

7.4 Expected Source of Payment and 837 Payer Mapping

Definition: The source of payment that is expected to pay the greatest share of the encounter or claim should be listed as the primary payer.

Types of Health Insurance Coverage - Most consumers have health insurance coverage from one of three sources:

- An individual health insurance policy
- A group health insurance policy (employer-sponsored coverage) or self-insured plans such as TPA/BPA
- A government-sponsored program (includes BadgerCare Plus, Medicaid, and Medicare).

See Section 5.5 to reference the Mapping rules and Spec's to include the Payer ID off the claim in loop 2010BB REF02

Payer Table Mapping Details

11/2024 Updated Table - removed plans that are no longer available or serving WI residents.

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
A10	09	Aetna (Aetna Healthcare Assurance Programs of Wisconsin, Inc.)	https://www.aetna.com/
A11	09	Ambetter (Managed Health Services Insurance Corp.)	Marketplace: https://www.ambetterhealth.com
A12	09	Blue Cross Blue Shield (aka Anthem, Anthem Blue, etc.)	www.anthem.com
A15	09	Cigna Health and Life Insurance Company	Multiple plan types: https://www.cigna.com/
A16	09	Common Ground Healthcare Cooperative (Brookfield)	https://www.commongroundhealthcare.org/our-plans/individuals-families/
A17	09	Dean Health Plan, Inc. (Madison)	www.deancare.com
A18	09	Group Health Cooperative of South-Central Wisconsin (Madison)	ghcsw.com
A20	09	HealthPartners Insurance Company	https://www.healthpartners.com/hp/insurance/ domicile state MN
A22	09	Humana Insurance Company, Humana Wisconsin Health Ins. Corp.	www.humana.com
A24	09	Medica Community Health Plan Insurance Company	www.medica.com
A25	09	MercyCare HMO, Inc. - and MercyCare Insurance Company	www.mercycarehealthplans.com
A26	09	Molina Healthcare of Wisconsin, Inc.	https://www.molinahealthcare.com/
A27	09	Network Health Plan	https://networkhealth.com/
A29	09	Security Health Plan of Wisconsin, Inc. (Marshfield)	www.securityhealth.org
A30	09	UnitedHealthcare Insurance Company	www.uhc.com
A31	09	Quartz (Formerly Unity Health Plans Insurance Corporation) "Quartz Health Solutions, Inc. is co-owned by UW Health, Gundersen Health System and UnityPoint Health – Meriter.	Users can use this code or A43-09 01/2023 left in the table for 2023 reporting year.
A32	09	WPS Wisconsin Physicians Service Insurance Corp. (Madison, WI)	www.wpshealth.com
A33	09	Managed Health Services Insurance Corp.	https://www.mhswi.com/get-insured.html
A34	09	Aspirus Health Plan of Wisconsin	https://www.aspirus.org/aspirus-health-plan
A35	09	ARM Health EOS / HealthEOS / MultiPlan	
A36	09	Chorus Community Health Plan (Formerly Children's Community Health Plan, Inc. 9/2022)	http://TogetherCCHP.org
A39	09	Group Health Cooperative of Eau Claire (Eau Claire)	www.group-health.com
A40	09	Medical Associates Clinic Health Plan of Wisconsin dba Medical Associates health Plans	www.mahealthcare.com

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A43	09	Quartz Health Benefit Plans Corporation (Sauk City, WI) GHP, Unity and PPIC:	https://quartzbenefits.com
A44	09	Choice Plus UHC / UMR (University Health Care)	
A47	09	US Health and Life Insurance Company	www.ushealthandlife.com
A48	09	All Savers Insurance Company	www.myallsavers.com
A49	09	Care Improvement Plus Wisconsin Insurance Company	Parent company is UnitedHealth Group Inc.
A51	09	New 2023: Robin with HealthPartners	https://www.healthpartners.com/insurance/robin/
A99	09	Other Commercial or nationwide out of state (not listed here) carriers. (Golden Rule Insurance, American National Life Insurance Co. of Texas)	
NON-COMMERCIAL PLANS			
MED	09	<p>Medicare</p> <p>Medicare is federal health insurance for people 65 or older, some younger people with disabilities, and people with End-Stage Renal Disease.</p> <p>Medicare Supplement policy is an extension of Medicare. A Medigap policy is a supplement to Original Medicare. https://www.medicare.gov/supplements-other-insurance/how-medicare-works-with-other-insurance What is Medicare? https://www.medicare.gov/Pubs/pdf/11306-Medicare-Medicaid.pdf</p>	<p>Effective Q12021: To simplify mapping, we removed the requirement to identify PayType 01 & 02 - these paytypes are still available, but users may now report w/Paytype 09. This is intended to simply the processes of the hospital and ASC staff.</p> <p>Some patients >65 may carry employer sponsored health coverage. An alert will show.</p>
MPC	09	<p>NEW Q422: Medicare Advantage Plans (Part C)</p> <p><i>Medicare Advantage plans are offered by private companies approved by Medicare.</i> Medicare Advantage HMO/PPO (E.g., Medicare Advantage Plans) AARP, Senior insurance carriers, etc. all go in this bucket. If the patient has dual Medicare plans, list both primary and secondary using the correct codes. This bucket can also include Medicare Supplemental / Medigap plans.</p>	<p>Usually provided by a commercial plan.</p> <p>Typical Plans: Aetna Allwell Anthem Blue Cross/Blue Shield Humana Medica Molina Quartz Benefits United Healthcare WellCare (Centene)</p>
T19	09	<p>Medicaid, Fee for Service: Wisconsin Medical Assistance (Medicaid). According to DHS: Medicaid serves the elderly, blind and disabled = T19/09 Facilities may verify eligibility through the ForwardHealth Portal.</p> <p>Medicaid, HMO/PPO: Many people who receive Medicaid SSI or SSI-related Medicaid because of a disability determined by the Disability Determination Bureau must try Medicaid SSI HMO enrollment. Ex: Care Wisconsin.</p>	<p>Effective Q12021: To simplify mapping, we removed the requirement to identify PayType 01 - identifies straight Medicaid FFS Paytype 02 - identified Medicaid HMO/PPO PayType 09 - Universally accepted mapping</p> <p>Plan names: Community Care Health Plan, Inc.</p>
BGR	09	<p>BadgerCare, Fee for Service BadgerCare Plus, HMO/PPO: Families - parents, pregnant women, children, and childless adults. Most BGR patients have HMO plans - BGR/02.</p>	<p>May include Trilogy Health, Community Care Health & Independent Health Care.</p>

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
		<p>Independent Care Health Plan (iCare) Joint venture of Humana and Milwaukee Center for Independence that serves children and adults with disabilities/special needs. Added Family Care Partnership in 2010 Medicaid & Medicare managed care.</p> <p>Review payer of last resort guidelines and advice. WI ForwardHealth has billing requirements that should be reviewed and adhered to. Online Handbook Display (wi.gov)</p>	BadgerCare (families, pregnant women, & childless adults) typically HMO – in WIp0p/837 file = BGR/09
CHA	03	<p>VA Health Care/ OPTUM VA / TRICARE (CHAMPUS) supplement (Military / Veteran) CHAMPVA Supplement Insurance Plan. The Civilian Health & Medical Program of The Department Of Veterans Affairs (Champva).</p>	About VA
C19	80	<p>COVID-19 HRSA Uninsured Program NEW: Q120 Provider COVID-19 Vaccine Fact Sheet (hhs.gov)</p>	
OTH	21	<p>Private Insurance: Other Organization Self-Funded, Self-Insured, Fee for Service/HMO/PPO (Ex. ACA, Tribal Services, municipalities, school districts, ASR Health Benefits, Third Party Administrator or Benefit Plan, Benefit Plan Admin or Other Plan Administrators, etc.) Monthly purchased / church sponsored plans, etc.</p> <p>Private employer insurance types get mapped from this code. <i>A quick google search will help identify the plan name and type.</i></p>	<p>NEW: 1/1/2021 combined OTH 21 and 31 to one option: Use OTH 21 to map all private payers, Alliance and Group / Benefit/Third Party Plan Administrators, Managers or other types of organizations that are self-funded or have plan managers.</p>
OTH	41	<p>Workers Compensation Insurance https://oci.wi.gov/Pages/Consumers/WorkersComp.aspx</p>	If there is no insurance cert number - user can use the pcontrol or year of birth.
OTH	51	<p>Medicaid, Out of State: Ex. Minnesota, Iowa, Illinois, Michigan Medicaid Patients.</p>	
OTH	52	<p>Other Government: 51.42/51.437/46.23 County Board Ex. Mental/Behavioral Health and Department of Corrections, and other County Dept. for aging, chronically ill or chemically dependent.</p>	For use with patients coming from a jail / mental health facility or other county departments where the patient is under the care of the state.
OTH	54	<p>Wisconsin Family Care Program (WI – DHS Program): https://www.dhs.wisconsin.gov/publications/p0/p00570.pdf ; Ex. Care Wisconsin: https://www.dhs.wisconsin.gov/news/releases/070717.htm Category includes reporting for the previous mapping of OTH 59 and 71 – all are used to report free and/or subsidized government programs, nonprofit organizations, local health departments, and grant/research funds. To simply report, hospitals and ASCs can use this to capture all categories contained in this section including subsidized health care through grants, research, and other charity care. Wisconsin Well Woman Program / Susan G. Komen Funding Community Care Health Plan, Inc. / Community Care, Inc. Community Care Health Plan, Inc., provides care under two government programs: Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership Program (Partnership) and Independent Care Health Plan</p> <p>Eligible individuals choose from Care Wisconsin and My Choice Family Care, upon certification. Advocates4U, Connections, First Person Care Consultants, and TMG intend to support those choosing IRIS.</p> <p>*May also include Indian / Tribal Care or Children</p>	<p>NEW: 1/1/2021 category now includes code 59 and 71.</p> <p>IRIS (Include, Respect, I Self-Direct) Information Family Care, Family Care Partnership, and PACE Information Birth to 3 Program Information Children’s Long Term Support Waiver Program and Children’s Community Options Program Information</p> <p>whose care is paid from funds granted to the office of Indian Affairs.</p>

Payer ID	Pay Type	Payer Name (Expected Source of Payment): The payer refers to the primary entity that pays the claims or administers the insurance product, benefits, or both.	Other details: Website & comments Medicare Advantage plans = MPC 09
OTH	61	Self-Pay: Insurance Cert field may be left blank with self-pay (Cert Number field must be blank) This field also includes cost sharing plans - because no claim is created, and a statement is invoiced. For example, Altru HealthShare, and Liberty Share.	State statute requires facilities to report self-pay encounters along with all other encounters.
OTH	99	Other or Unknown Payer: TPL, MVA, state funded crime victim or safe funds, and some other unknown payers that are not related to commercial, private, or other forms identified in the mapping table. rom auto insurance to crime victim claims Unknown Type (Ex: crime victim funds and claims , disability determination, unidentified programs or WI SAFE Fund (sexual assault)). Other or Unknown TPL (Auto - Accident - State Farm Auto, American Family auto). No Fault insurance is medical coverage for injuries that are related to motor vehicles. In states where car insurance is mandatory no fault is always primary, no matter what other insurance coverage a person may have.,	Do not use this code to report or map unknown commercial (A99) or private insurance companies (OTH 21). This is not a catch all code. Alerts will be set up as well as frequent audits to work with facilities to make necessary corrections.

State of Wisconsin, Office of the Commissioner of Insurance – Guide to Health Care Insurance

Updated list 09/29/25 using [NCQA Health Plan Report Card](#)

1/1/2021	MED, T19, BGR	01 and 02	New: Users have the option to report only 09. This is intended to simply the processes of the hospital and ASC staff.
1/1/2021	T18	01/02/09	Combined to MED. Data shows only 25% of hospitals and ASCs use this code.

<https://appliedga.com/medicare-carriers-by-state/>

7.4.1. CLAIM FILING INDICATOR CODE

Definition: Code identifying type of claim or expected adjudication process. The first reported payer Claim Filing Indicator code must be associated with the primary payer.

One required element when submitting electronic claims is the claim filing indicator code. It identifies to the payer what type of claim is being submitted. When a patient has multiple insurances, it also indicates which payer is primary.

Purpose: Collection of the Claims Filing Indicator code will provide WHAIC and facility an additional **internal cross check** to verify payers are reported as accurately as possible.

Data Element: 837I/R 837P: Loop 2000B / SBR09 **Field Details:** Situational (If collected, report code)

X12 Code	X12 Description	WHAIC Mapping / Description
09	Self-pay	OTH-61 - No payment expected or no insurance to bill
11	Other Non-Federal Programs	Other government, Department of corrections, Misc / other
12	Preferred Provider Organization (PPO)	Axx – 09 - Private Health Insurance, managed care unspecified
13	Point of Service (POS)	Private Health Insurance, managed care unspecified
14	Exclusive Provider Organization (EPO)	Private Health Insurance, managed care unspecified
15	Indemnity Insurance	A Code – Private Health Insurance
16	Health Maintenance Organization – Medicare Risk	MPC-09 Medicare
17	Dental Maintenance Organization	OTH-99 Private Insurance
AM	Automobile Medical	OTH-99 – Other Insurance

X12 Code	X12 Description	WHAIC Mapping / Description
BL	Blue Cross	Map to WHAIC A Code
CH	CHAMPUS – Civilian Health and Medical Program of the Uniformed Services	CHA-03
CI	Commercial Insurance Company	Map to correct “A” Code to represent Commercial Payer - Non-Medicare payer
DS	Disability	OTH-99
FI	Federal Employees Program	OTH-99, A code, OTH-21
HM	Health Maintenance Organization (HMO)	A Code – Commercial Insurance or MPC-09 Med Advantage
LM	Liability Medical	OTH-99
MA	Medicare Part A	Medicare
MB	Medicare Part B	Medicare
MC	Medicaid	T19-09 - Medicaid
OF	Other Federal Program, Medicare Part D Claims	Other Government, Department of Corrections
TV	Title V - Title V funds support programs for children with special health needs	Other Government Program: Maternal and Child Health Services Block Grant Program
VA	Veterans Administration / Affairs Plan	CHA-03
WC	Workers Compensation Health Plan	OTH-41
ZZ	Charity or Unknown	OTH-99 – Type of Insurance is unknown

7.4.2. PAYER ID NUMBER

Data Element: 837I, 837R, 837P: Loop 2010BB / REF01 (NF (PayerID Code), REF02 = Value

Field Details: Situational

- **Definition:** Support the Exchange of EDI Claims Using a Payer List and Payer ID. This field will have edits in 2024 on Commercial, Medicare, Medicaid and BadgerCare insurance plans. All other insurance types (self-insured, worker's comp, etc.) are encouraged to report the Payer ID but will not have edits. When using the services of a clearinghouse, it is critical that the proper Payer ID is used so the EDI claims are sent to the right payer.
- The Payer ID or EDI is a unique ID assigned to each insurance company. It allows provider and payer systems to talk to one another to verify eligibility, benefits and submit claims. The payer ID is five (5) characters, but it may be longer. It may also be alpha, numeric or a combination.
 - <https://www.inovalon.com/payer-list/>
- Insurance payers use what is called a payer id to route claims to the correct insurance company, or payer. Some insurances have the same payer id among all clearinghouses, while others may differ. Payer ids can be found in the patient's chart > demographics > insurances. If you start typing the name of the payer, you will be given a list of options.
 - <https://support.drchrono.com/hc/en-us/articles/4408566426651-What-does-PRNT-mean-when-it-is-part-of-the-payer-id->
- **Purpose:** This field will allow WHAIC an internal and external cross check on accuracy of payer mapping and give data users a better result when reviewing payer assignment. Based on WHAIC research most facilities use an EDI Claims Payer List to identify or map a Payer ID to support their electronic transactions **are routed to the right health plan.**

Are payer IDs universal?

Some national payers, such as Aetna (60054), Cigna (62308), and United Healthcare (87726) have universal payer IDs that can be used across all clearinghouses. Other payers can have different payer ids based on the clearinghouse.

WHAIC Notes:

1) Our goal is to get the PayerID off the encounter/claim. Once we have consistency with the Payer ID, we can bump it up against an internal table and validate payers more frequently for accuracy.

2) Submitters should not replace the existing payer mapping fields with the Payer ID code as described above. The existing primary and secondary payer fields will remain the same.

Sample:

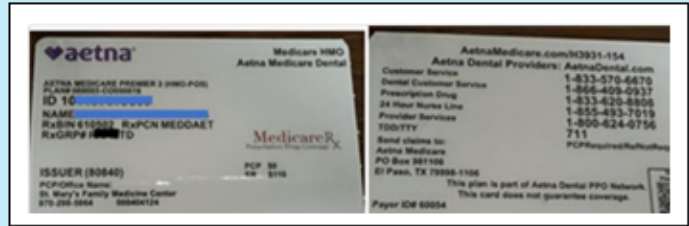
Expected Source of Payment ID/Type:	<input type="text" value="A12"/>	<input type="text" value="09"/>	<div style="border: 1px solid black; padding: 5px;"><p>Do not change the Expected Source of payment. These are two separate fields. They are not interchangeable. Payer ID comes from the claim.</p></div>
Secondary Source of Payment ID/Type:	<input type="text"/>	<input type="text"/>	
Insurance Certificate Number:	<input type="text" value="ZRA72"/>		
		Prov Based Loc:	<input type="text"/>
		Payer ID:	<input type="text" value="00950"/>

LOOP ID - 2010BB Payer Detail

LOOP 2010BB: PAYER NAME

NM1*PR*1*Aetna*****PI*A10-09~

REF*Nf*60054



2010BB	NM101	Payer Entity ID Code	R	PR = Payer	
2010BB	NM102	Entity Type Qualifier	O	1 = Non-Person Entity *NM102 qualifies NM103	Discarded
2010BB	NM103	Payer Name	R/S	Name of Payer Organization as provided on the claim.	
2010BB	NM108	(Payer) Identification Code	O	PI=Payer Identification	Discarded
2010BB	NM109	Primary Payer Identifier Code *Self-pay requires OTH-61	R	WHIC Values in Appendix 7.3 Element format is AAA-99; Example A21-09 Primary Source of Payment ID	SOPID is characters 1-3 - SOPTYPE is characters 5-6 The dash is preferred, but not required
2010BB	REF01	REF ID Qualifier for Payer/NAIC#	S	NF	Payer Identifier in the EDI Claims file – routes claim to correct payer.
2010BB	REF02	Payer ID	S	Enter the Value of the Payer ID. This value is found on the patient's insurance ID card. This value directs the claim to the correct payer or plan type (commercial, Medicare, ACA plan, etc.)	Refer to Appendix 7.3.2 for additional info.