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# Wellmark Blue Cross and Blue Shield

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

Refers to the X12N Implementation Guide ANSI Version  
5010A2

**Version Number: 3.0**

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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.

**January 10, 2018**

Wellmark Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

# 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 2-837I Coordination of Benefits (COB) of the *Wellmark Companion Guide* provides information about the American National Standards Institute (ANSI) 837 Professional 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 837P Technical Report Type 3 (TR3)*, which provides comprehensive information needed to create an ANSI 837P 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](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 use the 837I, practitioners bill using the 837P, and dentists use the 837D.

## **Medicare Part A 837I COB Claims:**

Wellmark contracts with Medicare's Coordination of Benefits Contractor –COBC to facilitate the automated crossover of Medicare COB claims to Wellmark. Based on this agreement your Medicare Remittance Advice will indicate the claims are automatically crossed over to Wellmark. Approximately 99 percent of all claims that Medicare identifies for crossover, as cited on your Medicare Remittance Advice, actually are crossed over by the COBC. The remaining percentage error out at the COBC due to HIPAA compliance issues or related data errors, resulting in the provider, physician, or supplier's receipt of a Medicare-generated special notification letter specifying the reason for the claim's failure to cross over.

All providers, physicians, and suppliers need to allow sufficient time for the Medicare crossover process to work—approximately 15 work days after Medicare's reimbursement is made, as stated in MLN Matters Article SE0909 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0909.pdf>) — **before** attempting to balance bill Wellmark. **Do not balance bill** until you have received written confirmation from Medicare that your patients' claims **will not** be crossed over, or you have received a special notification letter explaining why specified claims cannot be crossed over. Remittance Advice Remark Codes MA18 or N89 on your Medicare Remittance Advice (MRA) represent Medicare's intention to cross your patients' claims over. Medicare will continue to issue supplemental notifications to all participating providers, physicians, and suppliers informing them if claims targeted for crossover, as evidenced by MA18 or N89 on the MRA, do not actually result in successful crossover transmissions.

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](mailto:ecsolutionsdsm@hp.com)

In the event the claim is not crossed over to Wellmark from the COBC, you will be responsible for submitting the Medicare COB claim to Wellmark.

See the following Matrix for Wellmark specific requirements regarding various 837I loops and segments for Medicare Part-A COB Claims.

## LEGEND for Wellmark Matrix for the 837I Medicare COB

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

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

When Medicare Part A is the primary payer, Medicare provides payment information at the claim level and line level, depending on where the services are rendered. For inpatient claims, Medicare provides payment information at the claim level only. For outpatient claims, Medicare provides payment information at both the claim and line level. Medicare payment information is to be created in the same manner when submitting Medicare COB claims directly to Wellmark. See exhibits 1 and 2 for claim examples.

**Note:** When submitting Medicare COB claims to Wellmark, these claims may be placed in the same file as other 837 formatted claims but must be placed in a separate functional group (GS-GE) and a special **Application Receiver's Code or Receiver ID (88848MC)** is to be used in the **GS03** element. If Medicare COB claims are not submitted using this Receiver ID in the GS03 segment, the claims will be rejected and not allowed into Wellmark's system. When **Non-Medicare COB claims** are submitted in a functional group using submitter ID 88848MC, these claims will also reject out of the Wellmark system.

| Page # | Loop ID | Reference | Name                                      | Codes  | Length | Notes/Comments                                                                                                                                                                                                                                                                                                                 |
|--------|---------|-----------|-------------------------------------------|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C.3    |         | ISA       | Interchange Control Header                |        |        |                                                                                                                                                                                                                                                                                                                                |
| C.5    |         | ISA08     | Interchange Receiver ID                   |        | 7      | <b>88848 or 88848MC</b>                                                                                                                                                                                                                                                                                                        |
| C.7    |         | GS        | Functional Group Header                   |        |        |                                                                                                                                                                                                                                                                                                                                |
| C.7    |         | GS03      | Application Receivers Code                |        | 7      | <b>88848MC</b> -Wellmark requires 88848MC be submitted in the <b>GS03</b> segment for Medicare COB claims. Failure to submit these claims with this value will result in claim rejection. <b>All claims submitted within this same functional group (GS-GE) must be Medicare COB claims or they will reject.</b>               |
| 109    | 2000B   | SBR       | Subscriber Information                    |        |        |                                                                                                                                                                                                                                                                                                                                |
| 109    |         | SBR01     | Payer Responsibility Sequence Number Code | S<br>T | 1      | Use 'S' when Wellmark is processing secondary to Medicare. Use 'T' when Wellmark is processing Tertiary to another payer and Medicare. Use of 'S' or 'T' in this segment requires completion of loops <b>2320, 2330A and 2330B</b> . See the TR3 for additional values that may be used when there are 3 or more other payers. |
| 110    |         | SBR09     | Claim Filing Indicator Code               | BL     | 2      | BL required or the claim will be rejected.                                                                                                                                                                                                                                                                                     |
| 354    | 2320    | SBR       | Other Subscriber Information              |        |        |                                                                                                                                                                                                                                                                                                                                |

| Page #    | Loop ID | Reference   | Name                                                         | Codes                      | Length | Notes/Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|---------|-------------|--------------------------------------------------------------|----------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 355       |         | SBR01       | Payer Responsibility Sequence Number Code                    | P<br>S                     | 1      | Use 'P' when Medicare has processed the claim first.<br><br>Use 'S' when Medicare has processed the claim secondary to another payer. Reference the TR3 for additional valid values.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 356       |         | SBR09       | Claim Filing Indicator Code                                  | MA                         | 10     | <b>MA</b> is required in <b>SBR09</b> to identify the payer as Medicare Part A. If this is not received, the claim will be rejected. Reference the TR3 for additional codes when another payer has paid primary to Medicare.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 358       | 2320    | CAS         | Claim Level Adjustments                                      |                            |        | (835 loop 2100 CAS01-CAS19)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 360 - 363 |         | CAS01-CAS19 | Claim Adjustment Group Code and Claim Adjustment Reason Code | CO<br>PR<br>OA<br>CR<br>PI |        | Claim level CAS segments are required on Medicare Part A Inpatient claims. Claim level CAS segments <b>are not</b> required for Medicare Part A Outpatient claims. <i>For Outpatient claims see loop 2430 CAS segments.</i><br><br>The Claim level CAS amounts are used for Inpatient claim balancing.<br>The sum total of all CAS amounts + Medicare Paid amount must = Total billed amount or claim will be rejected.<br><b>Report all CAS segments as Medicare has provided. Do not total like Adjustment Group Codes together with a single amount or claim may be rejected.</b><br><br>If another payer has processed primary to Medicare, CAS codes may be submitted at the claim level and or line level depending on how the other payer has reported these codes. |
| 364       | 2320    | AMT         | Claim Level Adjustments                                      |                            |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 364       |         | AMT01       | Amount Qualifier Code                                        | D                          | 1      | Claim level total Medicare Paid amount must be submitted for both Inpatient and Outpatient claims.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 364       |         | AMT02       | Monetary Amount                                              |                            |        | Failure to submit the claim level Medicare Paid amount will result in claim rejection.<br>(835 loop 2100 CLP04)<br><br>The Medicare paid amount is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Page #  | Loop ID | Reference | Name                                           | Codes        | Length | Notes/Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------|---------|-----------|------------------------------------------------|--------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |         |           |                                                |              |        | used in balancing.<br><b>For inpatient claims</b> , the Medicare Paid amount + the sum of all CAS amounts must = the Total Billed amount. Or the claim will be rejected.<br><b>For outpatient claims</b> the sum total of all loop 2430 SVD02 segments must equal the claim level Medicare paid amount or the claim will be rejected.<br><br>When another payer has processed primary to Medicare, the total other payer paid amount must be indicated. In a separate 2320 loop and AMT segment. |
| 384     | 2330B   |           | Other Payer Name                               |              |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 385     |         | NM108     | ID code Qualifier                              | PI           |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 385     |         | NM109     | ID Code                                        |              |        | The other payer ID code must be unique when another payer is paying primary to Medicare.<br><br>Payment information provided at the detail line level must reference this number for each payer. (See also SVD- Line Adjudication Information.)                                                                                                                                                                                                                                                  |
| 386     | 2330B   | N3        | Other Payer Address                            |              |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 386     |         | N301      | Address Information                            |              |        | Submit when known.                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 387     | 2330B   | N4        | Other Payer City, State, Zip Code              |              |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 387-388 |         | N401-N403 | City Name; State or Province Code; Postal Code |              |        | Submit when known                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 389     | 2330B   | DTP       | Claim Check or Remittance Date                 |              |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 389     |         | DTP03     | Date Time Period                               | CCYY<br>MMDD |        | Remittance date is required at the claim level for Inpatient claims.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 476     | 2430    | SVD       | Line Adjudication Information                  |              |        | The SVD segment is required for all outpatient claims.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 476     |         | SVD01     | Identification Code                            |              |        | This number must match the payer ID from loop 2330B element NM109.                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 477     |         | SVD02     | Monetary Amount                                |              |        | This segment is required for outpatient claims even when the paid amount is zero. Failure to report the SVD segment will result in claim rejection.                                                                                                                                                                                                                                                                                                                                              |

| Page #    | Loop ID | Reference    | Name                          | Codes                      | Length | Notes/Comments                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------|---------|--------------|-------------------------------|----------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |         |              |                               |                            |        | (835 loop 2110 SVC03)<br><br><b>For outpatient claims,</b> This segment is used for balancing. The line paid amount + total of line CAS amounts must = line billed amount. In addition the sum of all SVD02 segments must equal 2320 Medicare Paid amount.                                                                                                                                                                                                                 |
| 480       | 2430    | CAS          | CAS-Line Adjustment           |                            |        | The CAS-Line Adjustment Segments are required for all outpatient claims when Medicare has not paid the service in full.                                                                                                                                                                                                                                                                                                                                                    |
| 481 - 485 |         | CAS01- CAS19 | Claim Adjustment Group Code   | CO<br>PR<br>OA<br>CR<br>PI |        | Failure to report when service line paid amount (SVD02) is not equal to 100% of service billed amount will result in claim rejection.<br>(835 loop 2110 CAS01-CAS19)<br><b>Report all CAS segments as Medicare has provided. Do not total like Adjustment Group Codes together with a single amount or claim may be rejected.</b><br><br>This segment is used for balancing outpatient claims. The line paid amount + total of line CAS amounts must = line billed amount. |
| 486       | 2430    | DTP          | Line Check or Remittance Date |                            |        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 486       |         | DTP03        | Date Time Period              | CCYY<br>MMDD               |        | The service level remittance date is required on all outpatient claims                                                                                                                                                                                                                                                                                                                                                                                                     |

**Exhibit 1: Following is an Inpatient Medicare Primary COB claim: Where Wellmark is secondary to Medicare.** 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* <b>88848MC</b><br>*121230*0034*^*00501*000001315*0*T*: | INTERCHANGE CONTROL HEADER. 88848 or <b>88848MC</b>                                         |
| GS     | GS*HC*000033333* <b>88848MC</b> *20121230*003407*1315*X*<br>005010X223A2               | FUNCTIONAL GROUP HEADER. <b>88848MC must be used in the GS03 or claim will be rejected.</b> |
| 2000A  | HL*1**20*1                                                                             | BILLING PROVIDER HIERARCHICAL LEVEL                                                         |
| 2010AA | NM1*85*2*XYZ PROVIDER*****XX*1111111111                                                | BILLING PROVIDER NAME                                                                       |

| Loop   | Segment and Data elements                   | Segment Name and Notes                                                                                                                                                                                                                   |
|--------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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*****BL                             | SUBSCRIBER INFORMATION<br><i>When 'S' is given in SBR01, loops 2320, 2330A and 2330B are required</i>                                                                                                                                    |
| 2010BA | NM1*IL*1*SUBSCRIBER*JOHN****MI*XQQ123AD4567 | SUBSCRIBER NAME                                                                                                                                                                                                                          |
| 2010BA | N3*111 FIRST ST                             | SUBSCRIBER ADDRESS                                                                                                                                                                                                                       |
| 2010BA | N4*DES MOINES*IA*50315                      | SUBSCRIBER CITY, STATE, ZIP CODE                                                                                                                                                                                                         |
| 2010BA | DMG*D8*19191206*M                           | SUBSCRIBER DEMOGRAPHIC INFORMATION                                                                                                                                                                                                       |
| 2010BB | NM1*PR*2*WELLMARK BCBS OF IA****PI*88848MC  | PAYER NAME                                                                                                                                                                                                                               |
| 2300   | CLM*PATIENT-1*4681.7***13:A:1**A*Y*Y        | Claim Information<br><i>Total billed amount used to balance. The sum of all claim level CAS amounts + Medicare Paid amount must = total billed amount. In addition, the sum of all SV102 amounts must equal the total billed amount.</i> |
| 2300   | DTP*434*RD8*20121108-20121108               | STATEMENT DATES                                                                                                                                                                                                                          |
| 2320   | SBR*P*18**MEDICARE*****MA                   | OTHER SUBSCRIBER INFORMATION<br><i>This payer is primary to Wellmark therefore payment info is expected. The SBR09 must be 'MA' for Medicare Institutional COB claims or claim will reject.</i>                                          |
| 2320   | CAS*CO*45*-2272.3                           | CLAIM LEVEL ADJUSTMENTS                                                                                                                                                                                                                  |
| 2320   | CAS*PR*1*1132                               | CLAIM LEVEL ADJUSTMENTS                                                                                                                                                                                                                  |
| 2320   | AMT*D*5822                                  | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT<br><i>Total Medicare paid amount + Total CAS amounts must = the total billed amount (CLM02) or claim will reject.</i>                                                                   |
| 2320   | OI***Y***Y                                  | OTHER INSURANCE COVERAGE INFORMATION                                                                                                                                                                                                     |
| 2320   | MIA*3*****MA02*****3                        | INPATIENT ADJUDICATION INFORMATION                                                                                                                                                                                                       |
| 2330A  | NM1*IL*1*SUBSCRIBER*JOHN****MI*101010101A   | 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*MEDICARE PAYER*****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<br><i>Required at claim level as loop 2430 is not used.</i>                                                                                                                                               |
| 2400   | LX*1                                        | SERVICE LINE NUMBER-1                                                                                                                                                                                                                    |

| Loop | Segment and Data elements | Segment Name and Notes     |
|------|---------------------------|----------------------------|
| 2400 | SV2*0120**1935*DA*3       | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*2                      | SERVICE LINE NUMBER-2      |
| 2400 | SV2*0250**646.25*UN*13    | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*3                      | SERVICE LINE NUMBER-3      |
| 2400 | SV2*0259**34.45*UN*8      | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*4                      | SERVICE LINE NUMBER-4      |
| 2400 | SV2*0270**766*UN*1        | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*5                      | SERVICE LINE NUMBER-5      |
| 2400 | SV2*0410**642*UN*9        | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*6                      | SERVICE LINE NUMBER-6      |
| 2400 | SV2*0420**174*UN*3        | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*7                      | SERVICE LINE NUMBER-7      |
| 2400 | SV2*0424**153*UN*1        | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*8                      | SERVICE LINE NUMBER-8      |
| 2400 | SV2*0440**172*UN*1        | INSTITUTIONAL SERVICE LINE |
| 2400 | LX*9                      | SERVICE LINE NUMBER-9      |
| 2400 | SV2*0460**159*UN*3        | INSTITUTIONAL SERVICE LINE |

**Exhibit 2: Following is an Outpatient Medicare Primary COB claim: Where Wellmark is secondary to Medicare.** 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* <b>88848MC</b><br>*121230*0034*^*00501*000001315*0*T*: | INTERCHANGE CONTROL HEAER. <b>88848</b><br>or <b>88848MC</b>                                      |
| GS     | GS*HC*000033333* <b>88848MC</b> *20121230*003407*1315*X*<br>005010X223A2               | FUNCTIONAL GROUP HEADER. <b>88848MC</b><br>must be used in the GS03 or claim will be<br>rejected. |
| 2000A  | HL*1**20*1                                                                             | BILLING PROVIDER HIERARCHICAL<br>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<br>CODE                                                         |
| 2010AA | REF*EI*999999999                                                                       | BILLING PROVIDER TAX IDENTIFICATION                                                               |
| 2000B  | HL*2*1*22*0                                                                            | SUBSCRIBER HIERARCHICAL LEVEL                                                                     |
| 2000B  | SBR*S*18***** <b>BL</b>                                                                | SUBSCRIBER INFORMATION<br>When 'S' is given in SBR01, loops 2320, 2330A<br>and 2330B are required |
| 2010BA | NM1*IL*1*SUBSCRIBER*JUDY****MI*XQQ123AD4567                                            | SUBSCRIBER NAME                                                                                   |
| 2010BA | N3*111 FIRST ST                                                                        | SUBSCRIBER ADDRESS                                                                                |
| 2010BA | N4*DES MOINES*IA*50315                                                                 | SUBSCRIBER CITY, STATE, ZIP CODE                                                                  |
| 2010BA | DMG*D8*19191206*F                                                                      | SUBSCRIBER DEMOGRAPHIC                                                                            |

| Loop   | Segment and Data elements                  | Segment Name and Notes                                                                                                                                                                                                                                    |
|--------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        |                                            | INFORMATION                                                                                                                                                                                                                                               |
| 2010BB | NM1*PR*2*WELLMARK BCBS OF IA****PI*88848MC | PAYER NAME                                                                                                                                                                                                                                                |
| 2300   | CLM*PATIENT-2*415.07***13:A:1**A*Y*Y       | Claim Information<br><i>Total billed amount used to balance. The sum of all SV102 amounts must equal the total billed amount.</i>                                                                                                                         |
| 2320   | SBR*P*18**MEDICARE****MA                   | OTHER SUBSCRIBER INFORMATION<br><i>This payer is primary to Wellmark therefore payment info is expected. The SBR09 must be 'MA' for Medicare COB claims or claim will reject.</i>                                                                         |
| 2320   | AMT*D*81.16                                | COORDINATION OF BENEFITS (COB)<br>PAYER PAID AMOUNT<br><i>Total Medicare paid amount must be the sum of all loop 2430 SVD02 amounts or claim will reject.</i>                                                                                             |
| 2320   | OI***Y***Y                                 | OTHER INSURANCE COVERAGE INFORMATION                                                                                                                                                                                                                      |
| 2320   | MOA*.31**MA01                              | OUTPATIENT ADJUDICATION INFORMATION                                                                                                                                                                                                                       |
| 2330A  | NM1*IL*1*SUBSCRIBER*JUDY****MI*101010101A  | 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*MEDICARE PAYER****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   | SV2*0250**129.15*UN*2                      | INSTITUTIONAL SERVICE<br><i>Service line billed amount used in balancing see 2430 SVD02 and CAS segments</i>                                                                                                                                              |
| 2400   | DTP*472*D8*20110728                        | SERVICE DATE                                                                                                                                                                                                                                              |
| 2430   | SVD*99999*0**0250*2                        | LINE ADJUDICATION INFORMATION <i>Used for balancing, Total sum of line CAS amounts + SVD02 amount must = Service Line Billed amount or claim will reject. In addition the total of all SVD02 amounts must = Claim Total Medicare paid amount (AMT*D).</i> |
| 2430   | CAS*CO*97*129.15                           | LINE ADJUSTMENT <i>Used for balancing, Total sum of line CAS amounts + SVD02 amount must = Service Line Billed amount or claim will reject.</i>                                                                                                           |
| 2430   | DTP*573*D8*20111212                        | CLAIM CHECK OR REMITTANCE DATE<br><i>Required at service line level when loop 2430 is used</i>                                                                                                                                                            |
| 2400   | LX*2                                       | SERVICE LINE NUMBER-2                                                                                                                                                                                                                                     |
| 2400   | SV2*0450*HC:90471*81.1*UN*1                | INSTITUTIONAL SERVICE<br><i>Service line billed amount used in balancing see 2430 SVD02 and CAS segments</i>                                                                                                                                              |
| 2400   | DTP*472*D8*20110728                        | SERVICE DATE                                                                                                                                                                                                                                              |
| 2430   | SVD*99999*19.58*HC:90471*0450*1            | LINE ADJUDICATION INFORMATION <i>Used for balancing, Total sum of line CAS amounts +</i>                                                                                                                                                                  |

| Loop | Segment and Data elements                 | Segment Name and Notes                                                                                                                                                                                                                                    |
|------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |                                           | <i>SVD02 amount must = Service Line Billed amount or claim will reject. In addition the total of all SVD02 amounts must = Claim Total Medicare paid amount (AMT*D).</i>                                                                                   |
| 2430 | <b>CAS*CO*45*56.62</b>                    | LINE ADJUSTMENT <i>Used for balancing, Total sum of line CAS amounts + SVD02 amount must = Service Line Billed amount or claim will reject.</i>                                                                                                           |
| 2430 | <b>CAS*PR*2*4.9</b>                       | LINE ADJUSTMENT <i>Used for balancing, Total sum of line CAS amounts + SVD02 amount must = Service Line Billed amount or claim will reject.</i>                                                                                                           |
| 2430 | <b>DTP*573*D8*20111212</b>                | CLAIM CHECK OR REMITTANCE DATE<br><i>Required at service line level when loop 2430 is used</i>                                                                                                                                                            |
| 2400 | <b>LX*3</b>                               | SERVICE LINE NUMBER-3                                                                                                                                                                                                                                     |
| 2400 | <b>SV2*0450*HC:99282:25*204.82*UN*1</b>   | INSTITUTIONAL SERVICE<br><i>Service line billed amount used in balancing see 2430 SVD02 and CAS segments</i>                                                                                                                                              |
| 2400 | <b>DTP*472*D8*20110728</b>                | SERVICE DATE                                                                                                                                                                                                                                              |
| 2430 | <b>SVD*99999*61.58*HC:99282:25*0450*1</b> | LINE ADJUDICATION INFORMATION <i>Used for balancing, Total sum of line CAS amounts + SVD02 amount must = Service Line Billed amount or claim will reject. In addition the total of all SVD02 amounts must = Claim Total Medicare paid amount (AMT*D).</i> |
| 2430 | <b>CAS*CO*45*123.76</b>                   | LINE ADJUSTMENT <i>Used for balancing, Line CAS amounts + SVD02 amount must = Service line Billed amount. If this does not balance the claim will reject.</i>                                                                                             |
| 2430 | <b>CAS*PR*2*19.48</b>                     | LINE ADJUSTMENT <i>Used for balancing, Line CAS amounts + SVD02 amount must = Service line Billed amount. If this does not balance the claim will reject.</i>                                                                                             |
| 2430 | <b>DTP*573*D8*20111212</b>                | CLAIM CHECK OR REMITTANCE DATE<br><i>Required at service line level when loop 2430 is used</i>                                                                                                                                                            |

## **Non-Medicare COB Claims 837I:**

Non Medicare COB claims may be submitted with your general population of claims using Receiver ID **88848** (ISA08 and GS03). Submission of Medicare COB claims using this receiver ID will result in claim rejection.

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](mailto:ecsolutionsdsm@hp.com).

See the following matrix for Wellmark specific requirements regarding various 837I loops and segments for non-Medicare COB claims.

## LEGEND for Wellmark Matrix for the 837I 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 3 and 4 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      | <b>88848</b>                                                                                                                                                                                                                                                                                                                         |
| C.7       |         | GS          | Functional Group Header                                      |        |        |                                                                                                                                                                                                                                                                                                                                      |
| C.7       |         | GS03        | Application Receivers Code                                   |        | 7      | <b>88848</b>                                                                                                                                                                                                                                                                                                                         |
| 109       | 2000B   | SBR         | Subscriber Information                                       |        |        |                                                                                                                                                                                                                                                                                                                                      |
| 109       |         | SBR01       | Payer Responsibility Sequence Number Code                    | S<br>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 <b>2320</b> , <b>2330A</b> and <b>2330B</b> . See TR3 for additional values that may be used when there are 3 or more other payers. |
| 110       |         | SBR09       | Claim Filing Indicator Code                                  | BL     | 1      | BL required or the claim will be rejected.                                                                                                                                                                                                                                                                                           |
| 354       | 2320    | SBR         | Other Subscriber Information                                 |        |        |                                                                                                                                                                                                                                                                                                                                      |
| 355       |         | SBR01       | Payer Responsibility Sequence Number Code                    | P<br>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.                                                                                                        |
| 356       |         | SBR09       | Claim Filing Indicator Code                                  |        | 2      | Wellmark uses the claim filing indicator to determine when to coordinate benefits. Reference the TR3 for valid values.                                                                                                                                                                                                               |
| 358       | 2320    | CAS         | Claim Level Adjustments                                      |        |        | (835 loop 2100 CAS01-CAS19)                                                                                                                                                                                                                                                                                                          |
| 360 - 363 |         | 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                                                                                                                                                                                                                                                    |

| Page #  | Loop ID | Reference | Name                                           | Codes     | Length | Notes/Comments                                                                                                                                                                                                                                         |
|---------|---------|-----------|------------------------------------------------|-----------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         |         |           |                                                |           |        | required in loop 2320.<br><br>When the other payer has processed the claim at the detail line level, CAS segments <b>are</b> required at the 2430 loop.                                                                                                |
| 364     | 2320    | AMT       | Claim Level Adjustments                        |           |        |                                                                                                                                                                                                                                                        |
| 364     |         | AMT01     | Amount Qualifier Code                          | D         | 1      | Claim level total Other Payer Paid amount must be submitted.                                                                                                                                                                                           |
| 364     |         | AMT02     | Monetary Amount                                |           |        | Claim level total Other Payer Paid amount must be submitted. (835 loop 2100 CLP04)<br><br>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. |
| 384     | 2330B   | NM1       | Other Payer Name                               |           |        |                                                                                                                                                                                                                                                        |
| 385     |         | NM108     | ID code Qualifier                              | PI        |        |                                                                                                                                                                                                                                                        |
| 385     |         | NM109     | ID Code                                        |           |        | The other payer ID code must be unique when multiple payers are paying primary to Wellmark.<br><br>Payment information provided at the detail line level must reference this number for each payer. (See also SVD- Line Adjudication Information.)     |
| 386     | 2330B   | N3        | Other Payer Address                            |           |        |                                                                                                                                                                                                                                                        |
| 386     |         | N301      | Address Information                            |           |        | Submit when known.                                                                                                                                                                                                                                     |
| 387     | 2330B   | N4        | Other Payer City, State, Zip Code              |           |        |                                                                                                                                                                                                                                                        |
| 387-388 |         | N401-N403 | City Name; State or Province Code; Postal Code |           |        | Submit when known                                                                                                                                                                                                                                      |
| 389     | 2330B   | DTP       | Claim Check or Remittance Date                 |           |        |                                                                                                                                                                                                                                                        |
| 389     |         | DTP03     | Date Time Period                               | CCYY MMDD |        | The claim level remittance date is required only when loop 2430 is NOT submitted.                                                                                                                                                                      |
| 476     | 2430    | SVD       | Line Adjudication Information                  |           |        |                                                                                                                                                                                                                                                        |
| 476     |         | SVD01     | Identification Code                            |           |        | This number must match the payer ID from loop 2330B element NM109.                                                                                                                                                                                     |
| 476     |         | SVD02     | Monetary Amount                                |           |        | This segment is required even when the paid amount is zero. The sum of all SVD02 segments                                                                                                                                                              |

| Page #    | Loop ID | Reference   | Name                          | Codes                      | Length | Notes/Comments                                                                                                                                                                                                                                                                                                                                                                  |
|-----------|---------|-------------|-------------------------------|----------------------------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |         |             |                               |                            |        | must equal 2320 Other Payer Paid amount. (835 loop 2110 SVC03)                                                                                                                                                                                                                                                                                                                  |
| 480       | 2430    | CAS         | CAS-Line Adjustment           |                            |        | (835 loop 2110 CAS01-CAS19)                                                                                                                                                                                                                                                                                                                                                     |
| 481 - 485 |         | CAS01-CAS19 | Claim Adjustment Group Code   | CO<br>PR<br>OA<br>CR<br>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. |
| 486       | 2430    | DTP         | Line Check or Remittance Date |                            |        |                                                                                                                                                                                                                                                                                                                                                                                 |
| 486       |         | DTP03       | Date Time Period              | CCYY<br>MMDD               |        | The service level remittance date is required when loop 2430 is submitted.                                                                                                                                                                                                                                                                                                      |

**Exhibit 3: 837I COB claim: Where other payer payment information (NOT Medicare) 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*000011318 *ZZ*88848<br>*121230*1412*^00501*100001709*1*P*: | INTERCHANGE CONTROL HEADER                                                                             |
| GS     | GS*HC*000011318*88848*20121230*1412*100001709*X*00<br>5010X223A2            | 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<br><i>When 'S' is given in SBR01, loops 2320, 2330A and 2330B are required.</i> |
| 2010BA | NM1*IL*1*SUBSCRIBER*JOHN****M*XQQ123AD4567                                  | 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                                                                                             |

| Loop  | Segment and Data elements                | Segment Name and Notes                                                                                                                   |
|-------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| 2300  | CLM*PATIENT-3*5641.5***11:A:1**A*Y*Y     | Claim Information<br><i>Total billed amount used to balance see also Claim Level Adjustments and COB Payer Paid amount in loop 2320.</i> |
| 2320  | SBR*P*18*123456*****CI                   | OTHER SUBSCRIBER INFORMATION<br><i>This payer is primary to Wellmark therefore payment info is expected.</i>                             |
| 2320  | CAS*PR*1*1000                            | CLAIM LEVEL ADJUSTMENTS<br><i>Total sum of CAS amounts + AMT*D amount = Total Billed amount (for balancing)</i>                          |
| 2320  | AMT*D*4641.5                             | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT<br><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<br><i>Required at claim level when payment information is given at claim level only.</i>                  |
| 2400  | LX*1                                     | SERVICE LINE NUMBER-1                                                                                                                    |
| 2400  | SV2*0120**2000*UN*2*1000                 | INSTITUTIONAL SERVICE                                                                                                                    |
| 2400  | LX*2                                     | SERVICE LINE NUMBER-2                                                                                                                    |
| 2400  | SV2*0250**1923.3*UN*58                   | INSTITUTIONAL SERVICE                                                                                                                    |
| 2400  | LX*3                                     | SERVICE LINE NUMBER-3                                                                                                                    |
| 2400  | SV2*0258**55*UN*2                        | INSTITUTIONAL SERVICE                                                                                                                    |
| 2400  | LX*4                                     | SERVICE LINE NUMBER-4                                                                                                                    |
| 2400  | SV2*0270**1223.2*UN*68                   | INSTITUTIONAL SERVICE                                                                                                                    |
| 2400  | LX*5                                     | SERVICE LINE NUMBER-5                                                                                                                    |
| 2400  | SV2*0300**245*UN*7                       | INSTITUTIONAL SERVICE                                                                                                                    |
| 2400  | LX*6                                     | SERVICE LINE NUMBER-6                                                                                                                    |
| 2400  | SV2*0301**195*UN*2                       | INSTITUTIONAL SERVICE                                                                                                                    |

**Exhibit 4: 837I COB claim: Where other payer payment information (NOT Medicare) is provided at the Service Line Level.** 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 a Wellmark Member or Provider.

| Loop   | Segment and Data elements                                                    | Segment Name and Notes                                                                                                                   |
|--------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| ISA    | ISA*00* *00* *ZZ*000033333 *ZZ*88848<br>*121230*1412*^*00501*100001709*1*P*. | INTERCHANGE CONTROL HEADER                                                                                                               |
| GS     | GS*HC*000033333*88848*20120130*1412*100001709*X*005010                       | 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<br><i>When 'S' is given in SBR01, loops 2320, 2330A and 2330B are required</i>                                    |
| 2010BA | NM1*IL*1*SUBSCRIBER*JOHN****MI*XQQ123AD4567                                  | 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-4*283.57***13:A:1**A*Y*Y                                         | Claim Information<br><i>Total billed amount used to balance. The sum of all SV102 amounts must equal the total billed amount.</i>        |
| 2320   | SBR*P*18*123456*****CI                                                       | OTHER SUBSCRIBER INFORMATION<br><i>This payer is primary to Wellmark therefore payment info is expected.</i>                             |
| 2320   | AMT*D*163                                                                    | COORDINATION OF BENEFITS (COB) PAYER PAID AMOUNT<br><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                                                                                                     |
| 2330A  | NM1*IL*1*SUBSCRIBER*JOHN****MI*1010101010                                    | 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                                                                                                                    |

| Loop | Segment and Data elements                       | Segment Name and Notes                                                                                                       |
|------|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 2400 | SV2*0636*HC:J2060* <b>200.57</b> *UN*1          | INSTITUTIONAL SERVICE<br><i>Service line billed amount used in balancing see 2430 SVD02 and CAS segments</i>                 |
| 2400 | DTP*472*D8*20120101                             | SERVICE DATE                                                                                                                 |
| 2430 | SVD* <b>99999</b> * <b>100</b> *HC:J2060*0636*1 | LINE ADJUDICATION INFORMATION<br><i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i> |
| 2430 | <b>CAS*CO*45*100.57</b>                         | LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>                  |
| 2430 | <b>DTP*573*D8*20120115</b>                      | CLAIM CHECK OR REMITTANCE DATE<br><i>Required at service line level when loop 2430 is used.</i>                              |
| 2400 | LX*2                                            | SERVICE LINE NUMBER-2                                                                                                        |
| 2400 | SV2*0730*HC:93005* <b>83</b> *UN*1              | PROFESSIONAL SERVICE                                                                                                         |
| 2400 | DTP*472*D8*20120101                             | SERVICE DATE                                                                                                                 |
| 2430 | SVD* <b>99999</b> * <b>63</b> *HC:71260*0730*1  | LINE ADJUDICATION INFORMATION<br><i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i> |
| 2430 | <b>CAS*CO*45*13</b>                             | LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>                  |
| 2430 | <b>CAS*PR*2*7</b>                               | LINE ADJUSTMENT <i>Total sum of CAS amounts + SVD02 amount = Service Line Billed amount (for balancing)</i>                  |
| 2430 | <b>DTP*573*D8*20120115</b>                      | CLAIM CHECK OR REMITTANCE DATE<br><i>Required at service line level when loop 2430 is used.</i>                              |

**Wellmark**  

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