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Wellmark Blue Cross and Blue Shield

HIPAA Transaction Standard Companion Guide Section 2, 837D Coordination of Benefits

Refers to the X12N Implementation Guide ANSI Version
5010A2

Version Number: 1.0

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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.

November 01, 2011

1 Introduction

Wellmark places high priority on making it easy for you to do business with us. Electronic claims submission is one way we can do this. Electronic claims facilitate the transfer of information from your organization to ours in a standard data format. This Section 2-837D Coordination of Benefits (COB) of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) 837 Dental Health Care Claims transaction, Version 5010A2. This transaction is the accepted standard of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Section 1 of the Wellmark Companion Guide provides further information about the process of sending electronic transactions to Wellmark.

The *Wellmark Companion Guide* is to be used alongside the *HIPAA 837D Technical Report Type 3 (TR3)*, which provides comprehensive information needed to create an ANSI 837D 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 following Internet address: http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

The purpose of HIPAA-AS (administrative simplification) 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 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.

Billing the Appropriate 837 Version

Coordination of Benefits claims may be submitted using the following formats:

- 837I (Institutional)
- 837P (Professional)
- 837D (Dental)

In general, facilities bill using the 837I, practitioners use the 837P, and dentists use the 837D.

Dental COB Claims 837D:

Dental COB claims may be submitted with your general population of claims using Receiver ID **88848** (ISA08 and GS03).

When Wellmark is the primary payer, do not include any other payer **payment information** (loop 2320 AMT*D) on the claim. Submitting other payer payment information, even if it is a zero dollar amount, on a **Wellmark primary** claim will cause delays in claim processing.

If you have any questions, call the EC Solutions Assistance Center at 800-407-0267. You may also email the Assistance Center at ecsolutionsdsm@hp.com.

See the following matrix for Wellmark specific requirements regarding various 837D loops and segments for Dental COB claims.

LEGEND for Wellmark Matrix for the 837D COB

SHADED rows represent “segments”; **NON-SHADED** rows represent “data elements.”

“Loop – specific” comments are found in the first segment of the loop.

When the other payer provides payment information at the claim level only, this payment information is to be provided at the claim level (loop 2320). There is no need to create information for the service line detail.

When the other payer provides payment information at the service line level only, this payment information is to be provided at the line level (loop 2430). In addition to the service line payment information, submit the other payer total paid amount at the claim level in loop 2320 (AMT*D).

See exhibit 1 and 2 for claim examples.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C.3		ISA	Interchange Control Header			
C.5		ISA08	Interchange Receiver ID		7	88848
C.7		GS	Functional Group Header			
C.7		GS03	Application Receivers Code		7	88848
111	2000B	SBR	Subscriber Information			
111		SBR01	Payer Responsibility Sequence Number Code	S T	1	Use ‘S’ when Wellmark is processing secondary to another payer. Use ‘T’ when Wellmark is processing Tertiary to two other payers. Use of ‘S’ or ‘T’ in this segment requires completion of loops 2320 , 2330A and 2330B . See TR3 for additional values that may be used when there are 3 or more other payers.
113		SBR09	Claim Filing Indicator Code	BL	1	BL required or the claim will be rejected.
221	2320	SBR	Other Subscriber Information			
222		SBR01	Payer Responsibility Sequence Number Code	P S	1	Use ‘P’ when this payer has already processed this claim primary to Wellmark. Use ‘S’ when another payer has processed primary and this payer has already processed the claim. Reference the TR3 for additional valid values.
224		SBR09	Claim Filing Indicator Code		2	Wellmark uses the claim filing indicator to determine when to coordinate benefits. Reference the TR3 for valid values.
225	2320	CAS	Claim Level Adjustments			(835 loop 2100 CAS01-CAS19)
227 - 230		CAS01- CAS19	Claim Adjustment Group Code and Claim Adjustment Reason Code			When the other payer has processed the claim at the claim level, CAS segments are required in loop 2320.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						When the other payer has processed the claim at the detail line level, CAS segments are required at the 2430 loop.
231	2320	AMT	Claim Level Adjustments			
231		AMT01	Amount Qualifier Code	D	1	Claim level total Other Payer Paid amount must be submitted.
231		AMT02	Monetary Amount			Claim level total Other Payer Paid amount must be submitted. (835 loop 2100 CLP04) When multiple other payers have processed primary to Wellmark, the total other payer paid amount must be indicated. In separate 2320 loops and AMT segments.
239	2330A	NM1	Other Subscriber Name			
241		NM108	Identification code Qualifier	MI		
241		NM109	Identification Code			The other Subscriber ID code is used by Wellmark to coordinate benefits.
246	2330B	NM1	Other Payer Name			
247		NM108	ID code Qualifier	PI		
247		NM109	ID Code			The other payer ID code must be unique when multiple payers are paying primary to Wellmark. Payment information provided at the detail line level must reference this number for each payer. (See also SVD-Line Adjudication Information.)
248	2330B	N3	Other Payer Address			
248		N301	Address Information			Submit when known.
249	2330B	N4	Other Payer City, State, Zip Code			
249-250		N401-N403	City Name; State or Province Code; Postal Code			Submit when known
251	2330B	DTP	Claim Check or Remittance Date			
251		DTP03	Date Time Period	CCYY MMDD		Required when 2430 loop is not created.
341	2430	SVD	Line Adjudication Information			
341		SVD01	Identification Code			This number must match the payer ID from loop 2330B element NM109.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
342		SVD02	Monetary Amount			This segment is required even when the paid amount is zero. The sum of all SVD02 segments must equal 2320 Other Payer Paid amount. (835 loop 2110 SVC03)
345	2430	CAS	CAS-Line Adjustment			(835 loop 2110 CAS01-CAS19)
346 - 350		CAS01-CAS19	Claim Adjustment Group Code	CO PR OA CR PI		CAS-Line Adjustment Segments are required when the other payer does not pay the service amount in full. Failure to report when service line paid amount (SVD02) is not equal to 100% of billed amount may result in claim rejection. Wellmark will utilize the other payer provider write off (CO45) amounts when reporting payment information on Wellmark's 835 transactions.
351	2430	DTP	Line Check or Remittance Date			
351		DTP03	Claim Adjustment Group Code	CCYY MMDD		Required when the 2430 loop is used.

Exhibit 1: 837D COB claim: Where other payer payment information is provided at the claim level only. This exhibit is for demonstration purposes only not all loops and segments may be listed. Fictitious names and ID numbers were used and are not intended to match or resemble any Wellmark Member or Provider.

Loop	Segment and Data elements	Segment Name and Notes
ISA	ISA*00* *00* *ZZ*000033333 *ZZ*88848 *121230*1412*^*00501*000001709*1*P*:	Interchange Control Header
GS	GS*HC*000033333*88848*20121230*1412*1709*X*005010 X224A2	Functional Group Header
2000A	HL *1**20*1	BILLING PROVIDER HIERARCHICAL LEVEL
2010AA	NM1*85*2*XYZ PROVIDER*****XX*1111111111	BILLING PROVIDER NAME
2010AA	N3*111 MAIN ST SUITE 100	BILLING PROVIDER ADDRESS
2010AA	N4*DES MOINES*IA*503090000	BILLING PROVIDER CITY, STATE, ZIP CODE
2010AA	REF*EI*999999999	BILLING PROVIDER TAX IDENTIFICATION
2000B	HL *2*1*22*0	SUBSCRIBER HIERARCHICAL LEVEL
2000B	SBR*S*18*11111*****BL	SUBSCRIBER INFORMATION <i>When something other than 'P' (primary) is given in SBR01, loops 2320, 2330A and 2330B are required. BL must be submitted in SBR09 or claim will be rejected.</i>
2010BA	NM1*IL*1*SUBSCRIBER*JOHN****MI*R99999999	SUBSCRIBER NAME
2010BA	N3*111 FIRST ST	SUBSCRIBER ADDRESS
2010BA	N4*DES MOINES*IA*50315	SUBSCRIBER CITY, STATE, ZIP CODE
2010BA	DMG*D8*19591206*M	SUBSCRIBER DEMOGRAPHIC

Loop	Segment and Data elements	Segment Name and Notes
		INFORMATION.
2010BB	NM1*PR*2*WELLMARK BCBS OF IA****PI*88848	PAYER NAME
2300	CLM*PATIENT-1*212***22:B:1*Y*A*Y*Y	Claim Information <i>Total billed amount used to balance see also Claim Level Adjustments and COB Payer Paid amount in loop 2320.</i>
2310B	NM1*82*1*RENDERING*PROV*D***XX*3333333333	RENDERING PROVIDER
2310B	PRV*PE*PXC*2085R0202X	RENDERING PROVIDER SPECIALTY
2320	SBR*P*18*730046*****CI	OTHER SUBSCRIBER INFORMATION <i>This payer is primary to Wellmark therefore payment info is expected.</i>
2320	CAS*CO*45*63.6	CLAIM LEVEL ADJUSTMENTS <i>Total sum of CAS amounts + AMT*D amount = Total Billed amount (for balancing)</i>
2320	CAS*PR*2*29.68	CLAIM LEVEL ADJUSTMENTS <i>Total sum of CAS amounts + AMT*D amount = Total Billed amount (for balancing)</i>
2320	AMT*D*118.72	COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT <i>Total sum of CAS amounts + AMT*D amount = Total Billed amount (for balancing)</i>
2320	OI***Y***Y	OTHER INSURANCE COVERAGE INFORMATION
2330A	NM1*IL*1*SUBSCRIBER*JOHN****MI*101010101	OTHER SUBSCRIBER NAME
2330B	N3*111 FIRST ST	OTHER SUBSCRIBER ADDRESS
2330B	N4*DES MOINES*IA*50315	OTHER SUBSCRIBER CITY, STATE, ZIP CODE
2330B	NM1*PR*2*PAYER ONE****PI*99999	OTHER PAYER NAME
2330B	N3*222 MAIN	OTHER PAYER ADDRESS
2330B	N4*DES MOINES*IA*503099998	OTHER PAYER CITY, STATE, ZIP CODE
2330B	DTP*573*D8*20120115	CLAIM CHECK OR REMITTANCE DATE <i>Required at claim level when payment information is given at claim level only.</i>
2400	LX*1	SERVICE LINE NUMBER-1
2400	SV3*AD:D0120*45****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE01 SUBONE-1	LINE ITEM CONTROL NUMBER
2400	LX*2	SERVICE LINE NUMBER-2
2400	SV3*AD:D0274*57****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE02 SUBONE-1	LINE ITEM CONTROL NUMBER
2400	LX*3	SERVICE LINE NUMBER-3
2400	SV3*AD:D1110*84****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE03 SUBONE-1	LINE ITEM CONTROL NUMBER
2400	LX*4	SERVICE LINE NUMBER-4

Loop	Segment and Data elements	Segment Name and Notes
2400	SV3*AD:D1204*26****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE04 SUBONE-1	LINE ITEM CONTROL NUMBER

Exhibit 2: 837D COB claim: Where other payer payment information is provided at the service line level only. This exhibit is for demonstration purposes only not all loops and segments may be listed. Fictitious names and ID numbers were used and are not intended to match or resemble any Wellmark Member or Provider.

Loop	Segment and Data elements	Segment Name and Notes
ISA	ISA*00* *00* *ZZ*000033333 *ZZ*88848 *121230*1412*^00501*000001709*1*P*:	Interchange Control Header
GS	GS*HC*000033333*88848*20121230*1412*1709*X*005010 X224A2	Functional Group Header
2000A	HL*1**20*1	BILLING PROVIDER HIERARCHICAL LEVEL
2010AA	NM1*85*2*XYZ PROVIDER*****XX*1111111111	BILLING PROVIDER NAME
2010AA	N3*111 MAIN ST SUITE 100	BILLING PROVIDER ADDRESS
2010AA	N4*DES MOINES*IA*503090000	BILLING PROVIDER CITY, STATE, ZIP CODE
2010AA	REF*E1*999999999	BILLING PROVIDER TAX IDENTIFICATION
2000B	HL*2*1*22*0	SUBSCRIBER HIERARCHICAL LEVEL
2000B	SBR*S*18*11111*****BL	SUBSCRIBER INFORMATION <i>When something other than 'P' (primary) is given in SBR01, loops 2320, 2330A and 2330B are required. BL must be submitted in SBR09 or claim will be rejected.</i>
2010BA	NM1*IL*1*SUBSCRIBER*JOHN****MI*R99999999	SUBSCRIBER NAME
2010BA	N3*111 FIRST ST	SUBSCRIBER ADDRESS
2010BA	N4*DES MOINES*IA*50315	SUBSCRIBER CITY, STATE, ZIP CODE
2010BA	DMG*D8*19591206*M	SUBSCRIBER DEMOGRAPHIC INFORMATION.
2010BB	NM1*PR*2*WELLMARK BCBS OF IA*****PI*88848	PAYER NAME
2300	CLM*PATIENT-2*212***22:B:1*Y*A*Y*Y	Claim Information <i>Total billed amount used to balance see also Claim Level Adjustments and COB Payer Paid amount in loop 2320.</i>
2310B	NM1*82*1*RENDERING*PROV*D***XX*333333333	RENDERING PROVIDER
2310B	PRV*PE*PXC*2085R0202X	RENDERING PROVIDER SPECIALTY
2320	SBR*P*18*730046*****CI	OTHER SUBSCRIBER INFORMATION <i>This payer is primary to Wellmark therefore payment info is expected.</i>
2320	AMT*D*118.72	COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT <i>Total other payer paid amount must be the sum of all loop 2430 SVD02 amounts.</i>
2320	OI***Y***Y	OTHER INSURANCE COVERAGE INFORMATION

Loop	Segment and Data elements	Segment Name and Notes
2330A	NM1*IL*1* SUBSCRIBER*JOHN****MI*101010101	OTHER SUBSCRIBER NAME
2330B	N3*111 FIRST ST	OTHER SUBSCRIBER ADDRESS
2330B	N4*DES MOINES*IA*50315	OTHER SUBSCRIBER CITY, STATE, ZIP CODE
2330B	NM1*PR*2* PAYER ONE****PI*99999	OTHER PAYER NAME
2330B	N3*222 MAIN	OTHER PAYER ADDRESS
2330B	N4*DES MOINES*IA*503099998	OTHER PAYER CITY, STATE, ZIP CODE
2400	LX*1	SERVICE LINE NUMBER-1
2400	SV3*AD:D0120*45****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE01 SUBTWO-1	LINE ITEM CONTROL NUMBER
2430	SVD* 99999*25.20 *AD:D0120**1	LINE ADJUDICATION INFORMATION <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*CO*45*13.50	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*PR*2*6.30	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	DTP*573*D8*20120115	CLAIM CHECK OR REMITTANCE DATE <i>Required at service line level when loop 2430 is used.</i>
2400	LX*2	SERVICE LINE NUMBER-2
2400	SV3*AD:D0274*57****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE02 SUBTWO-1	LINE ITEM CONTROL NUMBER
2430	SVD* 99999*31.92 *AD:D0274**1	LINE ADJUDICATION INFORMATION <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*CO*45*17.10	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*PR*2*7.98	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	DTP*573*D8*20120115	CLAIM CHECK OR REMITTANCE DATE <i>Required at service line level when loop 2430 is used.</i>
2400	LX*3	SERVICE LINE NUMBER-3
2400	SV3*AD:D1110*84****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE03 SUBTWO-1	LINE ITEM CONTROL NUMBER
2430	SVD* 99999*47.04 *AD:D1110**1	LINE ADJUDICATION INFORMATION <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*CO*45*25.20	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>

Loop	Segment and Data elements	Segment Name and Notes
		<i>amount (for balancing)</i>
2430	CAS*PR*2*11.76	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	DTP*573*D8*20120115	CLAIM CHECK OR REMITTANCE DATE <i>Required at service line level when loop 2430 is used.</i>
2400	LX*4	SERVICE LINE NUMBER-4
2400	SV3*AD:D1204*26****1	PROFESSIONAL SERVICE
2400	DTP*472*D8*20120101	SERVICE DATE
2400	REF*6R*LINE04 SUBTWO-1	LINE ITEM CONTROL NUMBER
2430	SVD*99999*14.56*AD:D1204**1	LINE ADJUDICATION INFORMATION <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*CO*45*7.80	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	CAS*PR*2*3.64	LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>
2430	DTP*573*D8*20120115	CLAIM CHECK OR REMITTANCE DATE <i>Required at service line level when loop 2430 is used.</i>