



Wellmark

HIPAA Transaction Standard Companion Guide

Section 2, 837 Dental

Refers to the X12N Implementation Guide ANSI Version 4010A1

Version Number: 4.3

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[Matrix](#)

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.

September 22, 2009

1 Introduction

We want to make it easy for you to do business with us. Electronic claims submission is the best way to make business transactions easy. Electronic claims facilitate the transfer of information from your organization to ours in a standard data format. This Section 2 for the 837D (Dental) of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) Dental Claim 837 transaction, Version 4010A1. This transaction is the accepted standard of the 1996 Health Insurance Portability and Accountability Act-Administrative Simplification (HIPAA-AS).

Review Section 1 of the *Wellmark Companion Guide* for further details.

The *Wellmark Companion Guide* is to be used alongside the *HIPAA-AS Implementation Guide (IG)*, which provides comprehensive information needed to create an ANSI 837 transaction. The *Wellmark Companion Guide* does not change the specifications of the *HIPAA Implementation Guide*; rather, it is intended to clarify the areas where the IG provides options or choices to be made. The *HIPAA-AS Implementation Guide* can be downloaded from the following Internet address: http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

When you send a transaction to Wellmark, it processes through EDS EC Solutions Interactive Network (INet) facility first. The INet translates the ANSI 837 standard transaction into a format readable by our internal systems. Section 1 of the *Wellmark Companion Guide* provides further information about the process of sending electronic transactions to Wellmark via EDS EC Solutions.

The purpose of HIPAA-AS is to standardize transactions as much as possible. However, each transaction may have some data elements that are treated differently by different payers. Wellmark has worked to keep these to a minimum. There may be some instances where the submitter is required to transmit data to us that we do not require to conduct business. In these instances, we may store the data sent to us, but we may not use the data for our business purposes. See the Questions and Answers page on this site for more information on the 837.

Billing the Appropriate 837 Version

There are four versions of the 837 transaction:

- 837I (Institutional)
- 837P (Professional)
- 837D (Dental)
- 837COB (Coordination of Benefits transaction. Effective 7/1/09 Wellmark will accept this transaction for all lines of business. Payment information can be submitted at the Header Level, Line Level or both.)

When to submit as an 837P

Dental charges should be submitted in the 837P format when benefits will be covered as a medical claim, rather than a dental claim. Examples would include oral and maxillofacial surgery and accident care.

The following matrix should be reviewed to determine what data elements are optional or uniquely identify Wellmark.

LEGEND for Wellmark Matrix for the 837P

Notes: Any claims submitted electronically with NPI only, where the NPI has not been communicated to Wellmark prior to submission will be rejected from Wellmark's claim system. The claim will not be processed for reimbursement until the NPI number has been communicated to Wellmark and loaded to Wellmark's system.

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
66	1000B	NM1	Receiver Name			
67		NM109	Identification Code		5	Wellmark Receiver ID- 88848
76	2010AA	NM1	Billing Provider Secondary Identification			
78		NM108	Identification Code Qualifier	XX		
78		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
83	2010AA	REF	Billing Provider Secondary Identification			
84		REF01	Reference Identification Qualifier	EI SY		EI-Employer's Identification Number (TIN) SY-Social Security Number (SSN)
84		REF02	Reference Identification		9	Providers use 9-digit TIN/ SSN
87	2010AB	NM1	Pay to Provider Secondary Identification			
89		NM108	Identification Code Qualifier	XX		
89		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
94	2010AB	REF	Pay to Provider Secondary Identification			
95		REF01	Reference Identification Qualifier	EI SY		EI- Employer's Identification Number (TIN) SY- Social Security Number (SSN)
95		REF02	Reference Identification		9	Providers use 9-digit TIN/ SSN
99	2000B	SBR	Subscriber Information			
101		SBR09	Claim Filing Indicator Code	BL		Blue Cross/Blue Shield

111	2010BA	DMG	Subscriber Demographic Information			
112		DMG03	Gender Code			Wellmark does not recognize "U" for "unknown."
149	2300	CLM	Claim Information			
151		CLM02	Monetary Amount			Total Claim Charge Amount: Zero is not a valid amount on the individual service line or total charge line.
161	2300	DTP	Date - Accident			
161		DTP01	Date/Time Qualifier	439		Wellmark requires for accidental injury to be reported within 72 hours of the injury
161		DTP02	Date Time Period Format Qualifier	D8		
161		DTP03	Date Time Period			Format : CCYYMMDD
187	2310A	NM1	Referring Provider Name			
189		NM108	Identification Code Qualifier	XX		
189		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES