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Wellmark Blue Cross and Blue Shield

HIPAA Transaction Standard Companion Guide

Section 2, 837 Institutional

Refers to the X12N Implementation Guide ANSI Version 4010A1

Version Number: 4.3

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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.

September 22, 2009

1 Introduction

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

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 ECSolutions, 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.)

Please review the chart below to verify that the 837I is the form you should use when filing claims to Wellmark based on your provider type. In general, facilities bill use 837I, practitioners utilize the 837P and dentists use the 837D.

837 Institutional Transaction Version	Iowa	South Dakota
Ambulatory Surgery Center	X	X
Dialysis Center	X	X
Freestanding Substance Abuse Facility	X	X
Home Health Agency	X	X
Hospice	X	X
Hospital	X	X
Psychiatric Medical Institute for Children	X	
Skilled Nursing Facility	X	X

See the 837P or 837D if your provider type is not listed above.

LEGEND for Wellmark Matrix for the 837I

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 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
61	1000A	NM1	Submitter Name			
63		NM109	Identification Code		9	Use leading zero's to make a 9-digit code
67	1000B	NM1	Receiver Name			
68		NM109	Identification Code		5	Wellmark Receiver ID - 88848
76	2010AA	NM1	Billing Provider Name			
77		NM108	Identification Code Qualifier	XX		
78		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
82	2010AA	REF	Billing Provider Secondary Identification			
83		REF01	Reference Identification Qualifier	EI SY		EI - Employer's Identification Number (TIN) SY - Social Security Number (SSN)
84		REF02	Reference Identification		9	Provider use 9-digit TIN/SSN
91	2010AB	NM1	Pay to Provider Name			
92		NM108	Identification Code Qualifier	XX		
93		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
97	2010AB	REF	Pay to Provider Secondary Identification			
98		REF01	Reference Identification Qualifier	EI SY		EI - Employer's Identification Number (TIN) SY - Social Security Number (SSN)
98		REF02	Reference Identification		9	Provider use 9-digit TIN/SSN
101	2000B	SBR	Subscriber Information			
104		SBR09	Claim Filing Indicator Code	BL 13 HM	2	BL - Wellmark 13 - Point of Service HM - Health Maintenance
115	2010BA	DMG	Subscriber Demographic Information			
116		DMG03	Gender Code			Wellmark does not recognize "U" for "unknown."

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126	2010BC	NM1	Payer Name			
127		NM108	Identification Code Qualifier	PI		
128		NM109	Identification Code			Wellmark Receiver ID - 88848
151	2010CA	DMG	Patient Demographic Information			
152		DMG03	Gender Code			Wellmark does not recognize "U" for "unknown."
157	2300	CLM	Claim Information			
159		CLM02	Monetary Amount			Total Claim Charge Amount: Zero is not a valid amount for Revenue Code 001, Total Charge. Wellmark accepts zero on the individual service line.
167	2300	DTP	Statement Dates			
168		DTP03	Date Time Period		8	From and Through dates must equal total of accommodation units on inpatient claims.
169	2300	DTP	Admission Date / Hour			
170		DTP03	Date Time Period		8	Date of Admission required on inpatient claims.
227/ 19A	2300	HI	Principal, Admitting, E-Code and Patient Reason for Visit Diagnosis Information			Note: This loop is required on all inpatient and outpatient claims, however, the Addendum, page 19 makes the exception below.
19		HI01	Health Care Code Information	BR		ICD-9-CM Required on all claims and encounters except claims for Religious Non-medical claims (Bill Types 4XX and 5XX) and hospital other (Bill Types 14X). For Wellmark, please give the ICD-9-CM code on 141 bill types to process diagnostic tests appropriately.
242	2300	HI	Principal Procedure Information			
243		HI01-1	Code List Qualifier Code	BR BP		ICD-9-CM codes are required on inpatient surgical claims. For outpatient claims, Wellmark accepts HCPCS/CPT codes or no codes with revenue codes 036X, 049X, and 075X/
243		HI01-2	Industry Code		5	Principal Procedure Code: Values > 5 will be truncated.
290	2300	HI	Condition Information			
290 - 298		HI01-HI12	Health Care Code Information			See Wellmark Values at the end of this Matrix.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
321	2310A	NM1	Attending Physician			<i>Required on all Inpatient Claims</i>
323		NM108	Identification Code Qualifier	XX		
323		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
342	2310D	NM1	Referring Provider Name			
344		NM108	Identification Code Qualifier	XX		
344		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
445	2400	SV2	Institutional Service Line			
446		SV201	Product / Service ID			See Wellmark Values for revenue codes that require CPT/HCPCS in SV202 on all claims.
446		SV202	Composite Medical Procedure Identifier			See Wellmark Values for revenue codes that require CPT/HCPCS in SV202.
446		SV202-1	Product / Service ID Qualifier	HC		Wellmark accepts only CPT and HCPCS codes in this field.
448		SV204	Unit or Basis for Measurement Code			Wellmark accepts whole integers only. Units are required for each service billed.
456	2400	DTP	Service Line Date			
457		DTP03	Date Time Period		8	Required when series billing outpatient services such as therapy or rehab services. Do not bill outpatient surgeries with non consecutive encounter dates on the same claim.

2 Wellmark Values

The list below is representative of the condition and occurrence codes commonly used for Wellmark patients. Use of the following codes from the *National UB-92 Data Element Manual* will contribute to the successful submission and adjudication of claims.

Condition Codes

Insurance Related Codes

- 02 Condition is employment related
- 06 ESRD patient in first 30 months of entitlement covered by employer group health plan
- 07 Treatment of non-terminal condition for hospice patient
- 10 Patient and/or Spouse Employed but No EGHP
- 18 Maiden name retained
- 19 Child retains mother's name
- 28 Patient and/or spouse's employer group health plan is secondary to Medicare
- 29 Disabled beneficiary and/or family member's large group health plan is secondary to Medicare

Accommodations

- 40 Same day transfer
- 41 Partial hospitalization

Occurrence Codes

Accident Related Codes

- 01 Accident/medical
- 02 Auto accident/no fault
- 03 Accident/Tort liability
- 04 Accident/Employment related
- 05 Accident/No Medical or Liability Coverage
- 06 Crime victim

Medical Conditions

- 09 Start of infertility treatment cycle
- 10 Last menstrual period
- 11 Onset of symptoms/illness

Insurance Related Codes

- A1 Birth date of insured A
- A2 Effective date of insured A policy
- A3 Benefits exhausted for insured A
- B1 Birth date of insured B
- B2 Effective date of insured B policy
- B3 Benefits exhausted for insured B Policy
- C1 Birth date of insured C
- C2 Effective date of insured C policy
- C3 Benefits exhausted for insured C Policy

Occurrence Span Codes

- 70 Qualify Stay Dates for SNF
- 71 Prior Stay Dates
- 75 SNF Level of Care – when no SNF bed available

Revenue Codes

Bill CPT/HCPCS with one of the following revenue codes on all hospital outpatient claims:

**030X
031X
032X
033X
034X
035X
036X
040X
049X
061X
075X
0943**