	Active Flag	Indian Flag
905	UGANIK NATIVES, INC.	Active	Indian
703	UGASHIK VILLAGE	Active	Indian
906	UKPEAGVIK INUPIAT CORP (BARROW)	Active	Indian
907	UMKUMIUT, LIMITED	Active	Indian
908	UNALAKLEET NATIVE CORPORATION	Active	Indian
704	UNALAKLEET, NATIVE VILLAGE OF UNALAKLEET	Active	Indian
909	UNALASKA	Active	Indian
910	UNGA CORPORATION	Active	Indian
457	UNITED AUBURN IND COMM,AUBURN RANCH, CA	Active	Indian
238	UNITED KEETOOWAH BAND CHEROKEE, OK	Active	Indian
911	UPPER KALSKAG	Active	Indian
287	UPPER SIOUX INDIAN COMMUNITY, MN	Active	Indian
145	UPPER SKAGIT INDIAN TRIBE, WA	Active	Indian
165	UTE INDIAN TRIBE, UINTAH AND OURAY RES, UT	Active	Indian
166	UTE MOUNTAIN TRB, CO NM AND UT	Active	Indian
350	UTU UTU GWAITI PAIUTE TRIBE, CA	Active	Indian
912	UYAK NATIVES, INC.	Active	Indian
705	VENETIE, NATIVE VILLAGE OF VENETIE	Active	Indian
931	VENETIE/ARCTIC	Active	Indian
340	VIEJAS GROUP OF THE VIEJAS RES, CA	Active	Indian
413	VIEJAS GROUP-CAPITAN GRANDE-CAL	Inactive	Indian
982	VIETNAMESE	Inactive	Non-Indian
167	WAILAKI	Inactive	Indian
706	WAINWRIGHT VILLAGE	Active	Indian
913	WALES NATIVE CORPORATION	Active	Indian
707	WALES, NATIVE VILLAGE OF WALES	Active	Indian
358	WALKER RIVER PAIUTE TRIBE, NV	Active	Indian
169	WASHOE TRIBE OF NV, CA	Active	Indian
186	WEA	Inactive	Non-Indian
233	WHITE MOUNTAIN APACHE TRB, AZ	Active	Indian
914	WHITE MOUNTAIN NATIVE CORPORATION	Active	Indian
708	WHITE MOUNTAIN, NATIVE VILLAGE WHITE MTN	Active	Indian
990	WHITE	Inactive	Non-Indian
170	WICHITA INDIAN TRIBE, OK	Active	Indian
924	WILTON RANCHERIA	Active	Indian
171	WINNEBAGO TRIBE, NE	Active	Indian
375	WINNEMUCCA INDIAN COLONY, NV	Active	Indian
915	WOODY ISLAND	Active	Indian
709	WRANGELL COOPERATIVE ASSOCIATION	Active	Indian
173	WYANDOTTE TRIBE, OK	Active	Indian
067	WYNNOCHE	Inactive	Non-Indian
916	YAK-TAT KWAAN, INC. (YAKUTAT)	Active	Indian
275	YANKTON SIOUX TRIBE, SD	Active	Indian



CRIHB Options 2015 Program  
Tribal Affiliation Codes

<b>Code</b>	<b>Tribe</b>	<b>Active Flag</b>	<b>Indian Flag</b>
009	YAVAPAI-APACHE IND COMM, AZ	Active	Indian
175	YAVAPAI-PRESCOTT TRIBE, AZ	Active	Indian
359	YERINGTON PAIUTE TRIBE, NV	Active	Indian
373	YOMBA SHOSHONE TRIBE, YOMBA RES, NV	Active	Indian
222	YSLETA DEL-SUR PUEBLO, TX	Active	Indian
176	YUCHI	Inactive	Non-Indian
177	YUKI	Inactive	Indian
410	YUROK TRIBE HOOPA VALLEY RES, CA	Active	Indian
178	YUROK	Inactive	Indian
917	ZHO-TSE, INC. (SHAGELUK)	Active	Indian
124	ZUNI TRIBE, NM	Active	Indian



## **CRIHB OPTIONS PROGRAM Frequently Asked Questions (FAQs)**

### **FAQ #1: Patients with Medi-Cal and Medicare coverage**

*Question:* If an eligible client meets all eligibility criteria for the CRIHB Options program and has both Medicare & Medi-Cal – can they bill for chiropractic or podiatry services that do not meet the Medicare coverage criteria?

*Answer:* No. If Medicare covers chiropractic and/or podiatry services but the visit doesn't meet the Medicare requirements, CRIHB Options would not cover. Medi-Cal guidelines for chiropractic and podiatry services are the same as those for Medicare, so the services would not have been billable to Medi-Cal before the elimination of the optional benefits. Therefore, CRIHB Options would not pay for the service. However, if Medicare does not cover a service at all (e.g. dental services), and the service was one of the eliminated Optional Benefits that has not been restored, then CRIHB Options can be billed for these services.

### **FAQ #2: Patients with Medi-Cal and private insurance coverage**

*Question:* Does a patient qualify for CRIHB Options if they have private insurance and Medi-Cal coverage?

*Answer:* It depends. If the patient has private dental insurance and Medi-Cal coverage, the service does not qualify for CRIHB Options. If the patient has private medical coverage that does not cover dental services, and Medi-Cal has not restored that dental service, the service qualifies for CRIHB Options. If the child age 21-26 is on one parent's private medical insurance but also has Medi-Cal, client could qualify for dental coverage.

### **FAQ #3: Share of Cost patients**

*Question:* Are individuals with a Medi-Cal Share of Cost (SOC) eligible for the CRIHB Options program?

*Answer:* Individuals with a SOC are not Medi-Cal beneficiaries until they have met their SOC each month. Therefore, services provided to these individuals would not be eligible for CRIHB Options payment until the SOC had been met for the month. Keep a copy of the Medi-Cal printout showing the SOC has been met for that date of service.

### **FAQ #4: Patients with family Share of Cost**

*Question:* If a client has Medi-Cal with an EVC# but states they can also apply medical expenses to a family share of cost (see below), is this client eligible for CRIHB Options?

Eligibility Message:  
SUBSCRIBER LAST NAME: EVC #:XXXXXXXXXX. CNTY CODE: XX. 1ST SPECIAL AID CODE:  
XX. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. SUBSCRIBER CAN ALSO CHOOSE TO  
APPLY MEDICAL EXPENSES TOWARDS FAMILY SOC/SPEND DOWN. REMAINING  
SOC/SPEND DOWN \$ 250.58.

*Answer:* CRIHB Options can pay for covered services provided to the eligible client if the client has full scope Medi-Cal (the aid code will help you determine this) and you do not apply the visit to the family share of cost.

#### **FAQ #5: Medi-Cal patients who are pregnant**

*Question:* Are individuals with pregnancy-related Medi-Cal coverage eligible for the CRIHB Options program?

*Answer:* A person with pregnancy-related Medi-Cal is covered during her pregnancy and generally for 6 weeks after delivery. If the service provided might affect the pregnancy, is not covered by Medi-Cal during the pregnancy, and is one of the eliminated Optional Benefits that have not been restored by Medi-Cal then CRIHB Options can be billed for services provided to eligible patients.

#### **FAQ #6: Eligibility of Non-Native pregnant patients**

*Question:* Is a non-Indian individual who are pregnant with an Indian child eligible for the CRIHB Options program? If so, what tribal code is used and how do we document this?

*Answer:* According to the IHS Eligibility Criteria that is located in the Provider Toolkit, a Non-Indian woman pregnant with an eligible Indian's child qualifies for CRIHB Options through post partum period, which is generally 6 weeks after delivery. However, CRIHB Options covered services are limited to pregnancy-related services. For the non-Indian individual, use the tribal code 970 (Non-Indian member of an Indian household). If the couple is legally married, we would accept documentation on the clinic's patient registration form that indicates marriage. If the patient completes the patient registration form indicating she is married to the father and the father's record has documentation that he is an Indian beneficiary as defined by IHS, this documentation would suffice. If the couple is not legally married, the father will need to provide written documentation that he is the father of the child and the clinic needs to maintain this documentation.

#### **FAQ #7: Eligibility of pregnant patients, age 21 and over, for Dental services**

*Question:* D0120 Periodic Oral Evaluation is not covered by CRIHB Options during pregnancy since Medi-Cal covers this procedure. Per the Denti-Cal/Medi-Cal guidelines, D0120 is not a covered benefit for pregnant patients age 21 and over. Will we be able to bill CRIHB Options for this procedure for our 21 and older patients?

*Answer:* No. If the woman has full scope Medi-Cal and is over 21 years of age, it is a covered service through Medi-Cal and is not covered by CRIHB Options. If the woman has only pregnancy-related Medi-Cal coverage and is under 21, the service is covered by Medi-Cal and is not a covered service through CRIHB Options. Pregnancy-related services were not subject to the previous Medi-Cal optional benefit reductions. If the woman has only pregnancy-related Medi-Cal coverage and is over 21, Medi-Cal limits dental services to only those that might complicate pregnancy. The code, D0120, is used for a periodic oral evaluation, which is not a condition that might affect pregnancy, so would not be a covered service under CRIHB Options.



# Listing of Service Codes

Acupuncture, Audiology, Chiropractic,  
Podiatry, and Speech Therapy



## Acupuncture Service Listing

**Only medically necessary procedures performed in a Participating Provider Clinic are covered.**

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

Code	Description
97810	Acupuncture, 1 or more needles; w/o electrical stimulation, initial 15 mins of personal one-on-one contact w/patient
97813	With electrical stimulation, initial 15 mins of personal one-on-one contact with patient. List in addition to primary procedure code.





## Audiology Service Listing

**Only medically necessary procedures performed in a Participating Provider Clinic are covered.**

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

**Services must be performed by an Audiologist.**

Code	Description
V5008	Hearing Screening
V5010	Assessment for hearing aid
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92550	Tympanometry and reflex threshold measurements
92552	Pure tone audiometry (threshold); air only
92557	Comprehensive audiometry threshold evaluation & speech recognition (92553 & 92556 combined)
92560	Bekesy audiometry screening
92561	Bekesy audiometry screening; diagnostic
92562	Loudness balance test, alternate binaural or monaural
92563	Tone decay test
92564	Short increment sensitivity index
92567	Tympanometry (impedance testing)
92579	Visual reinforcement audiometry (VRA)
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
92594	Electroacoustic evaluation for hearing aid; monaural
92595	Electroacoustic evaluation for hearing aid; binaural
92700	Unlisted otorhinolaryngological service or procedure



## Chiropractic Services Listing

**Only medically necessary procedures performed in a Participating Provider Clinic are covered.**

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

**Note for FQHCs only:** Chiropractic services are not a covered service under Group Code "CO/CCO" when provided to Medi-Cal beneficiaries for dates of service on or after 9/26/13.

**Note for IHS MOA clinics only:** The following services are reimbursable under Group Code "CO/CCO".

Code	Description
98940	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
98941	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
98942	Chiropractic manipulative treatment (CMT); spinal, 5 regions



## Denti-Cal Service Listing

### CDT 11-12 Codes

All services must meet Denti-Cal coverage rules which are located in Section 5 of the Denti-Cal Provider Handbook. The handbook is available online at:

<http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual>

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

**Note Share of Cost Individuals:** Patients with a SOC are not Medi-Cal beneficiaries until they have met their SOC each month. Therefore, this patient is not be eligible for CRIHB Options until their SOC had been met for the month.

**Note for FQHCs:** Effective for dates of service beginning on 9/26/13, dental services are no longer covered by CRIHB Options for tribal health programs billing as an FQHC. These services are covered by Medi-Cal.

**Note for IHS MOA clinics only:** The following services are reimbursable under Group Code "CO/CCO".

Codes highlighted purple are Medi-Cal covered services during pregnancy only. These services are not covered by CRIHB Options during a pregnancy.

### DIAGNOSTIC PROCEDURES (D0100-D0999)

D0120	Periodic oral evaluation - established patient
D0140	Limited oral evaluation - problem focused
D0150	Comprehensive oral evaluation - new or established patient
D0160	Detailed & extensive oral evaluation - problem focused by report
D0170	Re-Evaluation - Limited, problem focused (established patient; not post-op visit)
D0180	Comprehensive periodontal evaluation - new or established patient
D0999	Unspecified diagnostic procedure by report

### PREVENTIVE PROCEDURES (D1000-D1999)

D1110	Prophylaxis - adult
D1204	Topical application of fluoride - adult
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patient
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth
D1510	Space maintainer - fixed unilateral
D1515	Space maintainer - fixed - bilateral
D1520	Space maintainer - removable - unilateral
D1525	Space maintainer - removable - bilateral
D1550	Recementation of space maintainer

D1555	Removal of fixed space maintainer
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**RESTORATIVE PROCEDURES (D2000-D2999)**

D2710	Crown - resin-based composite (indirect)
D2712	Crown - 3/4 resin-based composite (indirect)
D2721	Crown - Resin with predominantly base metal
D2740	Crown - porcelain/ceramic substrate
D2751	Crown - porcelain fused to predominantly base metal
D2781	Crown - 3/4 cast predominantly base metal
D2783	Crown - 3/4 porcelain/ceramic
D2791	Crown - full cast predominantly base metal
D2930	Prefabricated stainless steel crown - primary tooth
D2951	Pin retention - per tooth, in addition to restoration
D2970	Temporary crown - fractured tooth
D2980	Crown repair - by report
D2999	Unspecified restorative procedure - by report

**ENDODONTIC PROCEDURES (D3000-D3999)**

D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction & application of medicament
D3221	Pulpal debridement, primary & permanent teeth
D3222	Partial pulpotomy for apexogenesis-permanent tooth with incomplete root development
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)
D3330	Endodontic therapy, molar tooth (excluding final restoration)
D3347	Retreatment of previous root canal therapy - bicuspid
D3348	Retreatment of previous root canal therapy - molar
D3351	Apexification/recalcification/pulpal regeneration - initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection etc.)
D3352	Apexification/recalcification/pulpal regeneration - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection etc.)
D3410	Apicoectomy/periradicular surgery - anterior
D3421	Apicoectomy/periradicular surgery - bicuspid (first root)
D3425	Apicoectomy/periradicular surgery - molar (first root)
D3426	Apicoectomy/periradicular surgery (each additional root)
D3999	Unspecified endodontic procedure, by report

**PERIODONTAL PROCEDURES (D4000-D4999)**

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant
D4260	Osseous surgery (including flap entry and closure)-four or more contiguous teeth or tooth bounded spaces per quadrant
D4261	Osseous surgery (including flap entry and closure)-one to three contiguous teeth or tooth bounded spaces per quadrant
D4341	Periodontal scaling & root planing - four or more teeth per quadrant

D4342	Periodontal scaling & root planing - one to three teeth per quadrant
D4920	Unscheduled dressing change (by someone other than treating dentist)
D4999	Unspecified periodontal procedure, by report

**PROSTHODONTIC (REMOVABLE) PROCEDURES (D5000-D5899)**

D5211	Maxillary partial denture - resin base (including any conventional clasps, rests & teeth)
D5212	Mandibular partial denture - resin base (including any conventional clasps, rests & teeth)
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests & teeth)
D5421	Adjust partial denture - maxillary
D5422	Adjust partial denture - mandibular
D5620	Repair cast framework
D5630	Repair or replace broken clasp
D5640	Replace broken teeth - per tooth
D5650	Add tooth to existing partial denture
D5660	Add clasp to existing partial denture
D5740	Reline maxillary partial denture (chairside)
D5741	Reline mandibular partial denture (chairside)

**IMPLANT SERVICE PROCEDURES (D6000-D6199)**

**Only surgical procedures provided at a Participating Provider clinic are covered**

D6010	Surgical placement of implant body: endosteal implant
D6040	Surgical placement: endosteal implant
D6050	Surgical placement: transosteal implant
D6053	Implant/abutment supported removable denture for completely edentulous arch
D6054	Implant/abutment supported removable denture for partially edentulous arch
D6055	Connecting bar - implant supported or abutment supported
D6056	Prefabricated abutment, includes placement
D6057	Custom abutment, includes placement
D6058	Abutment supported porcelain/ceramic crown
D6059	Abutment supported porcelain fused to metal crown (high noble metal)
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
D6061	Abutment supported porcelain fused to metal crown (noble metal)
D6062	Abutment supported cast metal crown (high noble metal)
D6063	Abutment supported cast metal crown (predominantly base metal)
D6064	Abutment supported cast metal crown (noble metal)
D6065	Implant supported porcelain/ceramic crown
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)
D6068	Abutment supported retainer for porcelain/ceramic FPD
D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
D6072	Abutment supported retainer for cast metal FPD (high noble metal)

D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)
D6074	Abutment supported retainer for cast metal FPD (noble metal)
D6075	Implant supported retainer for ceramic FPD
D6076	Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal)
D6077	Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal)
D6078	Implant/abutment supported fixed denture for completely edentulous arch
D6079	Implant/abutment supported fixed denture for partially edentulous arch
D6080	Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis & abutments & reinsertion of prosthesis
D6090	Repair implant supported prosthesis, by report
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment
D6094	Abutment supported crown (titanium)
D6095	Repair implant abutment, by report
D6190	Radiographic/surgical implant index, by report
D6194	Abutment supported retainer crown for FPD (titanium)
D6199	Unspecified Implant procedure, by report

**FIXED PROSTHODONTIC PROCEDURES (D6200-D6999)**

D6211	Pontic - cast
D6240	Pontic - porcelain fused to high noble metal
D6241	Pontic - porcelain fused to predominantly base metal
D6245	Pontic - porcelain/ceramic
D6251	Pontic - resin with predominantly base metal
D6721	Crown - resin with predominantly base metal
D6740	Crown - porcelain/ceramic
D6751	Crown - porcelain fused to predominantly base metal
D6781	Crown - 3/4 cast predominantly base metal
D6783	Crown - 3/4 porcelain/ceramic
D6791	Crown - full cast predominantly base metal
D6970	Post & core in addition to fixed partial denture retainer, indirectly fabricated
D6972	Prefabricated post & core in addition to fixed partial denture retainer
D6980	Fixed partial denture repair, by report

**ORAL AND MAXILLOFACIAL SURGERY PROCEDURES (D7000-D7999)****Only surgical procedures provided at a Participating Provider clinic are covered**

D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7290	Surgical repositioning of teeth
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions-four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)

D7350	Vestibuloplasty - ridge extension (Including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied & hyperplastic tissue)
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7880	Occlusal orthotic device, by report
D7899	Unspecified TMD therapy, by report
D7960	Frenulectomy also known as frenectomy or frenotomy - separate procedure not identical to another
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue - per arch
D7972	Surgical reduction of fibrous tuberosity

## Podiatry Services Listing

**Only medically necessary procedures performed in a Participating Provider Clinic are covered.**

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

**Note for FQHCs only: Podiatry services are not a covered service under Group Code "CO/CCO" when provided to Medi-Cal beneficiaries for dates of service on or after 9/26/13.**

**Note for IHS MOA clinics only: The following services are reimbursable under Group Code "CO/CCO".**

Code	Description
10060	Incision & drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
10160	Puncture aspiration of abscess, hematoma, bulla, or cyst
10180	Incision & drainage, complex, postoperative wound infection
11720	Debridement of nail(s) by any method(s); 1 to 5
11721	Debridement of nail(s) by any method(s); 6 or more
11730	Avulsion of nail plate, partial or complete, simple; single
27650	Repair, primary, open or percutaneous, ruptured Achilles tendon
27652	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft
27654	Repair secondary, Achilles tendon with or without graft
27658	Repair flexor tendon, leg; primary, without graft, each tendon
27659	Repair flexor tendon, leg; secondary, with or without graft, each tendon
27664	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	Repair dislocating peroneal tendons; without fibular osteotomy
27676	Repair dislocating peroneal tendons; with fibular osteotomy
27680	Tenolysis, flexor or extensor tendon, leg and /or ankle; single, each tendon
27681	Tenolysis, flexor or extensor tendon, leg and /or ankle; multiple tendons, through separate incision(s)
27685	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	Gastrocnemius recession (eg, Strayer procedure)
27690	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)



27695	Repair, primary, disrupted ligament, ankle; collateral
27696	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	Repair secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27704	Removal of ankle implant
27760	Closed treatment of medial malleolus fracture; without manipulation
27762	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	Open treatment of medial malleolus fracture, includes internal fixation, when performed
27786	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed
27808	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation
27810	Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation
27814	Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed
27816	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	Closed treatment of trimalleolar ankle fracture; with manipulation
27822	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip
27823	Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip
27824	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only
27827	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only
27828	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia & fibula
27829	Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed
27840	Closed treatment of ankle dislocation; without anesthesia
27842	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation
28190	Removal of foreign body, foot; subcutaneous
28192	Removal of foreign body, foot; deep
28193	Removal of foreign body, foot; complicated

28415	Open treatment of calcaneal fracture, includes internal fixation, when performed
28430	Closed treatment of talus fracture; without manipulation
28435	Closed treatment of talus fracture; with manipulation
28436	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	Open treatment of talus fracture, includes internal fixation, when performed
28446	Open osteochondral autograft, talus [includes obtaining graft(s)]
28450	Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each
28455	Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each
28456	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus); with manipulation each
28465	Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each
28470	Closed treatment of metatarsal fracture; without manipulation, each
28475	Closed treatment of metatarsal fracture; with manipulation, each
28476	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	Open treatment of metatarsal fracture, includes internal fixation, when performed, each
28490	Closed treatment of fracture great toe, phalanx or phalanges; without manipulation
28495	Closed treatment of fracture great toe, phalanx or phalanges; with manipulation
28496	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation when performed
28510	Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each
28515	Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each
99201	Office visit, new patient
99202	Office visit, new patient
99203	Office visit, new patient
99211	Office visit, established patient (not MA or RN only)
99212	Office visit, established patient
99213	Office visit, established patient

## Speech Therapy Service Listing

**Only medically necessary procedures performed in a Participating Provider Clinic are covered.**

The following CRIHB Options services are limited to a combined maximum of 2 visits per month per CCR, Title 22, Section 51304[a]:

- Acupuncture
- Audiology
- Chiropractic
- Podiatry
- Speech Therapy

**PLEASE NOTE: Dental services are not affected by this limitation.**

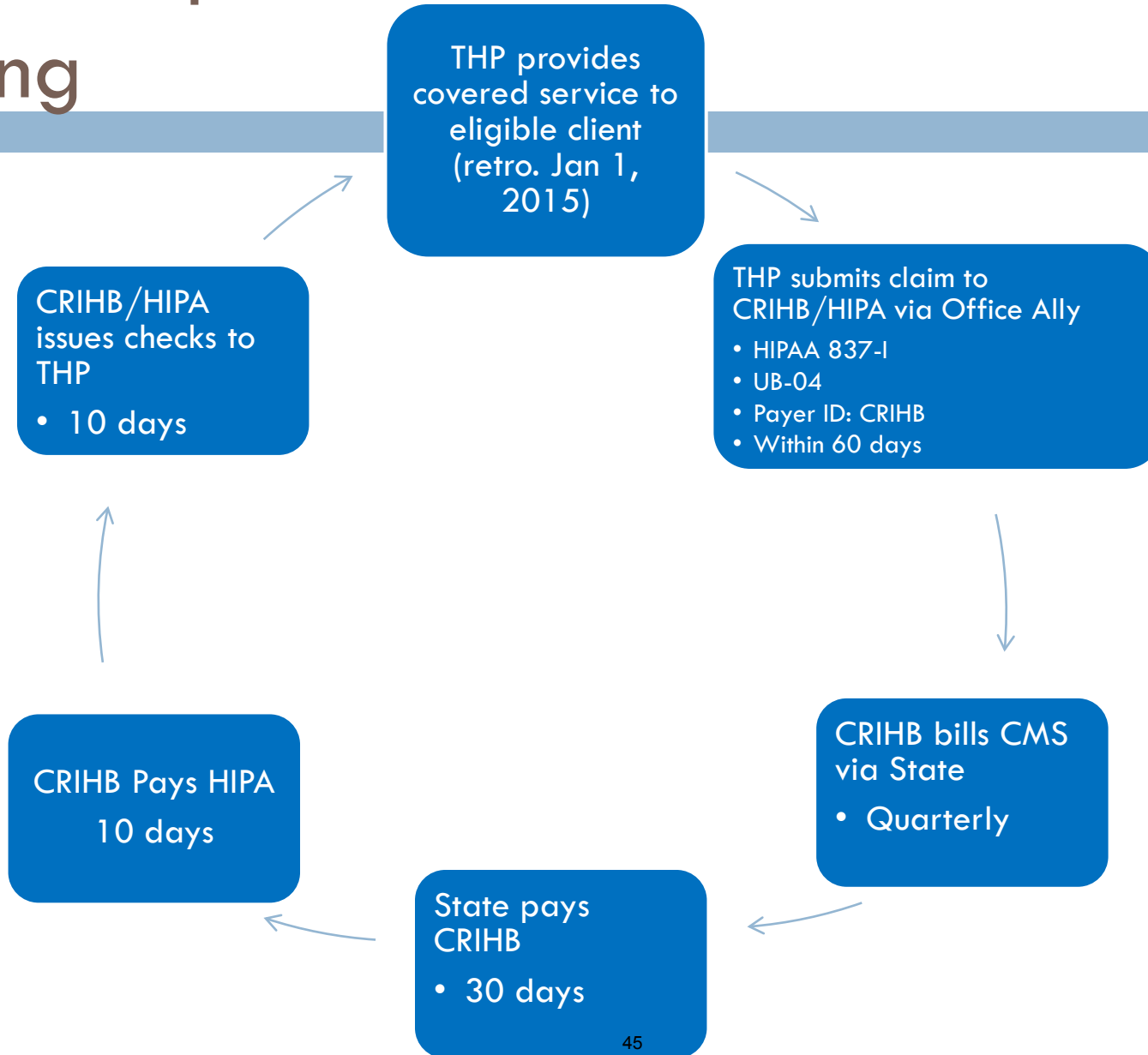
Code	Description
92521	Evaluation of speech fluency (eg, stuttering, cluttering)
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); w/evaluation of language comprehension and expression (eg, receptive & expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
92609	Therapeutic service(s) for the use of speech-generating device, including programming and modification



# Submitting Claims to CRIHB via Third Party Administrator

# CRIBB Options 2015

## Billing



# Quarterly Deadlines

2

## 1st Quarter- Jan, Feb, Mar

Quarter ends	3/31/2015
Quarterly Report due to State	6/24/2015
Deadline State to pay CRIHB	7/24/2015
Deadline CRIHB to pay TPA	7/31/2015
Deadline TPA to pay THPs	8/14/2015

## 2nd Quarter- Apr, May, Jun

Quarter ends	6/30/2015
Quarterly Report due to State	9/23/2015
Deadline State to pay CRIHB	10/23/2015
Deadline CRIHB to pay TPA	10/30/2015
Deadline TPA to pay THPs	11/16/2015

## 3rd Quarter- Jul, Aug, Sept

Quarter ends	9/30/2015
Quarterly Report due to State	12/29/2015
Deadline State to pay CRIHB	1/28/2016
Deadline CRIHB to pay TPA	2/4/2016
Deadline TPA to pay THPs	2/18/2016

## 4th Quarter- Oct, Nov, Dec

Quarter ends	12/31/2015
Quarterly Report due to State	3/24/2016
Deadline State to pay CRIHB	4/25/2016
Deadline CRIHB to pay TPA	4/28/2016
Deadline TPA to pay THPs	5/12/2016

# Submit Claims to CRIHB/HIPA via Office Ally

- 3 ways of submitting claims :
  - Use your existing billing software. Request to add payer ID: CRIHB
  - Use Office Ally Online Entry Tool
  - Sign up to have Office Ally become your clearinghouse
    - Office Ally set-up is required to use the online entry and clearinghouse service and is available at no cost.
    - Call Adriana Wright at Office Ally who can help set-up you up over the phone
    - (866) 575-4120 ext. 234
    - Contract: [adriana.wright@officeally.com](mailto:adriana.wright@officeally.com)

# Claims Submissions via Office Ally

- Payer ID: **CRIHB**
- UB-04 Claim Form
- CPT /HCPCS/CDT Codes
- Please include fee for each code
- Reimbursement: \$342 per eligible claim



# 2015 Billing Rate and Administration Fees

- **All CRIHB Options 2015 Claims:** Paid at IHS/MOA rate of \$342 from uncompensated care fund
  - Check will be issued by Humboldt Independent Practice Association (HIPA)
  - Payments issued quarterly
  
- **CRIHB Administrative Fee:** \$49.50 per “clean” claim. Billed monthly to the tribal health program by CRIHB.



# THANK YOU FOR INTEREST IN OFFICE ALLY

I have attached Office Ally’s Enrollment Instructions for enrolling online to start sending electronic claims. Below is information and direction on how to get started.

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## EASY TO GET STARTED:

- Complete the attached Enrollment Form and Authorization Sheet. Once complete **fax to (360) 314-2184 ATTN: ADRIANA.**
- You will receive a Log on ID and password for Office Ally's HIPAA compliant website via email within 24 hours.
- One of Office Ally's technical support staff will contact you and walk you through the EDI process.

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## USE YOUR CURRENT SOFTWARE

- You can submit claims by
  - Using your existing billing software, or
  - Using our Online Entry Tool, or
  - Using our FREE web-based Practice Management System, Practice Mate™.
  - Practice Mate™ features include: scheduling, online claims, super bills, account posting and much more!
- Your claims are processed free of charge within 24 hours.
- A file summary detailing each claim is provided after your claims have been processed.

*We have over 5,400 payers that you can submit to free of charge!*

*Please visit our website at [www.officeally.com](http://www.officeally.com), click on “Resource Center” and then “Payer Lists” to view a list of these payers.*

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## NEWEST FEATURES AND SUPERIOR CUSTOMER SERVICE FREE OF CHARGE

• 24/7 Customer Service	• Online eligibility checking for certain payers
• Detailed summary reports	• Real Time claim status
• Online claim history	• Free ICD9 and Modifier code look up
• Correct claims online	• No contracts & no set up fees
• Electronic Attachments	• Electronic Remittance ERAs / 835s

**PLEASE KEEP IN MIND THAT OFFICE ALLY IS A FREE SERVICE FOR PROVIDERS TO SUBMIT THEIR CLAIMS ELECTRONICALLY.**

Office Ally is paid on the backend by our contracted insurance companies – so there is no cost to the provider or biller for electronic claims. Please feel free to call me if you have any questions.

I look forward to hearing from you!

Sincerely,

Adriana Wright  
 Enrollment Specialist  
 Office Ally  
 PO Box 872020  
 Vancouver, WA 98687  
 Phone: (866) 575-4120 ext. 234  
 Fax: (360) 314-2184  
[adriana.wright@officeally.com](mailto:adriana.wright@officeally.com)  
[www.officeally.com](http://www.officeally.com)



# ENROLLMENT FORM

PLEASE FILL IN THE INFORMATION BELOW FOR THE PERSON OR ENTITY RESPONSIBLE FOR CHARGES AND MAINTAINS OWNERSHIP AND ACCESS TO THE ACCOUNT.

Owner of Account/Practice Name:\*

\*Please Note: If this is a billing service, clearinghouse, or software vendor please enroll as such. You may enter provider information below.

## OFFICE INFORMATION

### Mailing Address:

Street Address:\*

City: \* State: \* Zip: \*

### Contact Information: (Individual actually submitting claims)

First Name:\* Last Name:\*

Telephone: \* Facsimile: \*

Email: \* Title:\*

### Type of Practice:\*

Billing Company  Solo Practice  Group Practice  Clearinghouse  Software Vendor

## BILLING INFORMATION

Billing Address:  Check if same as mailing address

Street Address:\*

City: \* State: \* Zip: \*

Billing Contact Information:  Check if same as contact information in previous section

First Name:\* Last Name:\*

Telephone: \* Facsimile: \*

Email: \* Title:\*

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

## PROVIDER/GROUP INFORMATION

If you are enrolling as a Group complete the "Group Provider(s)" section and if any individual providers are billing under the Group NPI# then list them in the "Individual Provider(s)" section. If you are enrolling as an individual provider complete the "Individual Provider(s)" section. If you need room for additional providers then print another copy of this page and submit with enrollment form.

### Group Provider(s)

1	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
2	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
3	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
4	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____
5	Name of Billing Provider/Group: *	_____
	Tax ID: *	_____ Group NPI#: * _____ Specialty: * _____

### Individual Provider(s)

1	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
2	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
3	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
4	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____
5	First Name: *	_____	Last Name: *	_____
	Tax ID: *	_____	Individual NPI#: *	_____ Specialty: * _____

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

## SYSTEM INFORMATION\*

Please tell us how you would like to submit your claims. Check ALL that apply (must select at least one)

- Undecided
- Office Ally's Practice Mate
- Office Ally's Electronic Health Records System
- Office Ally's Online Claim Entry Tool

Forms Used:  CMS 1500  UB-04  ADA

- We will be using another billing software (Please include your software information below)

Software/Version: \_\_\_\_\_

## CREDIT CARD PROCESSING UTILITY

- Yes, I am interested in Office Ally's integrated credit card processing. Please contact me with additional information.

Best Time to Contact: \_\_\_\_\_ Best Contact Method: \_\_\_\_\_ Promo Code: \_\_\_\_\_

Special Instruction/Alternate Contact: \_\_\_\_\_

## BILLING COMPANY

- Yes, I am interested in Office Ally's Billing Service. Please contact me with additional information.

Best Time to Contact: \_\_\_\_\_ Best Contact Method: \_\_\_\_\_

## OFFICE ALLY REPRESENTATIVE\*

Please list your Office Ally Representative: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## ONEHEALTH PORT USERS

Currently enrolled OneHealth Port users check the box below, and fill in your OneHealth Port User Name.

Are you a OneHealth Port user?  Yes  No OneHealth Port User Name: \_\_\_\_\_

*\*This will become your Office Ally User Name if available*

**In order to process your enrollment you must also submit a one (1) page Authorization sheet included with this form. Within 24 hours of receiving your enrollment form and authorization sheet you will receive an email containing your username and a link to create your password. Within 24 hours after this an Office Ally representative will contact you to schedule a training appointment.**

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.



# AUTHORIZATION SHEET

Practice / Facility Name: \_\_\_\_\_

**TERMS/CONDITIONS:**

- Provider/Payer ensures that all data submitted to Office Ally is valid and represents services performed accurately.
- Office Ally shall not be deemed responsible for any claims transactions that fail due to incorrect/invalid data and all such rejections shall be the sole responsibility of the submitter for correction and resubmission. The received date of the claims shall be the date the claim is actually transmitted to the payer.
- Office Ally will automatically reprocess all claims rejected (for IPA’s ONLY) due to 'Member Not Found' and “Member Not Eligible At Time of Service”. Reprocessing will take place (7) days, (14) days and (21) days after the initial rejection. Provider will be notified: 1) at the time of the original rejection, and 2) at the time that the claim is accepted, or after the third attempt to reprocess at day (21) if the claim is still rejected for ‘Member Not Found’ or ‘Member Not Eligible At Time of Service.’ If the member is found to be eligible after reprocessing the date that the claim is received by payer will be the date that Office Ally actually transmits the claim to Payer.
- Certain payers require pre-enrollment which must be completed and approved before claims can be sent electronically. These payers include, but are not limited to Medicare, Medicaid/Medi-Cal, TriWest, and Blue Shield/Blue Cross, see our payer list for a complete listing.
- In an effort to provide our customers the best pricing available, Office Ally utilizes email for all correspondence, including accounting notices and invoices. It is your responsibility to ensure Office Ally has a valid email address for you at all times.

**GOVERNMENT CLAIMS POLICY: IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL PRE-ENROLLMENT FORMS ARE DONE PROPERLY AND APPROVED**

- I understand that if my monthly claim volume exceeds 50% governmental claims (including, but not limited to Medicare, Medi-Cal/Medicaid, DMERC, Railroad, and BCBS in some states), my account is subject to a Governmental processing fee of \$19.95 per month\*.
- In addition I understand that all totals are calculated per account (username) and I will only be charged this fee for months in which I exceed the 50% limit. If my Medicare/Medi-Cal/Medicaid/DMERC/Railroad/BCBS claim volume is less than 50%, I will not be charged.

▶▶▶ **Initial Here** \_\_\_\_\_ to indicate that you have read and understand the above policy. Initial required regardless if applicable.

**CLAIM PRINTING POLICIES:**

- All claims that Office Ally is able to submit electronically are done so FREE OF CHARGE. Any claims that Office Ally has to print and mail are done so at a rate of \$ 0.40 cents per page\* if you select this option below.
- Claims that need to be printed and mailed to individuals (such as patients or attorneys) will be charged a rate of \$0.55 per page\*. The provider or biller will be invoiced monthly via email for these paper claims.

**ELECT PRINTING OPTION: YOU ARE **REQUIRED** TO MAKE A CHOICE BELOW (CHECK ONLY ONE)**

\_\_\_\_\_ Do not print any claims for me. I understand that if I transmit claims that cannot be sent electronically, they will be rejected back to me.

\_\_\_\_\_ I hereby allow Office Ally to print and mail to the appropriate payers the claims that are not accepted electronically as indicated by our payer list and your pre-enrollment status, and agree to pay Office Ally \$0.40/claim\* for claims sent to insurance companies/payers and \$0.55/claim\* for claims sent to individuals (such as patients or attorneys). User will be invoiced for paper claims monthly.

**By signing below, you are acknowledging that you have read, understand, and agree to all terms/conditions in full.**

_____	_____
Owner of Account/President/CEO/Owner Signature	Date
_____	_____
Owner of Account/President/CEO/Owner Name (Please Print)	Title (Please Print)
_____	_____
Contact Name / Contact Phone Number	Office Ally Representative

Please fax completed Enrollment Form to (360) 314-2184. For questions call (866) 575-4120 ext. 234.

# ENROLLING IS AS EASY AS 1-2-3!!



**STEP 1:** Go to [www.officeally.com](http://www.officeally.com). Click on the **ENROLL NOW** button.

**STEP 2:** Complete the online **Provider Enrollment Form** by following these simple steps:

- **Owner of Account/Practice Name** – Be sure to use the name of the GROUP practice or billing service if applicable. If enrolling as an individual provider or practice, be sure to use full name and credentials.
  - **Section 1: Office Information\***: Here you will enter mailing address and contact information for your group practice, individual practice, billing service, etc.
    - **IMPORTANT NOTE: An email address is REQUIRED.** Office Ally will send your username, password link, and transmission/error reports to the email address you provide.
  - **Section 2: Billing Information**: If all information is the same for this section as what was entered in the Section 1: Office Information, check the boxes next to: “Check if same as mailing address” & “Check if same as contact information above”. If the information is different complete the section with the correct billing information.
  - **Section 3: Provider/Group Information\*:**
    - If you are a **solo practice** you will enter the name of the provider in the Group Providers section as well as list them in the Individual Providers section.
    - If you are a **group practice** you will enter the name of the group in the Group Providers section and list the individual providers within the group in the Individual Providers section.
    - If you are a **billing service**, please list any group practices under Group Providers section and any individual providers under Individual Provider section.
    - When entering your Tax ID number, do NOT include hyphens/dashes.
    - If you do not have an NPI# please enter ten one’s as shown here: 1111111111
- Once you have entered in all of the information, select the “ADD” button on the right before continuing.
- **Section 4: System Information**: Please identify which software(s) you will be using by checking the correct box(es). You may select more than one option.
    - If you select Office Ally’s Online Claim Entry Tool please indicate the forms you will be submitting by checking the appropriate box(es): CMS-1500 / UB-04 / ADA
  - **Section 5: Credit Card Processing Utility**: Select the check box if you wish to receive more information about Office Ally’s integrated credit card processing through TransEngen.
  - **Section 6: Office Ally Representative**: Please select your Office Ally Representative: \_\_\_\_\_
  - **Section 7: How did you hear about us?:** Please select how you heard about Office Ally by checking the appropriate box.
  - **Section 8: OneHealth Port Users:**
    - If you are a **current OneHealth Port user** please select “Yes” and enter your OHP user name.
    - If you are **NOT a current OneHealth Port user**, please ignore.

Once you have completed the above sections, click the “Submit” button at the bottom of the form. After clicking submit, a pop-up screen will appear which will instruct you to print and fill out the appropriate forms. If you do not come to this screen it means that your Pop-Up blocker has blocked it. Please make sure your Pop-Up blocker temporarily allows pop-ups in order to view the screen.

**STEP 3:** In order to complete your enrollment we need a signed **Authorization Sheet**. The Authorization Sheet is included in this packet or is available by clicking the “**Authorization Sheet**” link on the Pop-Up screen or by going to our home page ([www.officeally.com](http://www.officeally.com)), putting your cursor over the **Resource Center** tab, and selecting **Office Ally Forms & Manuals** from the drop down menu. In the **Enrollment Documents** section select **Authorization Sheet**. Download this form, complete, and send to Office Ally via fax, email, or mail.

Office Ally, LLC  
PO Box 872020  
Vancouver, WA 98687  
Fax: (360) 314-2184  
Email: [info@officeally.com](mailto:info@officeally.com)

Once we have received your completed Authorization Sheet, you will be sent an email with your user name and a link to set your password (within 24 hours). The business day after you have received your login information, one of our Appointment Schedulers will call to schedule an appointment with one of our Technicians to walk you through our website and the transmission of claims.

# Product Pricing List



- **Clearinghouse** – Submit claims electronically to over 4,400 payers
  - Additional fees may apply:
    - **Government Claims** – If government claim volume exceeds 50% of total claims submitted in a given month, an additional fee of \$19.95 applies **FREE**
    - **Printed Claims** – If claim(s) cannot be processed electronically, Office Ally will print and mail the claims(s) for \$0.40 per claim



- **Practice Mate™** – Complete practice management system that includes comprehensive scheduling, accounting, and a patient database for storing demographic and insurance information **FREE**



- **EHR 24/7™** – Electronic medical record system with customizable design for all specialties, including real-time reporting, dictation, and scanning **\$29.95 per provider/per month**

## Practice Mate and EHR Add-On Services

- **Eligibility Verification** – Real-time insurance eligibility status starting at \$10.00 for first 100 transactions/month; \$0.10 for each additional transaction
- **Reminder Mate™** – Reduce missed appointments with this call and email-based reminder system starting at \$29.95 for first 500 calls per month; additional reminders may be purchased in 500 call increments at \$20.00/month
- **Electronic Prescribing** – Comprehensive electronic prescription delivery and renewal processing, as well as contraindication review, medication lists, and patient allergies for \$30.99/month per provider

Please feel free to contact the Office Ally  
Enrollments Department:

Adriana Wright

Phone: 866-575-4120 ext. 322

Fax: 360-314-2184  
adriana.wright@officeally.com







To check the status of a CRIHB Options claim submitted to Humboldt Independent Practice Association via Office Ally, follow the below steps:

1. Visit the Humboldt Independent Practice Association website at <http://www.humboldtipa.com/auth/>.
2. Complete and fax the Online User Agreement form to (707) 442-2047.
3. After you have been granted access, enter your username and password to login to their system to check claim status.

Webpage: <http://www.humboldtipa.com/auth/>

## HUMBOLDT INDEPENDENT PRACTICE ASSOCIATION

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**Welcome to The IPA.**

You must be authorized to use AUTHORIZATION STATUS, CLAIM STATUS or ELIGIBILITY STATUS system. To subscribe to these free services, please fill out and fax the [Online User Agreement form](#) to 707-442-2047.

Login -

Service  
Check Authorization ▼

Username

Password

Log In

# THE FOUNDATION

## Online Status Tracking System

### *User Agreement*

This agreement is established between the Humboldt-Del Norte Foundation for Medical Care (hereafter "THE FOUNDATION") and \_\_\_\_\_ for the purposes of enrollment in the Foundation's Online Status Tracking System detailed herein.

#### Recitals

- A. THE FOUNDATION has contracted with certain health plans to process medical management and claims for plan enrollees.
- B. THE FOUNDATION has developed an internet web site for the use of its contracted provider offices whereby users may check the status of outpatient authorization requests and claims submitted to The Foundation in the previous 90 calendar days.
- C. User wishes to enter into an agreement with THE FOUNDATION for use of Online Status Tracking System.
- D. User is a provider office contracted with either The Foundation or the HDNIPA for the purposes of providing professional health care services to plan enrollees.

THEREFORE, in consideration of their mutual promises herein, THE FOUNDATION and User agree as follows:

#### 1. Confidentiality

User will access The Foundation Online Status Tracking System only for the purposes of retrieval of Status status reports for your practice only from the Foundation's secure web server. Any misuse or abuse of The Foundation Online Status Tracking System may result in immediate termination from the program.

As with any health care medical management processing subject, patient and provider specific data the confidentiality of information passed between agencies, is of paramount importance. Any and all patient and/or provider specific data must be kept in the strictest confidentiality. Any breach of this confidentiality will result in immediate termination from The Foundation Online Status Tracking System and may result in the filing of criminal and/or civil litigation against the practice, provider and FOUNDATION.

#### 2. Technical Support

The Foundation Online Status Tracking System is supported during normal business hours (Monday through Friday, 8am to 5pm). Technical Support may be obtained by contacting the Foundation's Customer Service Department via email at [csr@hdnfmc.com](mailto:csr@hdnfmc.com) or by calling 443-4563, ext. 54.

In order for a provider office to access the Foundation Online Status Tracking System, the practice will need to establish an account with an internet service provider (ISP). User will further need to have a current version of a web browsing software installed on their computer (this software is available from most ISPs and can also be supplied by FOUNDATION at no cost).

By your acceptance of this Agreement as indicated by your signature below, you assume the responsibility for all use of the Foundation Online Status Tracking System and agree to indemnify and hold harmless from any liability or claim of any person arising from such use. FOUNDATION shall not be responsible for any loss or damage arising out of, or in connection with, the use of the Foundation Online Status Tracking System, including without limitation, data or equipment. In no event shall FOUNDATION be held liable to User for any incidental, consequential, exemplary, or

damages (including without limitation damages for loss of business profits, business interruption, loss of business information, or other pecuniary loss) arising out of the use or inability to use the Foundation Online Status Tracking System, even if User has been advised of the possibility of such damages.

### 3. User Responsibilities

The following are responsibilities accepted by your practice when participating in The Foundation Online Status Tracking System:

- a. It is the responsibility of the User to contact FOUNDATION within 24 hours whenever a member of your staff who had access to the User's logon name and password for the Foundation Online Status Tracking System leaves your employ. FOUNDATION will then issue a new password within 24 hours and communicate it to the designated contact noted in Exhibit A of this Agreement via telephone and U.S. mail.
- b. It is also your responsibility to maintain in strictest confidence the logon name and password assigned to you for the purposes of accessing the Foundation Online Status Tracking System. Any disclosure of this information or the information contained in the reports retrieved from the web site to unauthorized persons may result in immediate termination from The Foundation Online Status Tracking System and in the filing of criminal and/or civil litigation (see Confidentiality – Section 1).

### 4. Term and Termination

- a. This Agreement shall become effective on the date of the final signature and shall continue for a period of twelve (12) months, and shall thereafter automatically renew for successive periods of twelve (12) months each, unless terminated by either party verbally or in writing.

#### THE FOUNDATION

By: \_\_\_\_\_  
(signature)

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

#### Your Office

By: \_\_\_\_\_  
(signature)

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# Exhibit A

## *User Information*

User Office Name: \_\_\_\_\_

User Contact Name: \_\_\_\_\_

User Contact Mailing Address: \_\_\_\_\_

\_\_\_\_\_

User Contact Phone Number: \_\_\_\_\_

User Contact Fax Number: \_\_\_\_\_

User Contact Email Address: \_\_\_\_\_

Tax ID(s) under which claims are submitted: \_\_\_\_\_

\_\_\_\_\_

User Log On: \_\_\_\_\_

*(User choice – maximum of 48 characters)*

User Password: \_\_\_\_\_

*(User choice –see rules below)*

- Minimum length of 6 characters
- Your username cannot be part of your password
- Your password must contain at least 1 numeric character (0-9)
- Your password must not contain sequential characters (ie: abc, 789)
- Your password must not contain repeating characters (ie: 222, zzz)
- Your password must not contain a word found in the dictionary (ie: cat, him, book)

**Do not disclose your password to anyone at any time.**

**Do not store your password in written form in any location.**

1 TRIBAL HEALTH PROGRAM NAME ADDRESS CITY ST ZIP												2 PAY TO ADDRESS (IF DIFFERENT) OR LEAVE BLANK IF SAME OR WRITE SAME												3a PAT. CNTL. # b. MED. REC. # 6 FED. TAX NO. 7 TAX ID #(no dash)						ENCOUNTER OR VISIT# HERE HEALTH RECORD # HERE 6 STATEMENT COVERS PERIOD FROM THROUGH 7						4 TYPE OF BILL																			
8 PATIENT NAME a						9 PATIENT ADDRESS a						PATIENT ADDRESS						c ST		d ZIP		e																																	
b PATIENT LAST NAME FIRST NAME (no commas)												b PATIENT CITY																																											
10 BIRTHDATE mmddyyyy			11 SEX F			12 DATE			ADMISSION 13 HR 14 TYPE 15 SRC			16 DHR			17 STAT			18			19			20			21			CONDITION CODES 22 23 24 25 26 27 28			29 ACDT STATE		30																				
31 OCCURRENCE CODE DATE			32 OCCURRENCE CODE DATE			33 OCCURRENCE CODE DATE			34 OCCURRENCE CODE DATE			35 OCCURRENCE SPAN FROM THROUGH			36 OCCURRENCE SPAN FROM THROUGH			37																																					
38 PATIENT LAST NAME FIRST NAME PATIENT ADDRESS PATIENT CITY STATE ZIP (no commas)												39 VALUE CODES AMOUNT						40 VALUE CODES AMOUNT						41 VALUE CODES AMOUNT																															
42 REV. CD.												43 DESCRIPTION												44 HCPCS / RATE / HIPPS CODE						45 SERV. DATE						46 SERV. UNITS						47 TOTAL CHARGES						48 NON-COVERED CHARGES						49	
1 510												OFFICE VISIT (not required)												99203						01032014						1						125 00													
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50 PAYER NAME CRIHB												51 HEALTH PLAN ID Leave blank												52 REL. INFO						53 ASG. BEN.						54 PRIOR PAYMENTS						55 EST. AMOUNT DUE						56 NPI Clinic Site NPI #							
58 INSURED'S NAME PATIENT LAST NAME FIRST NAME (no commas)												59 PREL 18			60 INSURED'S UNIQUE ID 8-Digit Individual Benefit ID #									61 GROUP NAME						62 INSURANCE GROUP NO. 2-digit Group Code: CO or CCO (RPMS users)																									
63 TREATMENT AUTHORIZATION CODES												64 DOCUMENT CONTROL NUMBER												65 EMPLOYER NAME																															
66 DX V722												25000												68																															
69 ADMIT DX												70 PATIENT REASON DX												71 PPS CODE						72 ECI						73																			
74 PRINCIPAL PROCEDURE CODE DATE				a. OTHER PROCEDURE CODE DATE				b. OTHER PROCEDURE CODE DATE				75				76 ATTENDING NPI Provider NPI #						QUAL																																	
c. OTHER PROCEDURE CODE DATE				d. OTHER PROCEDURE CODE DATE				e. OTHER PROCEDURE CODE DATE				77 OPERATING NPI						QUAL																																					
80 REMARKS												81CC a						b						c						d																									

Field 38 can be left blank if using billing software to upload to a clearinghouse. Field must be completed if provider manually enters claims online using Online Claim Entry or Practice Mate

This can be zero (0) dollars

Always "18" for self

Determined during eligibility screening

Primary Diagnosis Code

Secondary Diagnosis Code

Form with various fields including patient info, procedure details, and payer information. Includes handwritten annotations and arrows pointing to specific fields like 'Field 38 can be left blank...', 'This can be zero (0) dollars', 'Always "18" for self', and 'Determined during eligibility screening'.



# Policy Manual