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# Wellmark Blue Cross Blue Shield

HIPAA Transaction Standard  
Companion Guide  
Section 2, 835 Electronic Remittance  
Refers to the X12N Implementation Guide  
ANSI Version 4010A1

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## Version 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.

**June 1, 2010**

# 1 Introduction

We want to make it easy for you to do business with us. Electronic remittance advice is one of the ways 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 4010A1. The 835 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 *Implementation Guide (IG)*, which provides comprehensive information needed to create an ANSI 835 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 *Implementation Guide* 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](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

You will find other information on this Transaction in the Questions and Answers page on this site.

What follows are the options used by Wellmark in the 835 transaction.

## LEGEND for 835 Matrix

**SHADED** rows represent “segments.” **NON-SHADED** rows represent “data elements.”  
 “Loop – specific” comments should be indicated in the first segment of the loop.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
44		BPR	Beginning Segment for Payment Order/Remittance Advice			
44		BPR01	Transaction Handling Code	I H		Check payments Zero payments. We are not creating EFT payments at this time.
46		BPR03	Credit or Debit Flag Code	C		Credit
46		BPR04	Payment Method Code	CHK NON		Check payment method No check
72	1000B	N1	Payee Identification			
73		N103	Identification Code Qualifier	XX		
73		N104	Payee Identification		10	National Provider Identifier (NPI) as assigned by NPPES
77	1000B	REF	Payee Additional Identification			
		REF01	Reference Identification	TJ		
		REF02	Payee Identification Code		9	9-digit tax identification number
89	2100	CLP	Claim Payment Information			
90		CLP02	Claim status Code	1 2 4		Processed as Primary Processed as Secondary Denied
93		CLP07	Payer Claim Control Number		14	Wellmark’s Internal Claim Number
102		NM1	Patient Name Segment			
103		NM108	Identification Code Qualifier	MI		Member Identification Number
105		NM1	Insured Name Segment			
107		NM108	Identification Code Qualifier	MI		Member Identification Number
111		NM1	Service Provider Name			
113		NM108	Identification Code Qualifier	XX		
113		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES
126			Other Claim Related Identification			
126		REF01	Reference Identification	9C		Adjusted Repriced Claim

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Qualifier	CE		Reference Number Class of Contract Code
127		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. 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.
128	2100	REF	Rendering Provider Information			
128		REF01	Reference Identification Qualifier	XX		
129		REF02	Reference Identification		10	National Provider Identifier (NPI) as assigned by NPPES
130		DTM	Claim Date Segment			For Institutional only
131		DTM01	Date/Time Qualifier	050 232 233		Received Claim Statement Period Start Claim Statement Period End Wellmark will not use the "036" expiration qualifier.
139	2110	SVC	Service Payment Information			Wellmark will create service line level information.
148		CAS	Service Adjustment			
150		CAS04	Quantity			Wellmark does not make adjustments by units and will always populate this element with zeros.
156	2110	REF	Service Payment Information			
157		REF01	Reference Identification Qualifier	HPI		
157		REF02	Reference Identification		10	National Provider Identifier (NPI) as assigned by NPPES
157		REF01	Reference Identification Qualifier	TJ		
157		REF02	Reference Identification		9	9-digit tax identification number
148		CAS	Service Adjustment			
150		CAS04	Quantity			Wellmark does not make adjustments by units and will always populate this element with

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						zeros.
164		PLB	Provider Adjustment			This segment is to be used for adjustments to the payment amount that are not specific to a claim or service, such as loan repayment or a capitation payment. Wellmark will use it for Automatic Recoupments, new Account Receivables, Cash Receipt Dispositions, Backup Withholding, and Pre-issue Check Disposition information.
165		PLB01	Reference Identification (Provider Identifier)			This provider number is the pay-to provider on the provider name and address record.
165		PLB02	Date (Fiscal Period Date)	YYYY1231		Wellmark will always use December 31 of the current year.
165		PLB03-1	Adjustment Reason Code	FB WO  IR		New Accounts Receivable A/R Recoupments and Cash Receipt Dispositions Backup Withholding.
170		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.