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Wellmark Blue Cross Blue Shield

HIPAA Transaction Standard
Companion Guide

Section 2, 835 Electronic Remittance

Refers to the X12N Technical Report Type 3 ANSI Version 5010A1

Version Number: 1.0

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This *Companion Guide* is a work in progress. Wellmark reserves the right to make changes to this *Companion Guide* at any time without notice. Changes appear in blue text and may be accompanied by a yellow note in the margin.

November 1, 2011

1 Introduction

Wellmark places high priority on making it easy for you to do business with us. Electronic remittance advice is one way we can do this. Electronic remittances facilitate the transfer of claims paid information to your organization in a standard data format.

This Section 2 of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) Institutional Claim 835 transaction, Version 5010A1. This transaction is the accepted standard of the 1996 Health Insurance Portability and Accountability Act (HIPAA-AS).

The *Wellmark Companion Guide* is to be used alongside the HIPAA-AS 835 *Technical Report Type 3 (TR3)*, which provides comprehensive information needed to create an ANSI 835 transaction. The *Wellmark Companion Guide* does not change the specifications of the *HIPAA TR3*; rather, it is intended to clarify the areas where the *TR3* provides options or choices to be made. The HIPAA-AS *TR3* can be downloaded from the following Internet address: http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

LEGEND for Wellmark 835 Matrix

SHADED rows represent “segments”; **NON-SHADED** rows represent “data elements.”

“Loop – specific” comments are found in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
70		BPR	Beginning Segment for Payment Order/Remittance Advice			
70		BPR01	Transaction Handling Code	I H		Check and ACH payments Zero payments.
71		BPR03	Credit or Debit Flag Code	C		Credit
72		BPR04	Payment Method Code	ACH CHK NON		Automated Clearing House Check payment method No check
72		BPR05	Payment Format Code	CCP		
87	1000A	N1	Payer Identification			
87		N102	Name	IA SD		Wellmark Blue Cross Blue Shield of Iowa Wellmark Blue Cross Blue Shield of South Dakota
89	1000A	N3	Payer Address			
89		N301	Address information	IA SD		PO BOX 9232 PO BOX 5023
90	1000A	N3	Payer City, State, Zip Code			
90-91		N401- N403	City Name, State or Province, Postal code	IA SD		Des Moines, IA 50306 Sioux Falls, SD 57117
97	1000A	PER	Payer Technical Contact Information			
97		PER01	Contact Function Code	BL		
98		PER02	Name			EC Solutions
98		PER03	Communication Number Qualifier	TE		
98		PER04	Communication Number			8004070267
98		PER05	Communication Number Qualifier	EM		
95		PER06	Communication Number			ecsolutionsdsm@hp.com
100	1000A	PER	Payer Website			
100		PER01	Contact Function Code	IC		The payer Website will be displayed when published Medical policy is available and applies to a claim or claims within this remittance.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
101		PER03	Communications Number Qualifier	UR		
101		PER04	Communications Number			www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedPoliciesAndAuthorizationsFinder.aspx
102	1000B	N1	Payee Identification			
103		N103	Identification Code Qualifier	XX		
103		N104	Payee Identification		10	National Provider Identifier (NPI) as assigned by NPES
107	1000B	REF	Payee Additional Identification			
107		REF01	Reference Identification	TJ		
108		REF02	Payee Identification Code		9	9-digit tax identification number
123	2100	CLP	Claim Payment Information			
124		CLP02	Claim status Code	1 2 4		Processed as Primary Processed as Secondary Denied
127		CLP07	Payer Claim Control Number		14	Wellmark's Internal Claim Number
129	2100	CAS	Claim Payment Information			Wellmark does not report claim level CAS information.
137	2100	NM1	Patient Name Segment			
139		NM108	Identification Code Qualifier	MI		Member Identification Number
140	2100	NM1	Insured Name Segment			
142		NM108	Identification Code Qualifier	MI		Member Identification Number
146	2100	NM1	Service Provider Name			
148		NM108	Identification Code Qualifier	XX		
149		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPES
169	2100	REF	Other Claim Related Identification			
169		REF01	Reference Identification Qualifier	9C CE		Adjusted Repriced Claim Reference Number Class of Contract Code
170		REF02	Other Claim Related Identifier		1-30	For 9C: This claim level element will be populated when this claim is creating a new A/R with that AR control number. For CE: This element will be populated with the product code and the service category.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						Service Category will only be populated for inpatient facilities claims. The product code will be the first two characters in this element and the next two (third and fourth) characters will contain the service category. See Wellmark Values at the end of this section.
171	2100	REF	Rendering Provider Information			
171		REF01	Reference Identification Qualifier	XX		
172		REF02	Reference Identification		10	National Provider Identifier (NPI) as assigned by NPPES
173	2100	DTM	Statement From or To Date			For Institutional only
174		DTM01	Date/Time Qualifier	232 233		Claim Statement Period Start Claim Statement Period End
175	2100	DTM	Coverage Expiration Date			
175		DTM01	Date/Time Qualifier	036		When the claim is rejected for coverage expired, the expiration date will be displayed. In the event the coverage expiration date is not available, Wellmark will gap fill with 01/01/1940.
177	2100	DTM	Claim Received Date			
177		DTM01	Date/Time Qualifier	050		Claim received date
182	2100	AMT	Claim Supplemental information			
182		AMT01	Date/Time Qualifier	AU		Coverage Amount
186	2110	SVC	Service Payment Information			Wellmark will create service line level information.
196	2110	CAS	Service Adjustment			
199	2110	CAS04	Quantity			Wellmark does not make adjustments by units and will always populate this element with zeros.
207	2110	REF	Rendering Provider Information			
207		REF01	Reference Identification Qualifier	HPI		
208		REF02	Reference Identification		10	National Provider Identifier (NPI) as assigned by NPPES
208		REF01	Reference Identification Qualifier	TJ		
208		REF02	Reference Identification		9	9-digit tax identification number
209	2110	REF	Health Care Policy Identification			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
210		REF01	Reference Identification Qualifier	OK		
211	2110	AMT	Service Supplemental Amount			
211		AMT01	Reference Identification Qualifier	B6		This is the Wellmark allowed amount for this service.
217		PLB	Provider Adjustment			Wellmark will use This segment for Automatic Recoupments, new Account Receivables, Cash Receipt Dispositions, Backup Withholding, and Pre-issue Check Disposition information.
218		PLB01	Reference Identification (Provider Identifier)			This number is the pay-to NPI from the provider name and address record.
218		PLB02	Date (Fiscal Period Date)	YYYY1231		Wellmark will always use December 31 of the current year.
219		PLB03-1	Adjustment Reason Code	FB WO IR		New Accounts Receivable A/R Recoupments and Cash Receipt Dispositions Backup Withholding.
222		PLB03-2	Reference Identification		50	Wellmark's control number for identifying the new accounts receivable or automatic recoupment performed on adjusted claims. This number consists of the patient account number from incoming claim record (length = 20), the Wellmark ID (length = 16), and the Wellmark internal claim number (length = 14).
223		PBL04	Monetary Amount (Provider Adjustment Amount)			A positive value in this element decreases the payment and a negative number increases the payment. Recoupments will have a positive value. Backup Withholding will have a positive value. New A/R's will have a negative value. Cash Receipt Dispositions will have a negative value.

2 Wellmark Values

Service Categories

Service Categories are identified on inpatient claims only. A service category is a method of grouping patients into categories based on their normal plan of treatment associated with their diagnosis(es) and procedure codes.

The service category is a two-position alpha/numeric field. The first position is always a zero (0) except in the case of an outlier payment. In an outlier payment, this position will be a "C." The second position will be one of the following alpha characters:

A	psychiatric - ages 18 and under
B	psychiatric - ages 19 and over
E	chemical dependency - ages 18 and under
F	chemical dependency - ages 19 and over
I	obstetrics - maternal, cesarean
J	obstetrics - maternal, non-cesarean
M	obstetrics - neonatal, normal
N	obstetrics - neonatal, abnormal
Q	cardiac - surgical
R	cardiac – non-surgical
S	other medical - surgical
T	other medical – non-surgical
U	other medical - transplant

For More Billing Information

Check out the *Wellmark Provider Guide* and the *Guide to Billing for Facilities* found under Provider Guides in the Provider Corner of Wellmark.com.