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Wellmark Blue Cross and Blue Shield

HIPAA Transaction Standard
Companion Guide

Section 2, 837 Professional

Refers to the X12N Implementation Guide ANSI Version 4010A1

Version Number: 4.3

[Introduction](#)

[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

Wellmark places a high priority on being the easiest plan with which to do business. The transmission of electronic claims from your organization to Wellmark in a standard data format is a key component in making it easy to do business with us. This 837P Companion Guide provides information about the 1996 Health Insurance Portability and Accountability Act-Administrative Simplification (HIPAA-AS) accepted standard which is the American National Standards Institute (ANSI) Institutional Claim 837 transaction, version 4010A1.

This Companion Guide was created to be used in conjunction with the HIPAA-AS Implementation Guide, which provides comprehensive information needed to create an ANSI 837 transaction. The Companion Guide does not supersede the specifications of the Implementation Guide; rather, it is intended to clarify the areas where the Implementation Guide provides options or choices.

The HIPAA-AS Implementation Guide can be downloaded from the following Internet address: http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

When a transaction is sent to Wellmark, it first processes through Business Exchange Services (BES). BES translates the ANSI 837 transaction into a format readable by Wellmark's internal system. Section 1 of the Wellmark Companion Guide provides further information about the process of sending electronic transactions to Wellmark via BES.

The purpose of HIPAA-AS is to standardize transactions as much as possible. However, transactions may have some data elements that are treated differently by different payers. There may be instances where HIPAA requires certain data be sent, but Wellmark may not require that data to conduct business. In such cases, Wellmark may only store this data. See the Questions and Answers page 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 on the next page to verify that the 837P is the form you should use when filing claims to Wellmark based on your provider type. In general, practitioners bill using the 837P, facilities use the 837I, and dentists use the 837D.

837 Professional Transaction Version	Iowa	South Dakota
Advanced Registered Nurse Practitioner	X	X
- Certified Registered Nurse Anesthetist	X	X
- Nurse Practitioner	X	X
- Certified Nurse Midwife	X	X
- Certified Clinical Nurse Specialist	X	X
Ambulance Services	X	X
Community Mental Health Center	X	X
Dentists	X	X
Doctor of Chiropractic	X	X
Doctor of Osteopathic Medicine	X	X
Freestanding Magnetic Resonance Imaging Facility	X	X
Freestanding (FS) Radiology Center	X	X
-FS CT Scan Center	X	X
-FS Mammography Center	X	X
-FS PET Scan Center	X	X
-FS Portable X-Ray	X	X
-FS Radiation Oncology Center	X	X
-FS Radiology Center	X	X
-FS Ultrasound Center	X	X
Home Infusion Therapy Provider	X	X
Home Medical Equipment Supplies & Services Provider	X	X
Independent Laboratory	X	X
Medical Doctor	X	X
Occupational Therapist	X	X
Optometrist	X	X
Oral /Maxillofacial Pathologist	X	X
Oral Surgeon	X	X
Orthotics and Prosthetics Supplier	X	X
Physical Therapist	X	X
Physician Assistant	X	X
Podiatrist	X	X
Psychologist (PhD, PsyD, EdD)	X	X
Qualified Mental Health Provider		X
Social Worker (LISW, LCSW)	X	
-Private Independent Practice (PIP)		X

1. Dentists may file 837P when submitting claims for Wellmark members with accidental injuries involving the teeth.

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

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 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	1000A	NM1	Submitter Name			
67		NM109	Identification Code		9	Use leading zero's to make 9-digit code
72	1000B	NM1	Receiver Name			
73		NM109	Identification Code		5	Wellmark Receiver ID-88848
81	2010AA	NM1	Billing Provider Name			
83		NM108	Identification Code Qualifier	XX		
83		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
87	2010AA	REF	Billing Provider Secondary Identification			
87		REF01	Reference Identification Qualifier	EI SY		EI- Employer's Identification Number (TIN) SY- Social Security Number (SSN)
87		REF02	Reference Identification		9	Provider use 9-digit TIN/SSN
105	2000B	SBR	Subscriber Information			
107		SBR09	Claim Filing Indicator Code	BL 13 HM		BL - Wellmark 13 - Point of Service HM - Health Maintenance
118	2010BA	DMG	Subscriber Demographic Information			
119		DMG03	Gender Code			Wellmark does not recognize "U" for "unknown."
124	2010BB	NM1	Payer Name			
125		NM108	Identification Code Qualifier	PI		
125		NM109	Identification Code		5	Wellmark Receiver ID-88848
160	2300	CLM	Claim Information			
162		CLM02	Monetary Amount			Total Claim Charge Amount: Zero is not a valid amount for on the individual service line or total charge.
174	2300	DTP	Date-Onset of Current Illness/Symptom			
174		DTP01	Date / Time Qualifier	431		Wellmark requires for medical emergencies to be reported within 72 hours of onset.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
175		DTP02	Date Time Period Format Qualifier	D8		Format: CCYYMMDD
180	2300	DTP	Date- Accident			
180		DTP01	Date/Time Qualifier	439		Wellmark requires for accidental injuries to be reported within 72 hours of the injury.
180		DTP02	Date Time Period Format Qualifier	D8		Format: CCYYMMDD
269	2310A	NM1	Referring Provider Name			
271		NM108	Identification Code Qualifier	XX		
271		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
276	2310B	NM1	Rendering Provider Name			
278		NM108	Identification Code Qualifier	XX		
278		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES

For More Billing Information

Check out the *Wellmark Provider Guide* and the *Practitioner Guide* or other specialty guides found under Guides on the Provider page at http://www.wellmark.com/e_business/provider/provider.htm.