

NORIDAN WILL NO LONGER ACCEPT THE NPI UPDATED REQUEST FORM EFFECTIVE JULY 4TH. PROVIDERS SIMPLY NEED TO NOTIFY NORIDIAN BY COMPLETING THE REGISTRATION FORM.

NORIDIAN ONLINE INTERACTIVE FORMS, FORMS MAY BE SUBMITTED DIRECT TO NORIDIAN FOR PROCESSING, FAX COMPLETED FORMS TO 877-269-1472.

IF YOU WISH TO PROCESS YOUR ENROLLMENT FORM VIA EMDEON, COMPLETE THE NORIDIAN ONLINE ENROLLMENT PRINT AND FAX ALL FORMS ALONG WITH THE EMDEON PROVIDER INFORMATION FORM ATTACHED TO THIS INFORMATION PAGE TO 615-231-4843.

ALL PAYER APPROVALS MUST BE PROCESSED BY EMDEON, PLEASE SUBMIT A COPY OF YOUR APPROVAL TO payerregistration@emdeon.com or FAX TO 615-231-4843.

INSTRUCTIONS FOR COMPELTING THE INTERACTIVE ONLINE ENROLLMENT LOCATED AT:

http://www.edissweb.com/cgp/forms/matrix/edi_news_sub_matrix.html


1. Choose which line(s) of business you would like to use.
2. Choose which transactions you would like to use.
3. What vendor you will be using to send transactions? (Vendor/Other)
4. Method of connectivity (Network Service Vendor)

Submit requests.

EDISS - New Submitter Non-Vendor						
For assistance with these forms send an e-mail to support@edissweb.com						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. For which Line(s) of Business will you be sending transactions?						?
2. Which transactions would you like to use? (Select all).						NMIC does not support PC-ACE
837I - Health Care Claim Institutional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC-ACE
837P - Health Care Claim Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC-ACE
837D - Health Care Claim Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC-ACE
835 - Health Care Claim Payment/Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC-ACE
270 - Health Care Eligibility Benefits Inquiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
271 - Health Care Eligibility Benefits Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
276 - Health Care Claim Status Request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PC-ACE
277 - Health Care Claim Status Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
278 - Health Care Services Review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
820 - Payroll Deducted and Other Group Premium Payment for Insurance Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
834 - Benefit Enrollment and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PC-ACE - Transactions supported by PC-ACE software:						
3. What Vendor will you be using to send transactions?						
3a. For transactions supported by PC-ACE, what method of submission will you be using?	<input type="checkbox"/>	PC-ACE Pro32	<input type="checkbox"/>	Vendor/Other	<input type="checkbox"/>	?
3b. For transactions NOT supported by PC-ACE, what method of submission will you be using?	<input type="checkbox"/>	Vendor/Other	<input type="checkbox"/>	Direct	<input type="checkbox"/>	
4. What method of connectivity will you be using?						
	<input type="checkbox"/>	Network Service Vendor	<input type="checkbox"/>	Direct Dial	<input type="checkbox"/>	
Press the "Submit" button to determine which registration forms are needed.						
<input type="button" value="Submit"/> <input type="button" value="Reset"/>						

SEARCH RESULTS TO SHOW ALL FORMS THAT MUST BE COMPLETED AND SUBMITTED TO NORIDIAN

EXAMPLE:

EDISS - New Submitter Non-Vendor	
Back to Selection Form Close Window	
Selection Results	
Line(s) of Business selected:	MEDB - Medicare B
Required Registration Forms:	<p>ANSI Transaction Registration Forms</p> <ul style="list-style-type: none"> • 835 - Health Care Claim Payment/Advice • 837P - Health Care Claim Professional <p>Trading Partner Agreements</p> <ul style="list-style-type: none"> • CMS EDI Enrollment Form <p>Companion Guides - Medicare B</p> <ul style="list-style-type: none"> • Medicare B TPA Companion Document (835) • Medicare B TPA Companion Document (837) <p>Vendor Information</p> <ul style="list-style-type: none"> • Approved HIPAA Compliant Billing Vendors <p>Network Service Vendors</p> <ul style="list-style-type: none"> • VANS • VisionShare, Inc.
<p>For assistance with these forms send an e-mail to support@edissweb.com</p>	
<p>The forms located on this page are in PDF format and can be opened in Adobe Acrobat Reader. If you do not already have this application, follow the "Get Adobe Acrobat" link to download a free copy of the software.</p> 	

THE FOLLOWING CLEARINGHOUSE INFORMATION SHOULD BE ADDED ON PAGE THREE OF THE 837P HEALTH CARE CLAIM PROFESSIONAL FORM.

Clearinghouse Information

Clearinghouse Name: EMDEON

Mailing Address: 3055 LEBANON ROAD

City: NASHVILLE State: TN ZIP: 37214

Contact: ENROLLMENT HELP DESK

Phone Number: (800) 845-6592 Fax Number: (615) 231-4843

8. Do you want to receive an Electronic Remittance Advice (ERA***)?

(If yes, fill out the Exhibit A, 835 Health Care Claim Payment/Advice Form at <http://www.edissweb.com/docs/cgp/835.pdf>.)

*** An ERA is an electronic copy of the payment data received on the paper remittance. You must have a software program to print or post this data. You can get free software on our web site at www.edissweb.com.

9. Method of Electronic Access If dial-up, select protocol

Other Zmodem

SIGNATURE

INSTRUCTIONS FOR ERA FORM

Exhibit A 835 Registration 4010A1

6. Method of Electronic Access If dial-up, select protocol

Other Zmodem

7. Delivery of Remittance

Deliver Remit to: Clearinghouse Receiver Name: EMDEON

What date would you like to begin receiving 4010A1 remits? _____

Note: Blue Cross Blue Shield of North Dakota (BCBSND), Dental Service Corporation of North Dakota (DSC), and North Dakota Vision Services, Inc. (VSI) providers **are required to test** the 835.

8. Select all lines of business that apply. Fill in the blank with the appropriate billing provider/clinic number. You must fill in at least one Line of business by selecting a state and entering a number.

Note: Separate 835 registration forms for Institutional and Professional LOB are required if requesting BOTH Institutional and Professional ERA transactions.