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Wellmark Blue Cross and Blue Shield

HIPAA Transaction Standard
Companion Guide

Section 2, 837 Dental

Refers to the X12N Technical Report ANSI Version 5010A2

Version Number: 2.0

[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.

January 2022

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 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).

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 837 Dental 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/licensed by accessing the following Internet address: https://X12.org/products.](https://X12.org/products)

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 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.

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 [Availity](#) for clearinghouse batch services. [Availity](#) accepts and forwards electronic transmissions to and from Wellmark.

To transmit or receive electronic interchanges with Wellmark you will need to Credential with Wellmark and register your NPI and Tax ID. For questions concerning credentialing or network participation, access [Wellmark.com/Provider/Credentialing and Enrollment](#).

If you have questions regarding missing or rejected 837-transactions please contact Wellmark Technical Support by calling 1-800-407-0267 or email techsupport@wellmark.com. Wellmark Technical Support is available Monday through Friday from 7:00 a.m. to 5:30 p.m.

Billing the Appropriate 837 Version

There are four versions of the 837-transaction:

- 837I (Institutional)
- 837P (Professional)
- 837D (Dental)
- 837COB (Coordination of Benefits claims in all three of the above versions are now accepted by Wellmark. See the Wellmark 837 Coordination of Benefits Companion guide for additional information.)

When to submit as an 837P

Dental charges should be submitted in the 837P format when benefits will be covered as a medical claim, rather than a dental claim. Examples would include oral and maxillofacial surgery and accident care.

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.

The following matrix should be reviewed to determine what data elements are optional or uniquely identify Wellmark.

LEGEND for Wellmark Matrix for the 837D

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

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

Add information regarding payer ID loop 2010BB

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
74	1000B	NM1	Receiver Name			
75		NM109	Identification Code		5	Wellmark Receiver ID-88848
82	2010AA	NM1	Billing Provider Name			
84		NM108	Identification Code Qualifier	XX		
85		NM109	Identification Code		10	National Provider Identifier (NPI) as assigned by NPPES Your NPI must be reported to Wellmark prior to submission of claims. Claims will not be processed for reimbursement until the NPI has been communicated to Wellmark and loaded to Wellmark's Provider System.
86	2010AA	N3	Billing Provider Address			
86		N301	Address Information		9	Provider must submit a street address, do not submit PO Box in Address 1. Wellmark utilizes the provider's billing/accounting address from Wellmark's provider files to remit claims payment.
95	2010AA	N4	Billing Provider City, State, Zip Code			
96		N403	Postal Code		9	Providers must submit the 9-digit zip code When the last 4-digits are unknown, Wellmark will accept 9998 as gap fill.
97	2010AA	REF	Billing Provider Tax Identification			
97		REF01	Reference Identification Qualifier	EI SY		EI- Employer's Identification Number (TIN) SY- Social Security Number (SSN)
97		REF02	Reference Identification		9	Provider submit 9-digit TIN/SSN Wellmark uses the billing provider TIN along with the claim service dates and the reported NPI to positively identify the billing provider.
103	2010AB	N3	Pay To Address-Address			
103		N301	Address Information			Wellmark utilizes the provider's billing/accounting address from

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
						<i>Wellmark's provider files to remit claims payment.</i>
111	2000B	SBR	Subscriber Information			
113		SBR09	Claim Filing Indicator Code	BL	2	<i>BL - Blue Cross/Blue Shield</i>
120	2010BA	DMG	Subscriber Demographic Information			
121		DMG03	Gender Code	M F U	1	<i>Submit when the subscriber is also the patient.</i>
124	2010BB	NM1	Payer Name			
124		NM108	Identification Code Qualifier	PI		
125		NM109	Identification Code		5	<i>Wellmark Receiver ID-88848</i>
142	2010CA	DMG	Patient Demographic Information			
143		DMG03	Gender Code	M F U	1	<i>Submit when the patient is different than the subscriber.</i>
145	2300	CLM	Claim Information			
147		CLM02	Monetary Amount			<i>Total Claim Charge Amount: Wellmark requires the total billed charge to be greater than zero.</i>
152	2300	DTP	Date - Accident			
152		DTP01	Date/Time Qualifier	439		<i>Wellmark requires for accidental injury to be reported within 72 hours of the injury</i>
152		DTP03	Date Time Period			<i>Format: CCYYMMDD</i>
282	2400	SV3	Dental Service			
284		SV302	Monetary Amount			<i>Wellmark requires the service line billed charge to be greater than zero.</i>