
Wellmark, Inc.

HIPAA Transaction
Standard Companion Guide
Section 2, 837 Professional

Refers to the X12N Implementation Guide
ANSI Version 4010A1

Version Number: 1.03

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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. When changes are made, the Change Summary on the last page of this section identifies those changes and gives the date and reason for the change. Changes also appear in blue text on the web and are accompanied by a yellow note in the margin.

August 1, 2003

1 Introduction

We want to make it easy for you to do business with us. Electronic claims submission is the best way to make business transactions easy. Electronic claims facilitate the transfer of information from your organization to ours in a standard data format. This Section 2 for the 837P (Professional) of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) Professional Claim 837 transaction, Version 4010A1. This 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 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 will go through EDS EC Solutions 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, most commonly referred to as the UB-92 claim format)
- 837P (Professional, most commonly referred to as the CMS-1500 [HCFA-1500])
- 837D (Dental, most commonly referred to as the ADA Dental Claim Form)
- 837COB (Coordination of Benefits transaction. Currently, Wellmark uses this transaction only for Medicare-crossover claims.)

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 on the 837P, facilities on the 837I and dentists on the 837D.

837 Professional Transaction Version	Iowa	South Dakota
Advanced Registered Nurse Practitioner ³	X	X
- Certified Registered Nurse Anesthetist	X	X
- Nurse Practitioner ³	X	X
- Certified Nurse Midwife	X	X
- Certified Clinical Nurse Specialist ³	X	
Ambulance Services	X	X
Community Mental Health Center	X	X
Dentists ²	X	X
Doctor of Chiropractic	X	X
Doctor of Osteopathic Medicine ³	X	X
Freestanding Magnetic Resonance Imaging Facility	X	
Freestanding (FS) Radiology Center	X	
-FS CT Scan Center	X	
-FS Mammography Center	X	
-FS PET Scan Center	X	
-FS Portable X-Ray	X	
-FS Radiation Oncology Center	X	
-FS Radiology Center	X	
-FS Ultrasound Center	X	
Home Infusion Therapy Provider	X	X
Home Medical Equipment Supplies & Services Provider	X	X
Independent Laboratory	X	X
Medical Doctor ³	X	X
Occupational Therapist	X	
Optometrist	X	X
Oral /Maxillofacial Pathologist	X	X
Oral Surgeon	X	X
Orthotics and Prosthetics Supplier	X	X
Physical Therapist ⁴	X	X
Physician Assistant ³	X	X
Podiatrist	X	X
Psychologist (PhD, PsyD, EdD) with an HSP in Iowa		X
Qualified Mental Health Provider in South Dakota	X	
Social Worker (LISW, LCSW)	X (WHPI) ¹	
-Private Independent Practice (PIP)		X

1. File claims for Blue Advantage, Blue Access and Blue Choice members only for this provider type in Iowa.
2. Dentists may file 837P when submitting claims for Wellmark members with accidental injuries involving the teeth.
3. Wellmark does not recognize Medicare's designation of Rural Health Clinics. Instead, the eligible provider delivering the service should submit the claim to Wellmark.
4. Wellmark does not recognize Medicare's designation of Comprehensive Rehabilitation Facilities (CORFs). Instead, the eligible provider delivering the service should submit the claim to Wellmark.

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

LEGEND for Wellmark Matrix for the 837P

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	Submitter Identification Number		9	Use leading zeros to make 9-digit code.
74	1000B	NM1	Receiver Name			
75		NM109	Receiver Primary Identifier	88848		Wellmark Blue Cross and Blue Shield
91	2010AA	REF	Billing Provider Name			
92		REF01	Reference Identification Qualifier	1B		Blue Shield Provider Number
92		REF02	Reference Identification		5 7	Iowa providers use 5-digit provider number. South Dakota providers use 7-digit provider number.
106	2010AB	REF	Pay to Provider Secondary Identification			
107		REF01	Reference Identification Qualifier	1B		Blue Shield Group or Clinic Provider Number when providers share the same tax identification number.
		REF02	Reference Identification		5 7	Iowa providers use 5-digit provider number. South Dakota providers use 7-digit provider number.
111	2000B	SBR	Subscriber Information			
113		SBR09	Claim Filing Indicator Code	BL 13 HM		Blue Cross/Blue Shield Point of Service Health Maintenance Organization
124		DMG	Subscriber Demographic Information			
125		DMG03	Subscriber Gender Code	M F		Wellmark does not use “U” for “unknown.”
130	2010BB	NM1	Payer Name			
131		NM108	Identification Code Qualifier	PI		
131		NM109	Identification Code	88848		Identifies Wellmark Blue Cross and Blue Shield.
170	2300	CLM	Claim Information			
172		CLM02	Total Claim Charge Amount			Zero is not a valid amount for on the individual service line or total charge.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
188	2300	DTP	Date-Onset of Current Illness/Symptom			
		DTP01	Onset of Current Illness or Symptom			Wellmark requires for medical emergencies reported within 72 hours of onset.
		DTP02	Date Time Period Format Qualifier	D8		
194		DTP	Accident Date			
		DTP01	Date/Time Qualifier			Wellmark requires for accidental injuries reported within 72 hours of the injury.
194		DTP02	Date Time Period Format Qualifier	D8		

For More Billing Information

Check out the *Wellmark Provider Guide* and the *Practitioner Guide* or other specialty guides found under Provider Guides in the Provider Corner at <http://www.wellmark.com/HIPAA/278CG.pdf>.

Summary of Comments on 080103-837 Professional Companion Guide

Page: 4

Sequence number: 1

Author: Update

Date: 4/29/2003 4:41:40 PM

Type: Note

Use 88848 to identify Wellmark Blue Cross and Blue Shield.

Sequence number: 2

Author: Update

Date: 7/25/2003 10:23:56 AM

Type: Note

Reminder to use leading zeros to create 9-digit submitter number.