



**Dear Blue Shield Network IPA/Medical Group/Practitioner:**

Blue Shield of California and Blue Shield of California Promise Health Plan has established a new process for updating and attesting to the accuracy of your provider directory information on Provider Connection:

1. Attestation to the accuracy of your provider directory information on Provider Connection every 90 days.
2. Updates to your provider directory information via the:
  - o Provider & Practitioner Profiles section on Provider Connection.
  - o Provider Data Validation Spreadsheet downloaded from Provider Connection.

**We have created the companion guide below to assist you with completing the Provider Data Validation spreadsheet.** If after reviewing the companion guide you still have questions, please contact Provider Customer Service at:

- o Provider Customer Service: (800) 541-6652
- o Blue Shield Promise: (800) 468-9935
- o Provider Customer Service Email: [ProviderCC@blueshieldca.com](mailto:ProviderCC@blueshieldca.com)

Following the submission of a bulk file, a manual review will be conducted, and notifications will be sent accordingly. Please be advised that there will be no prior communication when a file is placed into manual review. An email notification will be sent upon the completion of the manual review process.

Once training has been completed, the portal will be the designated method for submitting demographic additions, modifications, and terms.

Sincerely,  
Provider Information and Enrollment  
Blue Shield of California

## How this companion guide is organized:

This companion guide begins with important general overview information about the Provider Data Validation spreadsheet and will then go into detail for each tab. **Tab details within the companion guide are organized in the following way:**

- A table describing Blue Shield pre-populated data in order of appearance on each tab.
- A table providing definitions and instructions for making changes to editable fields on each tab.

## Provider Data Validation Spreadsheet Overview:

1. **Provider General** = Medical group, IPA, IPA roster member, or individual practitioner information. The provider type column can be used to differentiate data for the medical group, IPA, and IPA roster members. Please note, data on this tab may vary depending on contract type(s).
  - Capitated IPA
  - Promise Capitated IPA
  - Physician Group Practice
  - Practitioner
  - Allied Specialty (i.e. Psychologist, Optometrist, etc.)
  - Clinic Outpatient (note, FQHC's will reflect this Provider Type)
2. **Practitioner General** = Practitioners that have an active relationship with the IPA or Medical Group.
3. **Validation Contacts** = Contact information of the person responsible for completing the Provider Data Validation spreadsheet.
4. **Support** = Link to the Learning Resources page where the Provider Data Validation Companion Guide can be downloaded.

Each tab contains a series of fields that correspond to the tab name and the demographic information we have on file for your organization at the time the Provider Data Validation spreadsheet was downloaded from Provider Connection. If a primary care provider (PCP) wishes to terminate a provider and assign a new PCP for a member, please email the PRC with the details of the new assigned PCP. Additionally, ensure that the new PCP is current and listed in your roster before proceeding.

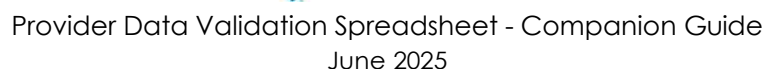
**Pre-populated fields that cannot be overwritten or edited are found under blue header columns (A,B,C,D, and E).** Other fields within the file may be edited to make necessary updates or add missing demographic data. Certain fields must be completed with Blue Shield predefined values. The instructions will indicate the fields where these are necessary, and you will be supplied with the values. Drop-down menus can be found in certain areas of the spreadsheet and should be used where available.

Follow the instructions below to update provider directory information contained within the Provider Data Validation spreadsheet. When reviewing and revising the spreadsheet, the below actions are **not** allowed:

- Adding or deleting columns
- Adding or deleting tabs
- Deleting existing columns or rows
- Changing or deleting column headers

## Provider\_General Tab

Field Name		Description	
		<p><b>Changes to Provider Tax ID Number, Provider Name, Provider Type, Line of Business, or Provider NPI cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information &amp; Enrollment at <a href="mailto:BSCProviderInfo@blueshieldca.com">BSCProviderInfo@blueshieldca.com</a>.</b></p>	
<b>Provider Tax Identification Number</b>  <b>Note: DO NOT edit or update details in the blue columns.</b>	Tax ID of contracted provider organization		
	<b>Bulk File is for...</b>	<b>Tax ID is...</b>	
	IPA	IPAs Tax ID	
	Medical Group	Groups Tax ID	
	Practitioner	Practitioners Tax ID or SSN	
<b>Provider Organization Name</b>  <b>Note: DO NOT edit or update details in the blue columns.</b>	Name of contracted provider organization		
	<b>If Provider Type is...</b>	<b>Then Provider Name is...</b>	
	Capitated IPA	IPA name	
	Promise Capitated IPA	IPA name	
	Practitioner	Practitioner or IPA roster member name	
	Physician Group Practice	Medical group name	
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group name	
	Clinic Outpatient	Medical group name	
<b>Provider Type</b>  <b>Note: DO NOT edit or update details in the blue columns.</b>	Provider type corresponding to taxonomy		
	<b>Provider Type</b>	<b>Description</b>	
	Capitated IPA	IPA	
	Promise Capitated IPA	IPA	
	Physician Group Practice	Medical group (PPO)	
	Practitioner	Practitioner or IPA roster member	
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group (PPO)	
	Clinic Outpatient	Medical group (PPO)	



Line of Business (LOB)

Line of business for contracted provider organization

Note: line of business is only populated for Capitated IPA provider types. The table below outlines the different lines of business that a Capitated Entity may be contracted under. The file will be pre-populated with the line of business corresponding to your Tax ID.

If Line of Business is...	Then contracted entity is....
HMO Commercial	Commercial Only
HMO Medicare Commercial	Commercial and Medicare
HMO Medicare	Medicare Only
HMO Promise	Medi-Cal Only
HMO CalPERS	CalPERS
HMO TRIO	Trio Only
HMO TRIO CalPERS	Trio and CalPERS
HMO CCSF TRIO	City College of San Francisco

Note: DO NOT edit or update details in the blue columns.

Provider NPI

National Provider Identifier

If Provider Type is...	Then NPI is...
Capitated IPA	IPA NPI - Type 2
Promise Capitated IPA	IPA NPI - Type 2
Practitioner	Practitioner or IPA roster member individual NPI - Type 1
Physician Group Practice	Medical group NPI - Type 2
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group NPI - Type 2
Clinic Outpatient	Medical group NPI - Type 2

Note: DO NOT edit or update details in the blue columns.

Note, the below fields are editable

Organization Website

Provider organization website for member-facing interactions

If Provider Type is...	Then website is...
Capitated IPA	IPA website
Promise Capitated IPA	IPA website
Practitioner	Practitioner or IPA roster member website
Physician Group Practice	Medical group website
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group website
Clinic Outpatient	Medical group website

<b>Provider Email</b>	Provider organization email for health plan administrative contacts	
	<b>If Provider Type is...</b>	<b>Then email is...</b>
	Capitated IPA	IPA email address
	Promise Capitated IPA	IPA email address
	Practitioner	Practitioner or IPA roster member email address
	Physician Group Practice	Medical group email address
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group email address
Clinic Outpatient	Medical group email address	
<b>Provider Directory Email</b>	<ul style="list-style-type: none"> <li>• Yes = Display email on directory</li> <li>• No = Do NOT display email on directory</li> </ul>	
<b>Service Location Add/Term/Update</b>	Click in the cell to activate the drop-down menu and select either: <ul style="list-style-type: none"> <li>• Add</li> <li>• Term</li> <li>• Update</li> </ul>	
	<b>Add</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
Practitioner	To add a new location for a practitioner or IPA roster member, on the Provider General tab in a blank row: <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> <li>• In column B, enter the practitioners first and last name.</li> <li>• In column C, type: Practitioner</li> <li>• Leave column D blank</li> <li>• In column E, type the practitioners individual (type 1) NPI.</li> </ul> <p>(continued on next page)</p>	

Service Location Add/Term/Update	Add (continued)	
	If Provider Type is...	Then...
	Practitioner	<ul style="list-style-type: none"> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p><b>Note:</b> the location will also need to be added for the practitioner on the <a href="#">Practitioner General</a> tab.</p>
	Physician Group Practice	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> <li>• In column B, mirror the Provider Organization Name found on the spreadsheet.</li> <li>• In column C, type: Physician Group Practice</li> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p><b>Note:</b> if adding a new service location for the group, add all roster members practicing at the location on the <a href="#">Practitioner General</a> tab. <b>A minimum of one roster member must be submitted along with the location addition.</b></p>
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	<p>To add a new location for the group, in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> </ul> <p>(continued on next page)</p>

Service Location Add/Term/Update	Add (continued)	
	If Provider Type is...	Then...
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	<ul style="list-style-type: none"> <li>• In column B, mirror the Provider Organization Name found on the spreadsheet.</li> <li>• In column C, mirror the appropriate Provider Type (i.e. Psychologist, Optometrist, etc.)</li> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p><b>Note:</b> if adding a new service location for the group, add all roster members practicing at the location on the <a href="#">Practitioner General</a> tab. At least one roster member is required to complete the location add.</p>
	Clinic Outpatient	<p>To add a new location for the clinic, in a blank row:</p> <ul style="list-style-type: none"> <li>• In column A, mirror the Provider Tax Identification Number found on the spreadsheet.</li> <li>• In column B, mirror the Provider Organization Name found on the spreadsheet.</li> <li>• In column C, type: Clinic Outpatient</li> <li>• Select Add under the Service Location Add/Term/Update column.</li> <li>• Complete all <i>required</i> service location address fields: address, city, state, zip, and phone number. Address must be a physical location recognized by USPS.</li> </ul> <p>(continued on next page)</p>

Service Location Add/Term/Update	Add (continued)	
	If Provider Type is...	Then...
	Clinic Outpatient	<p><b>Note:</b> if adding a new service location for the clinic, add all roster members practicing at the location on the <a href="#">Practitioner General</a> tab. At least one roster member is required to complete the location add.</p> <p>You may receive an email notification requesting additional documentation to support the location add for the clinic.</p>
	Term	
	If Provider Type is...	Then...
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office address.
	Practitioner	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>To <i>terminate</i> a location for a practitioner or IPA roster member, apply the termination on the <a href="#">Practitioner General</a> tab.</li> <li>To <i>change</i> a location for a practitioner or IPA roster member, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul> <p><b>Note:</b> location change actions will also need to be completed on the <a href="#">Practitioner General</a> tab (select Term for the location to be removed and add the new location in a blank row).</p>



Service Location Add/Term/Update	Term (continued)	
	If Provider Type is...	Then...
	<p>Physician Group Practice</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a group location will remove all roster members from the location.</li> <li>To <i>change</i> a group location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>
	<p>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a group location will remove all roster members from the location.</li> <li>To <i>change</i> a group location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>
	<p>Clinic Outpatient</p> <p><b>Note:</b> Please ensure that any location changes are processed as an addition prior to completing the termination. Failing to do so may result in the providers assigned to the location being terminated before the addition is made.</p>	<p>Select Term when a service location needs to be removed or when changing a service location address.</p> <ul style="list-style-type: none"> <li>Terminating a clinic location will remove all roster members from the location.</li> <li>To <i>change</i> a clinic location, select Term on the row for the location to be removed and add the new location in a blank row. See Add section above for details on adding new locations.</li> </ul>

<b>Service Location Add/Term/Update</b>	<b>Update</b>	
	<b>If Provider Type is...</b>	<b>Then...</b>
	Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
	Promise Capitated IPA	Please submit a separate request to your Blue Shield Provider Relations Representative for updates to IPA administrative office data.
	Practitioner	Select Update when editing non-address related information, such as phone, fax, office hours, etc.
	Physician Group Practice	Select Update when editing non-address related information, such as phone, fax, office hours, etc.
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Select Update when editing non-address related information, such as phone, fax, office hours, etc.
	Clinic Outpatient	Select Update when editing non-address related information, such as phone, fax, office hours, etc.
<b>Note:</b> Be sure to add a new location and ensure it appears on your roster prior to terming a location.		
<b>Service Location Term Date</b>	Date the service location became inactive <ul style="list-style-type: none"> <li>Termination date is required when Term is selected in the Service Location Add/Term/Update column.</li> <li>Future termination dates cannot be applied.</li> <li>Format date as: MM/DD/YYYY (example 01/01/2024).</li> </ul>	

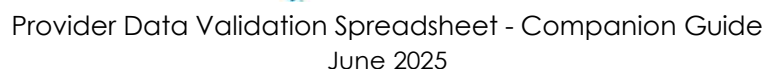
	<b>* Indicates a required field for new location add</b>														
<b>Service Location Address*</b>	<p>Location where services are rendered. Address must be a physical location recognized by USPS.</p> <table border="1"> <thead> <tr> <th>If Provider Type is...</th><th>Then the location listed is...</th></tr> </thead> <tbody> <tr> <td>Capitated IPA</td><td>IPA administrative office address</td></tr> <tr> <td>Promise Capitated IPA</td><td>IPA administrative office address</td></tr> <tr> <td>Practitioner</td><td>Practitioner or IPA roster member service location</td></tr> <tr> <td>Physician Group Practice</td><td>Group service location</td></tr> <tr> <td>Allied Specialty (i.e. Psychologist, Optometrist, etc.)</td><td>Group service location</td></tr> <tr> <td>Clinic Outpatient</td><td>Clinic service location</td></tr> </tbody> </table> <p><b>Note:</b> Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please add a new row for an additional address or suite.</p>	If Provider Type is...	Then the location listed is...	Capitated IPA	IPA administrative office address	Promise Capitated IPA	IPA administrative office address	Practitioner	Practitioner or IPA roster member service location	Physician Group Practice	Group service location	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Group service location	Clinic Outpatient	Clinic service location
If Provider Type is...	Then the location listed is...														
Capitated IPA	IPA administrative office address														
Promise Capitated IPA	IPA administrative office address														
Practitioner	Practitioner or IPA roster member service location														
Physician Group Practice	Group service location														
Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Group service location														
Clinic Outpatient	Clinic service location														
<b>Service Location City*</b>	City where services are rendered.														
<b>Service Location State*</b>	State where services are rendered.														
<b>Service Location ZIP*</b>	ZIP where services are rendered. 5 digits only (no +4).														
<b>Service Location Wheelchair Accessible</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>Yes = Service location is wheelchair accessible</li> <li>No = Service location is NOT wheelchair accessible</li> </ul>														
<b>Service Location Office Phone*</b>	<p>Phone number for the service location where members can make appointments.</p> <ul style="list-style-type: none"> <li>Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.</li> <li>No spaces or other special characters may be added to the number.</li> </ul>														
<b>Service Location Office Fax</b>	<p>Non-member facing fax number for the service location used for health plan correspondence.</p> <ul style="list-style-type: none"> <li>Acceptable formats are XXX-XXX-XXXX or XXXXXXXXXX.</li> <li>No spaces or other special characters may be added to the number.</li> </ul>														
<b>Service Location Office Hours</b>	<p>Office hours of service location.</p> <ul style="list-style-type: none"> <li>Enter days as: MON; TUES; WED; THU; FRI; SAT; SUN</li> <li>Enter office hours in standard (12 hour) or world (24 hour) time. For example: <ul style="list-style-type: none"> <li>Standard: 8:30am-5:00pm</li> <li>World: 0830-1700</li> </ul> </li> <li>To indicate closed hours, enter: X-X</li> </ul>														

<b>Service Location - Does the provider offer Gender Affirming Care services?</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.</p>
<b>Service Location - Has the provider performed Gender Affirming Care services in the past?</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the group at the service location listed. If applicable to a practitioner only, enter your response on the PRACTITIONER_GENERAL tab.</p>
<b>Service Location - Types of Gender Affirming Care Provided</b>	<p>If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by the group using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Body Modification (ZG17)</li> <li>• Breast Augmentation (ZG03)</li> <li>• Electrolysis / Laser Hair Removal (ZG18)</li> <li>• Facial feminization surgery (ZG05)</li> <li>• Gender-affirming gynecological care (ZG14)</li> <li>• General Routine Care (ZG21)</li> <li>• Hair Transplant (ZG16)</li> <li>• Hand Therapy following phalloplasty (ZG19)</li> <li>• Hormone therapy related to gender dysphoria (ZG13)</li> <li>• Hysterectomy / Oophorectomy (ZG06)</li> <li>• Male chest reconstruction (ZG04)</li> <li>• Mental Health Therapy/Counseling (ZG22)</li> <li>• Metoidioplasty (ZG09)</li> <li>• Orchiectomy (ZG07)</li> <li>• Pelvic Floor Therapy following vaginoplasty (ZG20)</li> <li>• Phalloplasty (ZG10)</li> <li>• Scrotoplasty (ZG11)</li> <li>• Vaginoplasty (ZG08)</li> <li>• Voice feminization surgery (ZG12)</li> <li>• Voice therapy related to gender dysphoria (ZG15)</li> </ul>
<b>Service Location Language Interpreter Services</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes = There are language interpreter services provided at this location</li> <li>• No = There are NOT language interpreter services provided at this location</li> </ul>
<b>Service Location Clinical Staff Languages</b>	<p>Language(s), other than English, spoken by staff at the site where member receives care. If more than one language is entered, separate each language with a comma.</p>

<b>Service Location Telehealth</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Only telehealth services provided at this location.</li> <li>• Telehealth &amp; in-person services provided at this location.</li> <li>• In-person services only provided at this location</li> </ul>
<b>Other Services Provided</b>	<p>If applicable, enter or copy/paste the respective "ZP" codes for other services offered by the group using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Mammography Services (ZP03)</li> <li>• Substance use – Residential treatment (ZP04)</li> <li>• Substance use – Intensive inpatient treatment (ZP05)</li> <li>• Substance use – Partial hospitalization (6+ hours/day) (ZP06)</li> <li>• Substance use – Intensive outpatient (3-4 hours/day) (ZP07)</li> <li>• Mental health – Inpatient services (ZP08)</li> <li>• Mental health – Intensive inpatient (ZP09)</li> <li>• Mental health – Partial hospitalization (6+ hours/day) (ZP10)</li> <li>• Mental health – Outpatient services (ZP11)</li> <li>• Mental health – Intensive outpatient (3-4 hours/day) (ZP12)</li> <li>• Social, cultural, and linguistic services (ZP13)</li> <li>• ADA compliant (ZP14)</li> <li>• Public transportation access (ZP15)</li> <li>• Asynchronous messaging available (ZP16)</li> <li>• Services for visual impairment (ZP17)</li> <li>• Services for cognitive impairment (ZP18)</li> <li>• Services for mobility impairment (ZP19)</li> <li>• HIS/Tribal 638/Urban Indian Provider (ZP20)</li> </ul>
<b>Home Visits Only</b>	Please enter Yes or No.
<b>Service Location QMI – Spanish</b> <b>Service Location QMI – Russian</b> <b>Service Location QMI – Mandarin</b> <b>Service Location QMI - Korean</b> <b>Service Location QMI – Cantonese</b> <b>Service Location QMI - Vietnamese</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes – the specified language is offered by a Qualified Medical Interpreter (QMI).</li> <li>• No - specified language is NOT offered by a Qualified Medical Interpreter (QMI).</li> </ul> <p><b>Note:</b> The interpreter must have a QMI certification if Yes is selected.</p>

## Practitioner\_General Tab

Field Name	Description	
	Changes to Provider Tax ID Number, Provider Name, Provider Type, or Line of Business cannot be made via the bulk file process. If data populated is incorrect, please submit a separate request to Provider Information & Enrollment at <u><a href="mailto:BSCProviderInfo@blueshieldca.com">BSCProviderInfo@blueshieldca.com</a></u> .	
Provider Tax Identification Number	Tax ID of contracted provider organization entity	
Note: DO NOT edit or update details in the blue columns.	Bulk File is for...	Tax ID is...
	IPA	IPAs Tax ID
	Medical Group	Groups Tax ID
	Practitioner	Practitioners Tax ID or SSN
Provider Name	Name of contracted provider organization entity	
Note: DO NOT edit or update details in the blue columns.	If Provider Type is...	Then Provider Name is...
	Practitioner	Practitioner or IPA name
	Physician Group Practice	Medical group name
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group name
	Clinic Outpatient	Medical group name
Provider Type	Provider type of contracted entity corresponding to taxonomy	
Note: DO NOT edit or update details in the blue columns.	Provider Type	Description
	Practitioner	Practitioner or IPA roster member
	Physician Group Practice	Medical group roster member (PPO)
	Allied Specialty (i.e. Psychologist, Optometrist, etc.)	Medical group roster member (PPO)
	Clinic Outpatient	Medical group roster member (PPO)
Note: for blended groups, filtering by provider type on the Practitioner General tab will separate roster members by IPA/PPO medical group.		



## June 2025

Line of Business (LOB)																			
<p>Line of business for contracted provider organization the practitioner is associated with. Line of business on the Practitioner General tab is only populated for IPA roster members. For these roster members, the file will be pre-populated with the line of business corresponding to your Tax ID.</p> <p>Note: Medi-Cal orientation dates are not required for PPO groups.</p> <table border="1"> <thead> <tr> <th>If Line of Business is...</th> <th>Then contracted entity is....</th> </tr> </thead> <tbody> <tr> <td>HMO Commercial</td> <td>Commercial Only</td> </tr> <tr> <td>HMO Medicare Commercial</td> <td>Commercial and Medicare</td> </tr> <tr> <td>HMO Medicare</td> <td>Medicare Only</td> </tr> <tr> <td>HMO Promise</td> <td>Medi-Cal Only</td> </tr> <tr> <td>HMO CalPERS</td> <td>CalPERS</td> </tr> <tr> <td>HMO TRIO</td> <td>Trio Only</td> </tr> <tr> <td>HMO TRIO CalPERS</td> <td>Trio and CalPERS</td> </tr> <tr> <td>HMO CCSF TRIO</td> <td>City College of San Francisco</td> </tr> </tbody> </table>		If Line of Business is...	Then contracted entity is....	HMO Commercial	Commercial Only	HMO Medicare Commercial	Commercial and Medicare	HMO Medicare	Medicare Only	HMO Promise	Medi-Cal Only	HMO CalPERS	CalPERS	HMO TRIO	Trio Only	HMO TRIO CalPERS	Trio and CalPERS	HMO CCSF TRIO	City College of San Francisco
If Line of Business is...	Then contracted entity is....																		
HMO Commercial	Commercial Only																		
HMO Medicare Commercial	Commercial and Medicare																		
HMO Medicare	Medicare Only																		
HMO Promise	Medi-Cal Only																		
HMO CalPERS	CalPERS																		
HMO TRIO	Trio Only																		
HMO TRIO CalPERS	Trio and CalPERS																		
HMO CCSF TRIO	City College of San Francisco																		
<p><b>Note: DO NOT edit or update details in the blue columns.</b></p>																			
<p><b>Note, the below fields are editable</b></p> <p><b>* Indicates a required field for new practitioners or new location add.</b></p>																			
Last Name*	Practitioner's last name as listed on their license or certification. Entry in this field must match license/certification exactly.																		
First Name*	Practitioner's first name as listed on their license or certification. Entry in this field must match license/certification exactly.																		
NPI*	Practitioner's NPI (type 1). Entry must match NPI assigned by CMS' National Plan and Provider Enumeration System (NPPES).																		
Gender*	<p>Click in the cell to activate the drop-down menu and select the practitioner's gender:</p> <ul style="list-style-type: none"> <li>M = Male</li> <li>F = Female</li> </ul>																		
License Number*	Practitioner's medical license or certification number.																		
License State*	State in which the practitioner is licensed or certified.																		
License Issuer	<p>Board the license or certification is issued through.</p> <p>Example: Medical Board of California, Osteopathic Medical Board of California, California Board of Behavioral Sciences, etc.</p>																		
License Type	<p>License type.</p> <p>Field is not required to be populated.</p>																		
Education*	<p>Practitioner's education.</p> <p>Example: MD, DO, NP, RN, PA, PT, OT, DPM, OD, PSYD, MFT, LCSW, LPCC, CRNA, LAC</p>																		

<b>Ethnicity</b>	<p>Practitioner's ethnicity. If more than one ethnicity is entered, separate each entry with a comma.</p> <p>Ethnicity options are: Amerasian, American Indian/Alaska Native American, Asian Indian, Asian/Pacific Islander, Black/African American, Cambodian, Caucasian, Chinese, Cuban, Filipino, Guamanian, Guatemalan, Hawaiian, Hispanic/Latino, Hmong, Japanese, Korean, Laotian, Mexican, Mexican American or Chicano/a, Other, Other Asian, Other Hispanic/Latino, Puerto Rican, Salvadoran, Samoan, Unknown, Vietnamese.</p>
<b>Practitioner Language(s)</b>	<p>Language(s), other than English, spoken by the practitioner. If more than one language is entered, separate each language with a comma.</p> <p>See list of eligible languages under <a href="#">Practitioner Language Values</a>.</p>
<b>Hospital Based</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes = Practitioner is hospital-based</li> <li>• No = Practitioner is NOT hospital-based</li> </ul> <p>This is an NCQA/credentialing requirement.</p>
<b>Areas of Expertise</b>	<p>See list of area of expertise options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:</p> <ul style="list-style-type: none"> <li>• Chronic illness</li> <li>• HIV/AIDS</li> <li>• Serious mental illness</li> <li>• Homelessness</li> <li>• Deaf or hard of hearing</li> <li>• Blind or visually impaired</li> <li>• Cooccurring disorders</li> </ul>
<b>Supervising Physician NPI (if applicable)</b>	<p>NPI of the licensed physician who engages in direct supervision where required.</p> <ul style="list-style-type: none"> <li>• Required for all Physician Assistant adds.</li> <li>• Required for all Nurse Practitioner adds unless NP has qualification of "Nurse Practitioner independent group setting across lifespan" on licensure.</li> </ul> <p><b>Note:</b> Only one supervising physician NPI may be added. If the NP/PA has multiple supervising physicians, please submit a separate request to Provider Information &amp; Enrollment at <a href="mailto:BSCProviderInfo@blueshieldca.com">BSCProviderInfo@blueshieldca.com</a> to add the additional physicians.</p>
<b>Areas of Special Interest</b>	<p>See list of areas of special interest options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:</p> <ul style="list-style-type: none"> <li>○ Abuse (Physical/Sexual/Emotional)</li> <li>○ Addiction (non-chemical such as gambling)</li> <li>○ Adjustment Disorder</li> <li>○ Adoption</li> <li>○ Anger Management</li> <li>○ Anxiety</li> <li>○ Applied Behavior Analysis (ABA)</li> <li>○ Attention Deficit Hyperactivity Disorder (ADHD)</li> <li>○ Autism Spectrum Disorder (ASD)</li> <li>○ Bariatric/Gastric Bypass Psych Evaluation</li> </ul>



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|  | <ul style="list-style-type: none"> <li>○ Behavior Modification</li> <li>○ Biofeedback</li> <li>○ Bipolar Disorder</li> <li>○ Chronic Illness</li> <li>○ Cognitive Behavioral Therapy (CBT)</li> <li>○ Cognitive Impairments (including Alzheimer's, Dementia, TBI)</li> <li>○ Couples/Marriage Therapy</li> <li>○ Crisis Diversionary Services</li> <li>○ Depression</li> <li>○ Developmental Disabilities</li> <li>○ Dialectical Behavioral Therapy (DBT)</li> <li>○ Dissociative Disorders</li> <li>○ Domestic Violence</li> <li>○ Eating Disorders</li> <li>○ Electroconvulsive Therapy (ECT)</li> <li>○ EMDR</li> <li>○ End of life issues</li> <li>○ Ethnic/Cultural Issues</li> <li>○ Faith Counseling</li> <li>○ Fertility Issues</li> <li>○ Forensics</li> <li>○ Gender Dysphoria Psych Eval</li> <li>○ Gender Identity</li> <li>○ Gender Reassignment Surgery Psych Eval</li> <li>○ Grief/Bereavement</li> <li>○ HIV/AIDS</li> <li>○ Home Care/Home Visits</li> <li>○ Hypnosis</li> <li>○ Independent/Qualified Medical Examiner</li> <li>○ Intellectual Disabilities</li> <li>○ Maternal Mental Health (including prenatal/post-partum anxiety, prenatal/post-partum depression)</li> <li>○ Medicated Assisted Treatment for SUD</li> <li>○ Medication Management</li> <li>○ Military Lifestyle Issues</li> <li>○ Mood Disorders</li> <li>○ Neuropsychological Testing</li> <li>○ Nursing Home Visits/Consultation</li> <li>○ Obsessive Compulsive Disorders (OCD)</li> <li>○ Organic Disorders</li> <li>○ Pain Management</li> <li>○ Panic Disorder</li> <li>○ Personality Disorders</li> <li>○ Phobia</li> <li>○ Post-Traumatic Stress Disorder (PTSD)</li> <li>○ Psychological Testing</li> <li>○ Schizophrenia Psychosis</li> <li>○ Sex Offender Treatment</li> <li>○ Sexual Assault</li> </ul> |
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	<ul style="list-style-type: none"> <li>○ Sexual Dysfunction</li> <li>○ Sleep Disorders</li> <li>○ Solution-Focused Brief Therapy</li> <li>○ Somatoform Disorders</li> <li>○ Stress Management</li> <li>○ Substance Use Disorder</li> <li>○ Talk Therapy</li> <li>○ Terminal Illness</li> <li>○ Transcranial Magnetic Stimulation (TMS)</li> <li>○ Trauma</li> <li>○ Worker's Compensation Psych Eval</li> </ul>
<b>Population Served</b>	<p>See list of population served options below. If applicable, enter one or more areas of expertise. Separate each entry with a comma. Only these values are allowed:</p> <ul style="list-style-type: none"> <li>○ LGBTQ+ Community</li> <li>○ Police/Fire Fighters</li> <li>○ Transgender</li> <li>○ Adult</li> <li>○ Family Therapy</li> <li>○ Group Therapy</li> <li>○ Preschool (0-5)</li> <li>○ Children (6-12)</li> <li>○ Adolescents (13-18)</li> <li>○ Senior</li> </ul>

<b>Service Location Add/Term/Update</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Add</li> <li>• Term</li> <li>• Update</li> </ul> <div> <div><b>Add</b></div> <p>To add a service location for a practitioner, in a blank row:</p> <ul style="list-style-type: none"> <li>• Mirror the Provider Tax Identification Number, Provider Name, and Provider Type found on the spreadsheet.</li> <li>• For IPA roster members only, mirror the appropriate Line of Business. Note: the IPA and default PCP must be on your roster if the main PCP terms.</li> <li>• Select Add and complete all <i>required</i> service location address fields: street address, city, state, and zip.</li> </ul> <p><b>Note:</b> The location must be found on the Provider General tab to add a practitioner at the location on the Practitioner General tab.</p> </div> <div> <div><b>Term</b></div> <p>To remove or change a service location for a practitioner, select Term.</p> <p><b>Note:</b> Be sure to add a new location and ensure it appears on your roster prior to terming a location.</p> </div> <div> <div><b>Update</b></div> <p>Select when editing non-address related information, such as panel status, specialty, etc.</p> </div>
<b>Service Location Term Date</b>	<p>Date the service location became inactive.</p> <ul style="list-style-type: none"> <li>• Complete this field when TERM is selected in the Service Location Add/Term/Update column.</li> <li>• Future termination dates cannot be applied.</li> <li>• Format date as: MM/DD/YYYY (example 01/01/2024).</li> </ul>
<p><b>* Indicates a required field for new practitioner or new location add.</b></p>	
<b>Service Location Street Address*</b>	<p>Location where services are rendered. Address must be a physical location recognized by USPS. When available, copy the pre-populated address from the Provider General tab to the Practitioner General tab for practitioner location adds.</p> <p><b>Note:</b> Only 1 valid address is allowed per row (i.e. no multiple suite numbers). Please add a new row for an additional address or suite.</p>
<b>Service Location City*</b>	<p>City where services are rendered.</p>
<b>Service Location State*</b>	<p>State where services are rendered.</p>
<b>Service Location ZIP*</b>	<p>ZIP where services are rendered. 5 digits only (no +4).</p>

<b>Service Location - Does the provider offer Gender Affirming Care services?</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.</p>
<b>Service Location - Has the provider performed Gender Affirming Care services in the past?</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul> <p><b>Note:</b> Gender affirming care indicated in this field will apply to the practitioner at the service location listed. If applicable to a group service location, enter your response on the PROVIDER_GENERAL tab.</p>
<b>Service Location - Types of Gender Affirming Care Provided</b>	<p>If applicable, enter or copy/paste the respective "ZG" codes for gender affirming care services offered by this practitioner using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>• Body Modification (ZG17)</li> <li>• Breast Augmentation (ZG03)</li> <li>• Electrolysis / Laser Hair Removal (ZG18)</li> <li>• Facial feminization surgery (ZG05)</li> <li>• Gender-affirming gynecological care (ZG14)</li> <li>• General Routine Care (ZG21)</li> <li>• Hair Transplant (ZG16)</li> <li>• Hand Therapy following phalloplasty (ZG19)</li> <li>• Hormone therapy related to gender dysphoria (ZG13)</li> <li>• Hysterectomy / Oophorectomy (ZG06)</li> <li>• Male chest reconstruction (ZG04)</li> <li>• Mental Health Therapy/Counseling (ZG22)</li> <li>• Metoidioplasty (ZG09)</li> <li>• Orchiectomy (ZG07)</li> <li>• Pelvic Floor Therapy following vaginoplasty (ZG20)</li> <li>• Phalloplasty (ZG10)</li> <li>• Scrotoplasty (ZG11)</li> <li>• Vaginoplasty (ZG08)</li> <li>• Voice feminization surgery (ZG12)</li> <li>• Voice therapy related to gender dysphoria (ZG15)</li> </ul>
<b>Service Location Panel Status*</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Accepting New and Existing Patients</li> <li>• Open to Existing Patients Only</li> </ul>

<b>Service Location Specialty 1*</b>	<p>Service locations primary specialty:</p> <ul style="list-style-type: none"> <li>Practitioner's primary specialty</li> <li>Practitioner's IPA designated specialty</li> </ul> <p><b>Note:</b> at least one specialty is required. See list of eligible specialties under <a href="#">Service Location Specialty Values</a>. Only these values are allowed.</p>
<b>Service Location Specialty 2</b>	<p>Service locations secondary specialty:</p> <ul style="list-style-type: none"> <li>Practitioner's secondary specialty</li> <li>Practitioner's IPA designated specialty</li> </ul> <p>See list of eligible specialties under <a href="#">Service Location Specialty Values</a>. Only these values are allowed.</p>
<b>Service Location Role</b>	<p>Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>PCP</li> <li>Specialist</li> </ul> <p>See below for more information:</p> <ul style="list-style-type: none"> <li>PCP must accept membership assignment, enable referral to specialist care, enable other coordination of care as necessary per member plan.</li> <li>Select Specialist for practitioners who are NOT designated PCPs.</li> <li>Select Specialist for mid-levels (Nurse Practitioner, Physician Assistant, CRNA, Registered Nurse Midwife).</li> <li>Mid-level exception: Nurse Practitioners are eligible for PCP or Specialist role.</li> </ul> <p>* Required for all IPA roster members.</p>
<b>Service Location Lowest Age</b>	<p>Age of youngest patient accepted. Whole number only.</p> <p>* Required for all IPA roster members.</p>
<b>Service Location Highest Age</b>	<p>Age of oldest patient accepted. Whole number only, up to 3 digits allowed.</p> <p>* Required for all IPA roster members.</p>
<b>Service Location Gender Limit</b>	<p>Click in the cell to activate the drop-down menu and select:</p> <ul style="list-style-type: none"> <li>BOTH = Practitioner accepts both male and female patients</li> <li>M = Practitioner accepts male patients only</li> <li>F = Practitioner accepts female patients only</li> </ul> <p>* Required for all IPA roster members.</p>
<b>Other Services Provided</b>	<p>If applicable, enter or copy/paste the respective "ZP" codes for other services offered by the group using the options below. Separate each entry with a comma.</p> <ul style="list-style-type: none"> <li>Mammography Services (ZP03)</li> <li>Substance use – Residential treatment (ZP04)</li> <li>Substance use – Intensive inpatient treatment (ZP05)</li> <li>Substance use – Partial hospitalization (6+ hours/day) (ZP06)</li> <li>Substance use – Intensive outpatient (3-4 hours/day) (ZP07)</li> <li>Mental health – Inpatient services (ZP08)</li> <li>Mental health – Intensive inpatient (ZP09)</li> </ul>

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	<ul style="list-style-type: none"> <li>• Mental health – Partial hospitalization (6+ hours/day) (ZP10)</li> <li>• Mental health – Outpatient services (ZP11)</li> <li>• Mental health – Intensive outpatient (3-4 hours/day) (ZP12)</li> <li>• Social, cultural, and linguistic services (ZP13)</li> <li>• ADA compliant (ZP14)</li> <li>• Public transportation access (ZP15)</li> <li>• Asynchronous messaging available (ZP16)</li> <li>• Services for visual impairment (ZP17)</li> <li>• Services for cognitive impairment (ZP18)</li> <li>• Services for mobility impairment (ZP19)</li> <li>• HIS/Tribal 638/Urban Indian Provider (ZP20)</li> </ul>
<b>Home Visits Only</b>	Please enter Yes or No.
<b>Enrolled in Medi-Cal</b>	<p>Is the practitioner enrolled in Medi-Cal. Click in the cell to activate the drop-down menu and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Medi-Cal Orientation Received</b>	<p>If the practitioner is enrolled in Medi-Cal, was Medi-Cal Orientation completed. Click in the cell to activate the drop-down menu, and select either:</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<b>Medi-Cal Orientation Date</b>	<p>If applicable, populate the date Medi-Cal Orientation was completed (NPO training date).</p> <p>Note: Medi-Cal orientation dates are not required for PPO groups.</p>

## Validation\_Contacts Tab

<b>Provider Organization Tax Identification Number</b>	<p>Tax ID of provider organization. (IPA or Medical Group Tax ID, or Practitioners Tax ID/SSN)</p>
<b>Provider Organization Name</b>	<p>Name of contracted provider organization entity. (IPA, Medical Group, or Practitioner Name)</p>
<b>Provider Type</b>	<p>Provider type corresponding to taxonomy.</p> <p><b>Note:</b> field may be blank, not required to populate.</p>
<b>Provider Email</b>	<p>Email address of individual(s) responsible for validation.</p> <ul style="list-style-type: none"> <li>• If the email address populated is incorrect or no longer valid, overwrite with corrected email address for the person(s) responsible for completing validation spreadsheets.</li> <li>• Information will be used for outreach and validation purposes specifically.</li> </ul>

## Appendix

### Service Location Specialty Values

Service Location Specialty Values (Non-MD)	
Audiologist	Licensed Professional Clinical Counselor
Certified Acupuncturist	Marriage Family Therapist
Certified Behavioral Analyst Doctorate	Naturopathic Physician
Certified Behavioral Analyst Masters	Occupational Therapist
Certified Feldenkrais Practitioner	Optometrist
Certified Midwife (Non-RN)	Oral Maxillofacial Surgeon
Certified Nurse Practitioner	Orthodontics
Certified Ocularist / Dispensing Optician	Orthotist / Prosthetist Supplier
Certified Orthotist	Pedodontics
Certified Prosthetist	Periodontics
Certified Registered Nurse Anesthetist	Physician Assistant
Certified Registered Nurse Midwife	Podiatrist
Chiropractor	Prosthodontics
Clinical Neuropsychologist	Psychiatric-Mental Health Nurse Practitioner
Clinical Nurse Specialist	Psychologist
Diabetes Educator	Registered Dietitian / Nutritionist
Endodontics	Registered Nurse Licensed Vocational Nurse
General Dentistry	Registered Physical Therapist
Genetic Counselor	Registered Psychiatric Nurse
Hearing Aid Dealer / Supplier	Respiratory Therapist
Licensed Clinical Social Worker	Speech Pathologist

Service Location Specialty Values (MD/DO)	
Addictive Medicine	Pathology Anatomic
Adolescent Medicine	Pathology Anatomic Clinical
Advanced Heart Failure and Transplant Cardiology	Pathology Clinical
Aerospace Medicine	Pathology Forensic
Allergy Immunology	Pediatric Allergy / Immunology
Anesthesiology	Pediatric Cardiology
Anesthesiology Critical Care Medicine	Pediatric Critical Care Medicine
Anesthesiology Pain Management	Pediatric Dermatology
Blood Banking	Pediatric Emergency Medicine
Cardiac Electrophysiology	Pediatric Endocrinology
Cardiovascular Disease	Pediatric Gastroenterology
Clinical Cytogenetics	Pediatric Hematology / Oncology
Complex Family Planning	Pediatric Infectious Diseases
Cytopathology	Pediatric Medical Toxicology
Dermatology	Pediatric Nephrology
Dermatology Dermatopathology	Pediatric Pathology

Dermatology Immunology	Pediatric Pulmonology
Dermatology Pathology	Pediatric Radiology
Developmental Behavioral Pediatrics	Pediatric Rheumatology
Diagnostic Laboratory Allergy / Immunology	Pediatric Sports Medicine
Emergency Medicine	Pediatric Surgery Orthopedic
Endocrinology Metabolism Diabetes	Pediatric Transplant Hepatology
Endocrinology Reproductive	Pediatrics
Family Practice	Pharmacology Clinical
Family Practice Geriatric Medicine	Phlebology
Family Practice Sports Medicine	Phys Med/ Rehab Pain Medicine
Female Pelvic Med and Reconstructive Surg	Phys Med/ Rehab Sports Medicine
Gastroenterology	Physical Medicine / Rehabilitation
General Practice	Plastic Surgery Within the Head and Neck
Genetics Clinical	Preventative Medicine General
Genetics Clinical Biochemical	Psychiatry
Genetics Clinical Biochemical Molecular	Psychiatry Child
Genetics Clinical Molecular	Psychiatry Forensic
Genetics Medical	Psychiatry Geriatric
Gynecologic Oncology	Psychiatry Hospice / Palliative Medicine
Gynecology	Psychiatry Pain Medicine
Hematology / Oncology	Psychiatry Sleep Medicine
Hematology / Pathology	Public Health Preventative Medicine
Hepatology	Pulmonary Diseases
Hospice and Palliative Medicine	Radiation Oncology
Hospitalist MD/DO	Radiological Physics
Immunopathology	Radiology Diagnostic
Infectious Disease	Radiology Nuclear
Internal Medicine	Radiology Therapeutic
Internal Medicine Critical Care Medicine	Rheumatology
Internal Medicine Geriatric Medicine	Sleep Medicine
Internal Medicine Sports Medicine	Surgery Colon Surgery
Interventional Cardiology	Surgery Critical Care
Maternal and Fetal Medicine	Surgery General
Medical Oncology	Surgery General Vascular
Medical Toxicology Emergency Medicine	Surgery Hand
Microbiology Medical	Surgery Hand Orthopedic
Neonatal / Perinatal Medicine	Surgery Hand Plastic
Nephrology	Surgery Head
Neurodevelopmental Disabilities	Surgery Neurological
Neurology	Surgery Orthopedic
Neurology Child	Surgery Pediatric
Neurology Critical Care Medicine	Surgery Plastic
Neuromuscular Medicine	Surgery Thoracic
Neuropathology	Surgery Trauma / Critical Care
Neurophysiology Clinical	Surgical Oncology



Nuclear Medicine	Transplant Surgery
Obstetrics	Undersea Medicine
Obstetrics / Gynecology	Urology
Occupational Medicine	
Ophthalmology	
Ophthalmology / Otology / Laryngology / Rhinology	
Osteopathic Manipulative Therapy	
Otolaryngology	
Otology	

## Practitioner Language Values

Practitioner Language Values			
Achinese	Flemish	Kru languages	Serbo-Croatian
Afrikaans	French	Kurdish	Shanghainese
Albanian	Fukienese	Lao	Sign Language
Amharic	Gaelic	Latin	Sindhi
Arabic	German	Latvian	Sinhala
Armenian	Greek	Lithuanian	Slovak
Assamese	Gujarati	Macedonian	South Indian
Assyrian	Haida	Malagasy	Spanish
Asyriac	Hakka	Malay	Swahili
Bengali	Hausa	Malayalam	Swatow
Bulgarian	Hawaiian	Mandarin	Swedish
Burmese	Hebrew	Marathi	Syriac
Cebuano	Hindi	Mien	Tagalog
Chamorro	Hindustani	Modern	Taiwanese
Chinese	Hmong	Mongolian	Tamil
Chinese	Hungarian	Navajo	Telugu
Croatian	Igbo	Nepali	Thai
Czech	Ilocano	Nigerian	Taishanese
Danish	Iloko	Norwegian	Tongan
Dutch	Indonesian	Oriya	Turkish
Egyptian	Isujarati	Persian	Twi
English	Italian	Polish	Ukrainian
Estonian	Japanese	Portuguese	Urdu
Ewe	Kannada	Punjabi	Vietnamese
Faroese	Kashmiri	Pushto	Wu Chinese
Farsi	Khmer	Quechua	Yiddish
Fataleka	Kirghiz	Romanian	Yue Chinese
Fijian	Kiswahili	Russian	Yugoslavian
Filipino	Konkani	Samoan	Zairean
Finnish	Korean	Serbian	Zuni