

**BCBSND, BCBSWY, DSC, and VSI
Trading Partner Agreement Educational Items**

ANSI 4010A1 Version

835, Health Care Payment & Remittance Advice - Companion Guide items within this document pertain to all ANSI transactions conducted with the following entities: Blue Cross Blue Shield of North Dakota (BCBSND), Blue Cross Blue Shield of Wyoming (BCBSWY), The Dental Services Corporation (DSC), and ND Vision Services, Inc. (VSI). The Health Insurance Portability and Accountability Act (HIPAA) requires that as covered entities, health insurance payers comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N Implementation Guides have been established as the standards of compliance for electronic transactions. The implementation guides for each transaction are available electronically at www.wpc-edi.com. The items within this document are for clarification and are to accompany the execution of the Trading Partner Agreement. The information in this document is subject to change. This document supplements, but does not contradict any requirements in the ANSI X12N implementation guides.

Item No.	Loop ID - Segment Description and Element Name	Ref Desc	Plan Preferences
1	Claim Models Supported		BCBSND, BCBSWY, DSC, and VSI will only support the provider to payer claim model. We initially will not support the payer to payer model. Providers must submit their own secondary claims, except for Medicare and Blue on Blue, to other payers.
2	General Information		If a claim is received as a paper claim and the remittance is sent electronically, there are segments or elements that are required on the 835 but are not available on the paper claim. These segments and/or elements will be filled with dummy data on the 835.
3	General Information		Providers will only receive claim payment information when payment or denial is made to the provider. No notice will be given for payments or denials made to the member.
4	1000B-Payee Additional Identification Reference Identification Qualifier Segment: Situational Element: Required	REF01	Provider will receive "1B" (Blue Shield Provider Number) in REF01 (Reference Identifier Qualifier) on BCBSND and BCBSWY professional claims, "G2" (Provider Commercial Number) on DSC and VSI claims and "1A" (Blue Cross Provider Number) on BCBSND and BCBSWY Institutional claims until the National Provider Identifier is mandated.
5	2110-Service Payment Information Segment: Situational	SVC	For BCBSND and BCBSWY Institutional claims, only the claim level information will be sent in Loop 2100. There will be no 2110 loop.
6	2110-Rendering Provider Information Reference Identification Qualifier Segment: Situational Element: Required	REF01	Provider will receive "1B" (Blue Shield Provider Number) in REF01 (Reference Identifier Qualifier) on BCBSND and BCBSWY Professional claims, "TJ" (Federal Taxpayer's Identification Number) on DSC and VSI claims and "1A" (Blue Cross Provider Number) on BCBSND and BCBSWY Institutional claims until the National Provider Identifier is mandated.
7	Currency		Currency must be U.S. currency.