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# Wellmark Blue Cross Blue Shield

**HIPAA-AS Transaction  
Standard Companion Guide  
Refers to the 835 Technical Report Type 3  
Based on ASC X12 version 5010A1**

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[Introduction](#)  
[Matrix](#)  
[Wellmark Values](#)

**December 2013**

## **Disclosure Statement**

This document is for use by electronic submitters doing business with Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., and Wellmark Blue Cross and Blue Shield of South Dakota, herein referred to as **Wellmark**.

The format of this document is based on the national template designed by participants of the Council for Affordable Quality Healthcare (CAQH) and the Workgroup for Electronic Data Interchange (WEDI) and is used here with their permissions.

## **Preface**

This Companion Guide to v5010 ASC X12N Technical Report Type 3 (TR3) and associated errata adopted under HIPAA clarifies and specifies the data content when exchanging electronically with Wellmark Blue Cross Blue Shield. Transmissions based on this companion guide, used in tandem with the 835 v5010A1 ASC X12N TR3, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides

**Editor's Note:**

This *Companion Guide* is a work in progress. Information found here may change over time. Wellmark reserves the rights to make changes to this *Companion Guide* at any time without notices.

The Change Summary in the Appendix identifies those changes and gives the data and reason for the change. Changes will appear in blue ink in the text on the web and are accompanied by a yellow note in the margin.

The information that appears in the Wellmark Companion Guide is based on current data as is known at the time of its publication. Wellmark will manage this document through updates on the Web at [www.wellmark.com](http://www.wellmark.com). Please check the Change Summary for each document often. Changes to the information that may affect your transmissions are not the responsibility of Wellmark or any of its subsidiaries.

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## 1 Introduction

### Scope

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 *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) 835 Health Care Claim Payment/Advice transaction, Version 5010. This transaction is the accepted standard of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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

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 maybe some instances where the submitter is required to transmit data to us that we do 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.

### Overview

This guide explains how to send HIPAA-AS compliant transactions to Wellmark.

*Getting Started with Wellmark* explains what you need to prepare your environment before transactions can be sent to Wellmark.

*Testing with Wellmark* explains the overview process for sending test transactions such as an eligibility or claim status request. Testing electronic transactions will ensure your success in sending transactions to Wellmark. Testing maybe required before submission of production transactions.

*Connectivity with Wellmark and Communications* gives directions on how to set up your computer and communications system to allow the physical movement of transactions between your organization and Wellmark.

*Control Segment and Envelopes* describes what actually goes into a transaction. This information will be the same for every transaction you send or receive from Wellmark.

*Wellmark Specific Business Rules and Limitations* is where to look for Wellmark's business requirements.

*Acknowledgements and/or Reports* explains what kind of reports are returned for each transmission.

*Trading Partner Agreements* contain general information about Wellmark's trading partner agreement.

### References

To obtain a copy of the ASC X12 Standards Version 5010, contact Washington Publishing Company at 301-949-9740 or at <http://www.wpc-edi.com/>

Another site you may reference is:

[www.wedi.org](http://www.wedi.org) – Workgroup for Electronic Interchange.

### **Additional Information**

Wellmark has a long history of conducting business with electronic submitters who have realized the advantages of submitting information electronically. Those advantages include:

- Faster delivery and receipt of data
- More efficient delivery and receipt of data
- More accurate data based on system edits for correct data formats and required information

Wellmark has contracted with HP for clearinghouse batch services. Business Exchange Services (BES) accepts and forwards electronic transmissions to Wellmark. To learn how this is done, please see “Getting Started” on the next page.

## **2 Getting Started**

### **Working with Wellmark**

This chapter describes how to interact with Wellmark for receiving the HIPAA-AS compliant ANSI 835 Health Care Claim Payment/Advice transaction, Version 5010 via batch files through the HP clearinghouse – Business Exchange Services (BES)

Before you conduct business with us, your organization must first be recognized by Wellmark via a National Provider ID (NPI) for healthcare providers or a group number for employer groups. If your organization acts as both an employer group and a provider, you must use the appropriate number for the business being conducted.

### **Submitter Registration Process**

A Submitter is any covered entity as defined by HIPAA-AS wishing to do business with Wellmark electronically. A submitter maybe acting on the part of a group of covered entities, such as a service bureau or clearinghouse, or maybe submitting inquiries or data for a covered employer group. When you register, you are acting as a “submitter”.

### **Requesting Electronic Registration**

To transmit or receive electronic interchanges with Wellmark you will need to register your NPI with Wellmark. If you are going to receive the Health Care Claim Payment/Advice from Wellmark you must request a submitter number to conduct electronic transactions. If you already submit ANSI 837 claims electronically to Wellmark you already have a submitter number assigned to you or the clearinghouse you work with. You do not need to request a separate submitter number for receiving 835s unless you want to receive these 835s via a different submitter number than you use for your 837 electronic claims.

To obtain a submitter number you can download the required forms from the Wellmark website, [www.wellmark.com](http://www.wellmark.com) or you can contact EC Solutions and they will email or fax a registration packet to you. If you are using a clearinghouse, the clearinghouse will supply registration information.

**Note:** To receive ANSI 835 Health Care Claim Payment/Advice transactions from Wellmark providers must also complete and submit an electronic remittance advice (ERA) enrollment form which is accessible to providers on a secure provider page at Wellmark.com. You can also request to receive your claim payments electronically from Wellmark via EFT (electronics funds transfer) by submitting an electronic funds transfers (EFT) enrollment form which is also available on this secure provider page at Wellmark.com. These CAQH CORE Operating Rule compliant forms allow providers too quickly and easily access and submit requests to Wellmark electronically.

### **Complete the Appropriate Registration Forms**

When you receive the registration packet, you must complete at least the first two forms below. The third form must be completed if you are going to submit/receive batch transactions to/from BES, through another clearinghouse or third party.

*Electronic Transaction Registration Form.* The submitter will need to determine if they need a new submitter number or if they can use an existing one.

*Signature and Audit Agreement.*

*Provider Authorization for Electronic Transactions via Third-Party.* Use this form if the submitter is going through a clearinghouse or other third-party.

Fill out and send at least the first two forms to:

EC Solutions  
PO Box 9232 Mail Station 4W278  
Des Moines, Iowa 50306-9232  
Or  
Email: [ecsolutionsregistration@hp.com](mailto:ecsolutionsregistration@hp.com)  
OR  
Fax to: 800-691-1038

To receive the ANSI 835 Health Care Claim Payment/Advice transactions from Wellmark you must also complete the online electronic remittance advice (ERA) enrollment form as described above.

### **EC Solutions Verifies your Registration**

Once EC Solutions receives your registration packet, the forms will be processed and you will be set up to submit/receive transactions electronically.

EC Solutions will contact you either by phone or email to let you know your electronic registration is complete. In the email, EC Solutions will let you know your submitter identification number and password for both model office and production.

### **Third Party Certification and Testing**

In this portion of the *Companion Guide*, we will discuss the differences between third party certification and third party testing.

#### **Certification**

Certification is a service that allows you to send a test transaction file to a third party for review for HIPAA compliance. If the test file passes the edits of that third party, that third party will issue you a certificate that verifies that at that point in time you have successfully generated HIPAA-AS compliant transactions. This certificate implies that other transactions you may send to other parties will also pass applicable edits.

Wellmark does not require anyone sending or receiving HIPAA-AS transactions to be certified by a third party. However, we strongly recommend third party certification. The process of becoming certified will assist you in determining whether your system is producing compliant transactions.

#### **Third Party Testing**

In lieu of certification, you can contract with a third party to test your transactions. Third party testing allows you to assess how your transactions meet the X12 and HIPAA-AS Implementation Guides standards prior to conducting testing with each of your trading partners.

There are several organizations that offer this service. Two organizations providing this service are:  
Claredi – [www.claredi.com](http://www.claredi.com)  
Edifecs – [www.hipaadesk.com](http://www.hipaadesk.com)

### **Wellmark's Maintenance Schedule**

Wellmark's clearinghouse, BES, has regularly scheduled maintenance windows on the 1<sup>st</sup> and 3<sup>rd</sup> Sunday's of each month. Maintenance would start on these weekend at 5:00 PM Central time and last as long as required however most of the time BES maintenance does not impact the submission or receipt of HIPAA transactions via the BES WEB BBS. When submission or receipt of HIPAA transactions will be impacted, a Message of the Day (MOD) will be posted by BES on their WEB BBS system as far in advance as possible.

Unscheduled down times for emergency maintenance can sometimes occur. When this occurs, Wellmark will post a MOTD (Message of the Day) on the Web BBS.

## **3 Testing with Wellmark**

To ensure an accurate start-up of the electronic process, it is recommended that testing occur between your organization and Wellmark. Testing will reduce the possibility of interruptions in your business processes. If you are already submitting or receiving HIPAA compliant transactions to other entities you maybe able to forgo testing bearing in mind that processing requirements may vary from payer to payer. However, if you are not currently submitting or receiving HIPAA compliant transactions, testing should be considered mandatory.

EC Solutions will test with your organization to ensure the format of your file is correct for submissions to Wellmark. The same test files may be used for ANSI format and business content testing. The receipt of the ANSI 835 Health Care Claim Payment/Advice transaction from the BES Model Office (test) website in response to a test 837 claim file submitted to the same Model Office/test website can be used by your organization to confirm you can properly download the 835 file to your system and load or read the data in it. However it is important that you do not load any TEST 835 date to your production billing system as it could incorrectly update payment information for your claims.

### **Items You Need TO KNOW Before Starting ANSI Testing**

Know your model office ID and password. If you have a model office ID and password and have not used it recently, the password may need to be reset. To obtain a model office ID, have your password reset or if you don't remember your model office ID, please contact EC Solutions.

### **Task You Will Need TO DO Before Starting ANSI Testing**

Create an ANSI test file that includes at least 25 live 837 transactions. Use production data, do not use dummy data. Also, the test file should include sample transactions that accurately reflect your business needs. Wellmark will attempt to process the transactions in our test system to most accurately reflect production outcomes.

For assistance analyzing your **ANSI test results**, please contact EC Solutions.

## 4 Connectivity and Communication with Wellmark

### Process Flows

When you send or receive a HIPAA transaction with Wellmark, it processes through the Business Exchange Services (BES) facility first before being passed to Wellmark or the submitter. The transactions will go through each of the following steps and reports maybe produced within each step indicating if all or part of the transaction data was accepted or rejected. Because the ANSI 835 Health Care Claim Payment/Advice transaction is a transaction being sent from Wellmark to a submitter, Wellmark is the receiver of any error reports for the ANSI 835 so submitters will not see these.

Wellmark and its contracted clearinghouse, BES, will respond to the submission of a transaction file. These responses will be in the form of an electronic transmission posted to your BES mailbox for you to retrieve or if you send through a clearinghouse, they will forward the reports to you. For transactions being sent to Wellmark, acknowledgements will let you know whether or not the file reached the Wellmark's clearinghouse intact in the proper format.

### Step One-Security and File Format Verification

BES will check the transaction file to ensure:

- It is the correct format
- That the sender and receiver are valid (security check)
- The file is not a duplicate file

If there are problems with the format (not a valid ANSI format), or if a duplicate file or security issues are found, a .999 Functional Acknowledgement is created and sent back to the submitter's mailbox.

To understand the .999 report, please refer to the *ANSI Submitters Report Manual*. This manual can be downloaded from the Account Library and reviewed. Instructions on how to access the Account Library will be included in the package sent to you after registration.

### Step Two – HIPAA Compliance

If the transaction passes the security, duplicate file and format check, then BES will edit the transaction to ensure all required data is present and that the file structure is correct as specified by the *Implementation Guide*. This process creates a report called the Transaction Summary Report that details the individual transactions within a transmission that were accepted and rejected. For an understanding of this report, please refer to the *ANSI Submitters Report Manual*. This manual can be downloaded from the Account Library.

### Transmission Administrative Procedures

Business Exchange Services (BES) is available to receive transmissions 7 days a week, 24 hours a day.

### Re-Transmission Procedures

The EC Solutions' Assistance Center can assist you with your electronic transmission to Wellmark. When you receive a .999 Functional Acknowledgement (file rejection), you will need to correct the error or errors in the file and re-transmit the entire file. To avoid the re-transmitted file from being rejected as a duplicate, you must make sure the create date of the file is different than the original rejected file.

When you see rejections for individual transactions on the Transaction Summary Report, you will need to correct these transactions as described in the Transaction Summary Report. You will then need to submit these corrected transactions in another file transmission.

If you receive notice of Wellmark specific transaction issues, please work with EC Solutions or your Wellmark representative to identify the best course of action of resolve and resubmit this data.

### **Communication Protocol Specifications**

After completing an Electronic Transactions Registration form, you will be provided with the URL for the Business Exchange Services (BES) website.

### **Passwords**

The EC Solutions Registration Department will provide a confidential password you will use to gain access to your files on the Business Exchange Services (BES) website. Your password automatically expires every 30 days and you will need to enter a new password in order to gain access to BES.

Password must be a minimum of six (6) characters and/or numbers in length. It should contain at least one (1) numeric character and cannot contain special characters or spaces.

This is your password and should not be shared. If you have reason to believe your security has been compromised, contact EC Solutions.

The number of consecutive attempts to enter an incorrect password is limited, which at that time your password will be disabled. Contact the EC Solutions Assistance Center to regain access. If you lose your password, call the EC Solutions Assistance Center to reset it.

## **5 Contact Information**

### **Missing, Late or Invalid ANSI 835 Health Care Claim Payment/Advice transactions**

If you have questions regarding a missing, late or invalid ANSI 835 please [submit an inquiry](#) using the link located under the section titled “Electronic Claim Transaction Registration/Enrollment Forms” on the Forms link under the Provider Quick Links section on [www.wellmark.com](http://www.wellmark.com).

### **EDI Customer and Technical Services**

The EC Solutions Assistance Center is available to assist you with electronic HIPAA transactions and technical questions. The EC Solutions Assistance Center is available Monday through Friday from 7:00 a.m. to 5:30 p.m Central Time.

You may contact EC Solutions by calling **1-800-407-0267**, by sending a fax to **1-800-691-1038** or by sending an email to [ECsolutionsDSM@HP.com](mailto:ECsolutionsDSM@HP.com) (Please do not send PHI in your email unless you are using the secure email system).

### **Provider Service Number**

For questions concerning billing, benefits or enrollment, or employer groups should contact their designated Network Engagement Contact. You may email us by using the Contact Us feature in the Group Corner of Wellmark.com or call the Provider Service Center at **1-800-362-2218**.

### **Communication and Resources**

Information about forms, training and information on everyday tasks can be found by clicking Provider then Communication and Resources on the Wellmark.com site.

## 6 Control Segments and Envelopes

### ISA-IEA

The ISA segment is the Interchange Header Segment. This segment identifies the sender and receiver for each transaction. This segment also identifies the delimiters used throughout the file. The IEA segment is the Interchange Control Trailer. This segment identifies the end of an interchange of zero or more functional groups and interchange-related segments and is the last segment within the transaction set.

Please use these values when building the ISA segment for transactions submitted to Business Exchange Services (BES):

ISA01 – “00”

ISA02 – Fill with 10 spaces

ISA03 – “00”

ISA04 – Fill with 10 spaces

ISA05 – “ZZ”

ISA06 – Use your 9-digit Submitter ID assigned by EC Solutions

ISA07 – “ZZ”

ISA08 – 88848

For all other ISA and IEA elements, please refer to the HIPAA-AS *Implementation Guides* for specific instructions.

### GS-GE

The GS segment indicates the beginning of a functional group and provider control information. The GE segment indicates the end of a functional group and provides control information.

Please use these values when building the GS segment for transactions submitted to BES.

GS02 – Use your 9-digit Submitter ID assigned by EC Solutions. This will match the value entered in ISA06

GS03 – Use the payer ID 88848. This will match the value entered in ISA08.

For all other GS and GE elements, please refer to the HIPAA-AS *Implementation Guide* for specific instructions.

### ST-SE

The ST segment indicates the start of a transaction set and assigns a control number. The SE segment indicates the end of a transaction set and provides the count of transmitted segments.

For all ST and SE elements please refer to the HIPAA-AS *Implementation Guide* for specific instructions.

## 7 Wellmark Specific Business Rules and Limitations

This purpose of HIPAA-AS is to standardize transactions as much as possible. However, each transaction has data elements that are treated differently by each payer. Wellmark has worked to keep these to a minimum.

There maybe some instances where the submitter is required to transmit data to Wellmark which Wellmark does 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.

Wellmark has created billing guides to explain how to bill for specific services. These guides maybe found on the Wellmark.com website, <http://www.wellmark.com/Provider/CommunicationAndResources/BillingGuides.aspx>

## 8 Acknowledgements and/or Reports

When a batch transaction is transmitted to the Web BBS, the batch is evaluated for formatting errors. If an entire batch errors due to formatting issues, a File Rejection Report (999) is created and the entire transmission of the batch will need to be resubmitted. When the batch is correct, the Web BBS continues to evaluate each transaction within the batch. A single, TXN report is generated for each valid batch transmission. Wellmark will create a response transaction and send back to the Web BBS for submitters to download.

### Reports Inventory

The following reports or transactions will be returned via the Web BBS and will be available for 14 days.

.TXN – Accept and/or reject with the transmission file. Returned for inbound files only.

.999 – Total file rejection report. Returned for inbound files only.

271 – Eligibility Response. Returned in response to a 270 Eligibility Request.

277 – Claim Status Response. Returned in response to a 276 Claim Status Request

278-11 – Health Care Services Review. Returned in Response to a 278-13 Health Care Services Review Request.

835 - Health Care Claim Payment/Advice. Note- This transaction is returned only if a provider has registered with Wellmark to receive this transaction.

## 9 Trading Partner Agreements

A Trading Partner Agreement is not required for batch ANSI 835 Health Care Claim Payment/Advice transactions. For information regarding registering as a submitter to use the Web BBS to submit electronic transactions, contact EC Solutions.

## 10 Transaction Specific Information

This section describes how ASC X12N Implementation Guides (IGs) adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Wellmark Blue Cross Blue Shield has something additional, over and above, the information in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IGs internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, composite or simple data element pertinent to trading electronically with Wellmark Blue Cross Blue Shield.

In addition to the row for each segment, one or more additional rows are used to describe Wellmark Blue Cross Blue Shield's usage for composite and simple data elements and for any other information. Notes and comments will be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

## LEGEND

**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 zero payment  Note: When the method of payment is ACH, the payment will follow the ERA within 3 business days.  For missing, late or invalid 835s see instructions under Section 5 in this Guide.
			ACH			
72		BPR05	Payment Format Code	CCP		
87	1000A	N1	Payer Identification			
87		N102	Name	IA  SD		Wellmark Blue Cross Blue And Blue Shield of Iowa Wellmark Blue Cross Blue And 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
			Communication Number			Contact Wellmark's EC Solutions staff at 800-407-0267 when an expected Electronic Remittance Advice (ERA) is not received or with any other questions you may have regarding your ERA.
98		PER05	Communication Number Qualifier	EM		
95		PER06	Communication Number			<a href="mailto:ecsolutionsdsm@hp.com">ecsolutionsdsm@hp.com</a>

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
			Communication Number			You may contact Wellmark's EC Solutions staff by email ( <a href="mailto:ecsolutionsdsm@hp.com">ecsolutionsdsm@hp.com</a> ) when an expected ERA is not received or with any other questions you may have regarding your ERA.
100	1000A	PER	Payer Website			
100		PER01	Contact Function Code	IC		Wellmark's Website will be displayed when published Medical policy is available and applies to a claim or claims within this remittance.
101		PER03	Communications Number Qualifier	UR		
101		PER04	Communications Number			<a href="http://www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedPoliciesAndAuthorizationsFinder.aspx">www.wellmark.com/Provider/MedPoliciesAndAuthorizations/MedPoliciesAndAuthorizationsFinder.aspx</a>
102	1000B	N1	Payee Identification			
103		N103	Identification Code Qualifier	XX		
103		N104	Payee Identification		10	National Provider Identifier (NPI) as assigned by NPPES
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 22		Processed as Primary Processed as Secondary Denied Reversal of Previous Payment
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 NPPES
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	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 Service Category Values at the end of this section.
			9C			For 9C: This claim level element will be populated when this claim

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						is creating a new A/R with that AR control number.
			CE			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.
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 claims 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			
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)	YYYY12 31		Wellmark will always use December 31 of the current year.
219		PLB03-1	Adjustment Reason Code	WO IR		A/R Recoupments and Cash Receipt Dispositions Backup Withholding.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.

## 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.

## Appendices

### Implementation Checklist

Wellmark suggests submitters use the following information as a checklist of steps to become a Wellmark submitter:

- Read and review this guide
- Register for a Submitter ID
- Contact EC Solutions with any questions regarding testing
- Send at least one batch of test transactions
- Begin submitting production batch transactions

### Frequently Asked Questions

For Frequently Asked Questions, visit the *Electronic Transactions* and *HIPAA-AS Guides* on the Wellmark website. The *Electronic Transactions* and *HIPAA Guides* can be found under the Provider link.