

BLUE CROSS/BLUE SHIELD**

Payer List
WNC Medical Claims
AUGUST 2003

BLUE CROSS/BLUE SHIELD									
State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
AK	Premera Blue Cross Blue Shield	Hospital	12B47	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
AK	Premera Blue Cross Blue Shield	Medical	SB930	X	W	A	No	Claims	
AL	Blue Cross and Blue Shield of Alabama	Medical	SB510	X	W	A	No	Claims	
AL	Blue Cross and Blue Shield of Alabama	Medical	SB510	X	W	N	No	ERA	
AL	Blue Cross of Alabama	Hospital	12B54	X	W	A	No	Claims	
AR	Arkansas Blue Cross and Blue Shield	Medical	SB520	X	W	L	No	Claims	
AR	Arkansas Blue Cross and Blue Shield	Medical	SB520	X	W	N	No	ERA	
AR	Blue Cross and Blue Shield of Arkansas	Hospital	12021	X	W	A	No	Claims	
AR	First Source/Arkansas Blue Cross	Hospital	12047	X	W	A	No	Claims	
AR	Health Adv/US Able/First Pyramid Life/Arkansas Blue Cross	Hospital	12049	X	W	N	No	Claims	
AR	Workers Comp/Arkansas Blue Cross	Hospital	12048	X	W	N	No	Claims	
AZ	Blue Cross and Blue Shield of Arizona	Medical	SB530	X	W	A	No	Claims	
AZ	Blue Cross of Arizona	Hospital	12B02	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
CA	Blue Cross of California	Hospital	47198	B	N	N	No	Claims	Participating Payer - see last page for definition.
CA	Blue Cross of California	Medical	47198	B	N	N	No	Claims	Participating Payer - see last page for definition. California License number required.
CA	Blue Cross of California	Medical	47198	X	W	A	No	ERA	
CA	Blue Cross of California	Hospital	Pilot	B	N	N	No	ERA	
CA	Blue Shield of California	Hospital	94036	B	N	N	No	Claims	Participating Payer - see last page for definition. Medical - all claims. Hospital - Pref. Prov. Only.
CA	Blue Shield of California	Hospital	94036	B	N	N	No	Rosters	Participating Payer - see last page for definition.
CA	Blue Shield of California	Medical	94036	B	N	N	No	Claims	Participating Payer - see last page for definition. Group number is required.
CA	Blue Shield of California	Medical	94036	B	N	N	No	Rosters	Participating Payer - see last page for definition.
CA	Blue Shield of California	Medical	Call	B	N	N	No	Encounters	Participating Payer - see last page for definition. Please call (800) 480-1221.
CO	Anthem BCBS Colorado HMO	Hospital	12B05	X	W	A	No	Claims	
CO	Anthem BCBS of Colorado	Hospital	12B03	X	W	A	No	Claims	
CO	Blue Cross and Blue Shield of Colorado	Medical	SB550	X	W	L	No	Claims	
CT	Anthem Blue Cross and Blue Shield of Connecticut	Medical	SB560	X	F	A	No	Claims	
CT	Blue Care Family/Anthem Medicaid	Medical	SB562	X	E	N	No	Claims	
CT	Connecticut Blue Cross (Anthem)	Hospital	12B04	X	E	N	No	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
DC	CareFirst Blue Cross Blue Shield of DC / NCA	Hospital	12000	X	W	A	No	Claims	Participating Payer - see last page for definition. Includes coverage for DC and Northern Virginia.
DC	CareFirst Blue Cross Blue Shield of DC / NCA	Medical	SB580	X	W	L	No	Claims	Participating Payer - see last page for definition. Includes coverage for DC and Northern Virginia.
DC	CareFirst Blue Cross Blue Shield of DC / NCA	Medical	SB580	X	W	N	No	ERA	Includes coverage for DC and Northern Virginia.
DE	AmeriHealth - Delaware (Non-HMO Claims)	Medical	SX074	X	W	N	No	Claims	
DE	Blue Cross and Blue Shield of Delaware	Medical	SB570	X	W	T	No	Claims	
FL	Blue Cross and Blue Shield of Florida	Medical	SB590	X	E	N	No	Claims	
FL	Florida Blue Cross/Health Options	Hospital	12B34	X	W	A	No	Claims	
GA	Blue Cross and Blue Shield of Georgia (Atlanta) - AKA - State Merit	Medical	SB600	X	W	A	No	Claims	
GA	* Blue Cross and Blue Shield of Georgia (Atlanta)	Medical	SB600	X	N	N	No	ERA	All Blue Cross and Blue Shield of Georgia ERAs will be returned using this payer id.
GA	Blue Cross and Blue Shield of Georgia (Columbus)	Medical	SB601	X	W	N	No	Claims	
GA	Blue Cross and Blue Shield of Georgia State Merit	Medical	SB602	X	W	N	No	Claims	

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State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
GA	Blue Cross and Blue Shield of Georgia State Merit	Medical	SB602	X	W	A	No	ERA	Only for providers enrolled for ERA transactions with Blue Cross and Blue Shield of Georgia State Merit prior to August 1, 2001.
GA	Blue Cross of Georgia	Hospital	12015	X	W	A	No	Claims	
HI	Hawaii Blue Cross	Hospital	12B62	X	N	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
IA	Blue Cross of Iowa	Hospital	12B10	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
IA	Wellmark Blue Cross and Blue Shield of Iowa (IASD)	Medical	SB640	X	W	C	No	Claims	
ID	Regence Blue Shield of Idaho	Medical	SB611	X	W	L	No	Claims	
IL	Blue Cross and Blue Shield of Illinois	Medical	SB621	X	W	N	No	Claims	
IL	Blue Cross and Blue Shield of Illinois	Medical	SB621	X	W	A	No	ERA	
IL	* Blue Cross of Illinois	Hospital	12B08	X	W	A	No	Claims	
IN	Anthem Blue Cross and Blue Shield - Indiana	Medical	SB630	X	W	N	No	Claims	
IN	Blue Cross of Indiana (Anthem) - AKA - Anthem - Blue Cross Blue Shield	Hospital	12B09	X	W	A	No	Claims	
KS	Blue Cross and Blue Shield of Kansas	Hospital	57325	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
KS	Blue Cross and Blue Shield of Kansas	Medical	SB650	X	W	A	No	Claims	
KS	Blue Cross and Blue Shield of Kansas HMO FEP	Medical	SB651	X	W	N	No	Claims	
KS	Blue Cross and Blue Shield of Kansas HMO Regular	Medical	SB652	X	W	N	No	Claims	
KS	Blue Cross and Blue Shield of Kansas HMO Senior Plan	Medical	SB653	X	W	N	No	Claims	
KY	Adminastar Blue Cross of Kentucky	Hospital	12B11	X	W	A	No	Claims	
KY	Anthem Blue Cross and Blue Shield - Kentucky	Medical	SB660	X	W	A	No	Claims	
LA	Blue Cross and Blue Shield of Louisiana	Medical	23738	B	F	N	No	Claims	Participating Payer - see last page for definition. For enrollment information, call (225) 295-2427.
LA	Louisiana Blue Cross	Hospital	12B12	X	N	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MA	Blue Cross Blue Shield of Massachusetts	Hospital	12B14	X	W	A	No	Claims	Transitional Payer - see last page for definition. Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MA	Blue Cross and Blue Shield of Massachusetts	Medical	SB700	X	W	C	No	Claims	Transitional Payer - see last page for definition.
MA	Blue Cross and Blue Shield of Massachusetts	Medical	SB700	X	W	A	No	ERA	
MD	CareFirst Blue Cross Blue Shield of MD	Hospital	12011	X	W	A	Yes	Claims	Participating Payer - see last page for definition. Testing Required: All new vendors must test with a mix of 100 Inpatient and Outpatient Claims. Any provider sending a new bill type must also test.
MD	CareFirst Blue Cross Blue Shield of MD	Medical	SB690	X	W	N	No	Claims	Participating Payer - see last page for definition.
MD	CareFirst Blue Cross Blue Shield of MD	Medical	SB690	X	W	N	No	ERA	
MD	Columbia/Medi Care	Hospital	12014	X	W	A	Yes	Claims	Participating Payer - see last page for definition. Testing Required: 20 Inpatient and 20 Outpatient Claims.
ME	Blue Cross Blue Shield of Maine	Medical	SB680	X	W	A	No	Claims	
ME	Blue Cross and Blue Shield of Maine	Hospital	12B13	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MI	Blue Cross Blue Shield of Michigan	Hospital	12B18	X	W	A	No	Claims	
MI	Blue Cross and Blue Shield of Michigan	Medical	SB710	X	W	A	No	Claims	

* Indicates Change Since Previous List (07/03). **See last page.

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MI	Blue Cross and Blue Shield of Michigan	Medical	SB710	X	W	A	No	ERA	
MN	BCBS of Minnesota	Hospital	12B16	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MN	BCBS of Minnesota (Health Co-op)	Hospital	12X16	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MN	Blue Cross and Blue Shield of Minnesota	Medical	SB720	X	W	A	No	ERA	
MN	Blue Cross and Blue Shield of Minnesota	Medical	SB720	X	W	A	Yes	Claims	Testing Required: 25 Claims. Test claims should be representative of production claims.
MO	Blue Cross Blue Shield of Kansas City	Medical	SB740	X	W	A	No	Claims	
MO	Blue Cross Blue Shield of Missouri (Blue Choice)	Medical	SB742	X	N	N	No	Claims	Participating Payer - see last page for definition. A Provider ID is required to submit claims. Please contact Wellpoint Health Networks at (800) 392-8772, ext. 101. WebMD Envoy requires a provider set up form to be completed before initial claims submission.
MO	Blue Cross Blue Shield of Missouri (Blue Cross)	Hospital	12B15	X	W	A	No	Claims	Participating Payer - see last page for definition.
MO	Blue Cross and Blue Shield of Kansas City - AKA - Administrative Services of Kansas, Inc.	Hospital	12B66	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
MO	Blue Cross and Blue Shield of Missouri	Medical	SB741	X	W	N	No	Claims	Participating Payer - see last page for definition. A Provider ID is required to submit claims. Please contact Wellpoint Health Networks at (800) 392-8772, ext. 101. WebMD requires a provider set up form to be completed before initial claims submission.
MO	Blue Cross and Blue Shield of Missouri	Medical	SB741	X	A	N	No	ERA	
MO	Blue Cross and Blue Shield of Missouri (Blue Choice)	Hospital	12B65	X	W	A	No	Claims	Participating Payer - see last page for definition.
MS	AHS State Network (Mississippi Blue Cross)	Hospital	12B36	X	W	A	No	Claims	
MS	Blue Cross and Blue Shield Mississippi	Medical	SB730	X	W	A	No	Claims	
MS	Blue Cross and Blue Shield Mississippi	Medical	SB730	X	W	A	No	ERA	
MS	Mississippi Blue Cross - Trispan	Hospital	12B17	X	W	A	No	Claims	
MT									
NC	Blue Cross and Blue Shield of North Carolina	Medical	SB810	X	W	A	No	Claims	
NC	North Carolina Blue Cross	Hospital	12B23	X	W	A	No	Claims	
ND	Blue Cross Blue Shield of North Dakota	Medical	SB820	X	W	N	No	Claims	
ND	North Dakota Blue Cross (Noridian)	Hospital	12B78	X	W	B	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NE	Blue Cross Blue Shield of Nebraska	Medical	SB760	X	W	C	No	Claims	
NH	Blue Cross and Blue Shield of New Hampshire	Medical	SB770	X	A	N	No	Claims	
NH	New Hampshire Blue Cross (Anthem)	Hospital	12B21	X	N	N	No	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Blue Card Claims (ITS, out of state BS Subscribers)	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Blue Choice	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Blue Select	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Comprehensive	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - FEP	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - HMO Blue	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.

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State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Indemnity	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Local 54	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - Medallion	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - NJSHB (state)	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - National	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ) - AKA - P.A.C.E	Medical	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NJ	Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ)	Hospital	22099	B	A	A	No	Claims	Participating Payer - see last page for definition.
NM	Blue Cross and Blue Shield of New Mexico	Medical	SB790	X	W	N	No	Claims	
NM	New Mexico Blue Cross	Hospital	12B22	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
NV	Blue Cross Blue Shield of Nevada	Medical	SB765	X	W	A	No	Claims	
NV	Nevada Blue Cross (Anthem BCBS of Colorado)	Hospital	12B20	X	W	A	No	Claims	
NY	Blue Choice (HMO) of Rochester	Hospital	12B67	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NY	Blue Cross Utica - Watertown	Hospital	12B38	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims.
NY	Blue Cross Utica - Watertown (RMSCO Claims)	Hospital	12B72	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NY	Blue Cross and Blue Shield of Central New York	Medical	SB805	X	W	L	No	Claims	
NY	Blue Cross and Blue Shield of Utica - Watertown	Medical	SB806	X	W	A	No	Claims	
NY	Blue Cross of Northeastern New York	Hospital	12B68	X	W	A	No	Claims	
NY	Blue Cross of Rochester Area (Health Network Services)	Hospital	12B40	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NY	Blue Cross of Western New York	Hospital	12B39	X	W	A	Yes	Claims	
NY	Blue Cross of the Rochester Area (RMSCO Claims)	Hospital	12B73	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
NY	* Blue Cross/Blue Shield Rochester Area - AKA - Blue Choice (HMO) of Rochester	Medical	SB804	X	N	N	No	ERA	
NY	* Blue Cross/Blue Shield Rochester Area - AKA - Blue Choice (HMO) of Rochester	Medical	SB804	X	W	N	No	Claims	
NY	Blue Shield of Northeastern New York	Medical	SB800	X	W	A	No	Claims	
NY	Central Blue Cross (ECOM Services Inc) (RMSCO Claims)	Hospital	12B37	X	W	A	No	Claims	
NY	Central Blue Cross (RMSCO Claims)	Hospital	12B71	X	W	A	No	Claims	
NY	Empire Blue Cross and Blue Shield of New York	Medical	SB803	X	W	A	No	Claims	
NY	Empire Omnipro (New York City Blue Cross)	Hospital	12B35	X	W	A	No	Claims	
NY	HealthNow / Blue Cross Blue Shield of Western New York	Medical	SB801	X	W	A	No	Claims	
OH	Anthem Blue Cross and Blue Shield of Ohio	Medical	SB338	X	W	A	No	Claims	
OH	Ohio Blue Cross (Anthem) - AKA - Anthem - Blue Cross Blue Shield	Hospital	12B24	X	W	A	No	Claims	
OH	Ohio Blue Cross (Anthem) - AKA - Blue Cross of Ohio (Anthem)	Hospital	12B24	X	W	A	No	Claims	
OK	Blue Cross and Blue Shield of Oklahoma	Medical	SB840	X	E	N	No	Claims	
OK	Blue Cross of Oklahoma	Hospital	12B25	X	W	A	No	Claims	
OR	Regence Blue Cross Blue Shield of Oregon	Medical	SB850	X	W	A	No	Claims	
OR	Regence Blue Cross of Oregon	Hospital	12B41	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
PA	AmeriHealth - New Jersey (Non-HMO Claims)	Medical	SX075	X	E	N	No	Claims	

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State	Payer/Intermediary	LOB	ID	Card	Enroll	Re-enroll	Test	Services	Add'l Info
PA	Capital Blue Cross - HealthOne	Medical	SX048	X	N	N	No	Encounters	
PA	Capital Blue Cross - HealthOne	Medical	SX048	X	W	N	No	Claims	
PA	Capital Blue Cross/CAIC	Medical	23045	B	E	N	No	Claims	Participating Payer - see last page for definition.
PA	First Priority	Medical	23241	B	N	N	No	Claims	
PA	Gateway	Medical	SX078	X	W	N	No	Claims	
PA	Highmark Blue Cross & Blue Shield of Pennsylvania	Medical	SB865	X	W	A	No	Claims	
PA	Highmark Blue Cross & Blue Shield of Pennsylvania	Medical	SB865	X	W	A	No	ERA	
PA	Highmark Blue Cross Blue Shield of Pennsylvania (Western)	Hospital	12B60	X	W	A	No	Claims	
PA	IBC Personal Care	Medical	SX083	X	N	N	No	Claims	
PA	Inter-County Health Plan	Medical	SX079	X	N	N	No	Claims	
PA	Keystone Health Plan Central	Medical	SX049	X	A	N	No	Claims	
PA	Keystone Health Plan Central (Encounters)	Medical	SX050	X	A	N	No	Encounters	
PA	Keystone Health Plan Central Senior Blue	Medical	SX051	X	W	N	No	Claims	
PA	Keystone Health Plan Central Senior Blue (Encounters)	Medical	SX052	X	W	N	No	Encounters	
PA	Keystone Health Plan East	Medical	SX055	X	N	N	No	Claims	
PA	Keystone Health Plan West	Medical	SX056	X	N	N	No	Encounters	
PA	Keystone Health Plan West	Medical	SX056	X	N	N	No	Claims	
PA	Pennsylvania Capital Blue Cross	Hospital	12B61	X	N	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
RI	Blue CHIP of Rhode Island	Hospital	12B75	X	W	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
RI	Blue CHIP of Rhode Island	Medical	SB871	X	W	L	No	Claims	
RI	Blue Cross Blue Shield of Rhode Island	Medical	SB870	X	W	L	No	Claims	
RI	Blue Cross of Rhode Island	Hospital	12B74	X	W	N	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
SC	Blue Cross Blue Shield South Carolina Federal Employees	Medical	SX084	X	E	N	No	Claims	
SC	Blue Cross Blue Shield of South Carolina	Medical	SB880	X	E	N	No	Claims	
SC	Blue Cross Blue Shield of South Carolina	Medical	SB880	X	N	N	No	ERA	
SC	Companion Healthcare	Medical	SX085	X	E	N	No	Claims	
SC	Consolidated Benefits Inc.	Medical	SX108	X	E	N	No	Claims	
SC	Planned Administrators Inc.	Medical	SX104	X	E	N	No	Claims	
SC	State Health Plan	Medical	SX103	X	E	N	No	Claims	
SD	Blue Cross and Blue Shield of South Dakota (Sioux Falls)	Medical	SB889	X	W	A	No	Claims	
SD	Blue Cross of South Dakota	Hospital	12B33	X	W	A	Yes	Claims	Testing Required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
TN	Blue Cross Blue Shield of Tennessee Network H - AKA - Blue Cross Blue Shield of Tennessee	Hospital	12B45	X	W	A	No	Claims	Single Enrollment with BCBSTN enables electronic claim submission for all BCBSTN payer ID's listed (enrollment is not 'plan specific').
TN	Blue Cross and Blue Shield of Tennessee (Chattanooga HMO Plans)	Medical	SB891	X	W	A	No	Claims	Multiple plans. Please call (423) 755-5717 for plan code information. Single Enrollment with BCBSTN enables electronic claim submission for all BCBSTN payer ID's listed (enrollment is not 'plan specific').
TN	Blue Cross and Blue Shield of Tennessee (Chattanooga)	Medical	SB890	X	W	A	No	Claims	Single Enrollment with BCBSTN enables electronic claim submission for all BCBSTN payer ID's listed (enrollment is not 'plan specific').
TN	Blue Cross and Blue Shield of Tennessee (Memphis)	Medical	SB892	X	W	A	No	Claims	Single Enrollment with BCBSTN enables electronic claim submission for all BCBSTN payer ID's listed (enrollment is not 'plan specific').

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TN	Blue Cross of Tennessee - AKA - Blue Cross Blue Shield of Tennessee	Hospital	12B53	X	W	A	No	Claims	Single Enrollment with BCBSTN enables electronic claim submission for all BCBSTN payer ID's listed (enrollment is not 'plan specific').
TX	Blue Cross and Blue Shield of Texas	Hospital	12B31	X	W	A	No	Claims	
TX	Blue Cross and Blue Shield of Texas	Medical	SB900	X	W	N	No	Claims	
TX	Blue Cross and Blue Shield of Texas	Medical	SB900	X	W	N	No	ERA	
US									
UT	* Regence Blue Cross Blue Shield of Utah	Medical	SB910	X	N	N	No	ERA	
UT	Regence Blue Cross Blue Shield of Utah	Medical	SB910	X	W	N	No	Claims	
VA	Anthem Blue Cross and Blue Shield (Virginia)	Hospital	12002	X	N	N	No	ERA	(Formerly Trigon)
VA	Anthem Blue Cross and Blue Shield (Virginia)	Hospital	12002	X	P	N	No	Claims	(Formerly Trigon)
VA	Anthem Blue Cross and Blue Shield (Virginia)	Medical	SB923	X	E	N	No	Claims	(Formerly Trigon) Bill using provider ID, not group number.
VA	Anthem Blue Cross and Blue Shield (Virginia)	Medical	SB923	X	A	N	No	ERA	(Formerly Trigon) Bill using provider ID, not group number.
VT	Blue Cross Blue Shield of Vermont	Hospital	12B32	X	W	N	Yes	Claims	Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
VT	Blue Cross and Blue Shield of Vermont	Medical	SB915	X	W	A	No	Claims	
WA	Premera Blue Cross	Hospital	12B27	X	W	A	Yes	Claims	Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
WA	Premera Blue Cross Blue Shield	Medical	SB930	X	W	A	No	Claims	
WA	Regence Blue Shield of Washington	Medical	SB931	X	W	C	No	Claims	
WI	Blue Cross and Blue Shield of United Wisconsin - AKA - Blue Cross and Blue Shield United of Wisconsin/Comp Care	Medical	SB950	X	W	A	No	Claims	
WI	Blue Cross and Blue Shield of United Wisconsin	Medical	SB950	X	W	N	No	ERA	
WI	* CompCareBlue of Wisconsin/Proservices	Hospital	Pilot	X	N	N	Yes	Claims	Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.
WI	Wisconsin Blue Cross (Proservices Health Information)	Hospital	12B29	X	W	N	No	Claims	
WV	Mountain State Blue Cross and Blue Shield	Medical	SB941	X	W	L	Yes	Claims	Testing R required: 25 Claims. Test claims should be representative of production claims.
WV	Mountain State Blue Cross of West Virginia	Hospital	12B28	X	W	A	Yes	Claims	Testing R required: 20 Inpatient and 20 Outpatient Claims.
WY	Blue Cross and Blue Shield Wyoming	Medical	SB960	X	W	A	No	Claims	
WY	Wyoming Blue Cross	Hospital	12B30	X	W	B	Yes	Claims	Testing R required: 20 Inpatient and 20 Outpatient Claims. Test claims should contain bill types that are representative of production claims.

Note: An all payer addendum must be signed to get to ALL Non-Participating Payers. Please contact WNC Medical Claims, as appropriate.

Definitions:

Line of Business (LOB): Identifies the type of healthcare profession for the identified Service. Available LOBs include: Dental, Hospital, and Medical.

Payer: The name of the electronic payer.

Processor: The organization processing the electronic claim on behalf of Medicare, Medicaid, Blue Cross/Blue Shield or other organizations.

ID: The identification number assigned to the payer for electronic submission of data. If "Pilot" is present, the payer is in the final development stage before becoming live.

Enroll: If "Yes", please contact WNC Medical Claims at (828) 649-1300. If "no", then enrollment is NOT required.

Test: If "Yes", indicates that provider testing is required. If "No", testing is NOT required.

Add'l Info: Includes important information specific to the payer.

Call WNC Medical Claims Customer Support for assistance (828) 649-1300.