# *275*

# 275 Additional Information to Support a Health Care Claim — Batch

This companion document is for informational purposes only to describe certain aspects and expectations regarding the transaction and is not a complete guide. The details contained in this document are supplemental and should be used in conjunction with the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 (TR3) as published by the Washington Publishing Company.

**Section 1 – 275 Health Care Claim Attachment: Basic Instructions**

**Section 2 – 275 Health Care Claim Attachment: Charts for Situational Rules**

**Get Started With Availity\***

Use the Availity Welcome Application to begin the process of connecting to the Availity EDI Gateway for your UniCare Health Plan of West Virginia, Inc. (UniCare) EDI transmissions. **Review page 5 in this document for key EDI requirements.**

Also, the Availity Quick Start Guide will assist you with any EDI connection questions.

If your area provider and wish to use a Clearinghouse or Billing company, please work with them to ensure connectivity.

**Need Assistance?**
For questions about signing up, contact Availity Client Services
1-800-AVAILITY (1-800-282-4548) or visit www.availity.com

**https://provider.unicare.com**
UniCare Health Plan of West Virginia, Inc.
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## Section 1 - Basic Instructions

**1      Business Events Supported by the 275 Transaction Set**

- 837 Claim submitted with a PWK segment – documentation submitted before the payer makes a formal request.
- 837 Claim submitted without a PWK segment - Attachment to Support a Healthcare Claim – Documentation submitted in response to a specific request from the payer.
- Accepted documents, including PDF, TIFF, and JPEG

**2      Business Rules & Limitations**

- Attachments must be received within **7 calendar** days of receipt of the corresponding health care claim.
- Each attachment is limited to a maximum size of 100MB.

**2.1      Document Matching**

- The unique Attachment Control Number is assigned by the provider organization on the 837 claim PWK06 and it must match the 275 attachments (Loop 2000A TRN02).   **Do not use the same attachment control number, it must be unique for each submission.**

- Payer requests for supporting documentation will include a **claim number** to use as the Attachment Control Number in the 275 attachments (Loop 2000A TRN02).

**2.2      Matching Criteria**

The complete list of criteria to match an attachment to a claim includes:
- Patient name
- Member ID
- Billing NPI and/or Tax ID
- Date of service
- Date of birth
- Claim total
- Patient Control Number

**2.3      Accepted Attachment Types**

The following unstructured document types are accepted as attachments:
- JPEG

- PDF
- TIF

## 2.4    MIME Packaging/Base64 Encoding

All attachment data must be single part MIME packaged, as defined in IEFT RFC 2045. See https://tools.ietf.org/html/rfc2045 for complete specification.

MIME encoding solves several issues:

1. It reduces the number of characters in the attachment, preventing conflicts with the X12 element separators.
2. It identifies the content type, allowing validation by the receiver.
3. It identifies the filename, allowing for a per-file acknowledgement back to the sender.

A MIME encoded attachment format:

```
MIME-Version: 1.0
Content-Type: image/tiff
Content-Transfer-Encoding: base64
Content-Disposition: attachment; filename="patientxray.tif" <Base64
encoded data>
```

Note: The MIME header uses the colon (:). This character is often used as the EDI sub-element separator. When including a MIME package, a different EDI sub-element separator must be selected.

When submitting multiple attached files, each file must be submitted in a different Loop 2000A. Multipart MIME encoded packages are NOT supported.

**3       Provider Identification**

Billing provider information used to match the claim to supporting documentation must be included in Loops 1000C and 1100C:

- Providers with NPIs must submit their billing NPI in Loop 1000C NM109
- NPI exempt providers must submit their provider number in the REF – Provider Secondary Identification segment with a REF01=G2

## 4       Patient Identification (Loop 1000D)

If the patient is not the subscriber and does not have their own member ID, the member ID from the 837 claims (Loop 2000C NM109) must be populated in the 275 attachment (Loop 1000D NM109).

## 5       External Resources

For additional information related to transactions and standards in this companion document:

- X12 (http://x12.org) – 275 attachment and 837 claim transactions
- WEDI white paper (https://www.wedi.org/workgroups/data-exchange/attachments - login required) – implementation issues and uses of the 275 attachment
- LOINC site/HIPAA tab (https://loinc.org/?s=HIPAA+TAB) – LOINC codes
- MIME (https://tools.ietf.org/html/rfc2045) – MIME packaging of an attachment file
- Base64 (https://tools.ietf.org/html/rfc4648) – standard encoding format

## 6     Logical Observation Identifiers Names and Codes (LOINC)

The HIPAA Administrative Simplification provision mandates the adoption of standards for electronic claims attachments. A claims attachment includes the clinical and administrative information often necessary to adjudicate claims such as those for ambulance, rehabilitation, or emergency room services. LOINC is maintained at https://loinc.org.

## 7     Communication Options

All connectivity is provided through Availity, www.availity.com.

## 8     Acknowledgements and/or Reports

These reports are formatted based on the settings the trading partner chooses at Availity.  Review the Availity EDI Guide for more information on report formatting options.

- ✦ TA1 - When the ISA-IEA envelope cannot be processed.
  - o Returned for 275 files containing envelope errors in the ISA and GS segments.  275 must be corrected and resubmitted.
- ✦ 999 – Returned to validate if 275 passed X12 validation  o If rejected the 275 is not X12 compliant and must be corrected and resubmitted
- ✦ 824 – If received 275 does not pass Level 2 validation  o Returned for HIPAA compliance (including balancing), code set or business errors

✦    Payer Proprietary Report is returned which contains the accepted attachment tracking numbers.

**Sample TA1:**

Customer ID: 16455                        File Status: REJECTED Date Received: 2019-10-02              Time
Received: 17.51.20.820 Filename: 201910021350      File Control Number: 655596392


********************************************************************* Interchange acknowledged:
655596392 *********************************************************************   Interchange Date:
190731              Interchange Time: 1215  Interchange Status: The Transmitted Interchange Control Structure
Header and Trailer are Rejected Because of Errors.

Interchange Note: Invalid Interchange Content (e.g., Invalid GS Segment)   **Sample**

**999:**

ISA*00*         *00*         *ZZ*RECEIVER        *ZZ*SENDER       *110726*0702*^*00501*000003072*0*T*:~
GS*FA*RECEIVER*SENDER*20110726*070241*30720001*X*005010X231~ ST*999*0001*005010X231~ AK1*RU*71300027*005010X210~
AK2*275*071300027*005010X210~ IK3*NM1*4*2100*8~ IK4*8*66*I6*AD~ IK5*R*5~ AK9*R*1*1*0~ SE*8*0001~ GE*1*1~
IEA*1*000000001~


**Sample 824:**

ISA*00*         *00*         *ZZ*AV09311993    *ZZ*030240928      *190924*1500*^*00501*229041828*0*T*:~
GS*HN*AV09311993*030240928*20190924*1500*1*X*005010X186~ ST*824*1001*005010X186~
BGN*11*1234*20190924*07495051**147797335*U~ N1*41**PI*0016455~ N1*40**XX*1003813502~
OTI*TR*TN*NA***20190924*1500**1001*275*005010X210~ REF*F8*3247814~ NM1*QC*1*JOHN*SMITH****MI*ABC721734870~
RED*Found invalid LOINC(s).**94**IBP*E161~ SE*9*1001~ GE*1*1~ IEA*1*229041828~

## Section 2 – Charts for Situational Rules

Listed below are loops, segments, and data elements required for processing by UniCare per the situational rules in the 275 TR3.

| | **275 Health Care Attachments** | | | |
|---|---|---|---|---|
| **TR3** | **Segment** | **Reference Designator(s)** | **Value** | **Definitions and Notes Specific to UniCare** |
| | | | | |
| P.42 | **ST** Transaction Set Header | **ST03** Implementation Convention Ref | *005010X210* | 005010X210 - Additional Information to Support a Health Care Claim or Encounter |
| P.44 | **BGN** Beginning Segment | **BGN01** Transaction Set Purpose Code | *02* *11* | • 02 - 275 is sent to support an 837-claim submitted with a PWK segment • 11 - 275 is in response to a letter or other request for information from a previously submitted claim |
| **Loop ID 1000A—Payer Name** | | | | |
| P.46 | **NM1** Submitter Name | **NM109** Identification Code | *(Submitter Identifier)* | Use Payer ID as on claim from the Availity Payer List |
| P.48 | **PER** | *Payer Contact Information - Refer to TR3* | | |
| **Loop ID 1000B—Submitter Information** | | | | |

| P.51 | **NM1**<br>Receiver Name | **NM109**<br>Identification Code | *(Electronic Transmitter Identification Number)* | Use Availity Customer ID (also known as Payer ID) |
|---|---|---|---|---|
| **Loop ID 1000C—Provider Name Information** | | | | |
| P.53 | **NM1**<br>Receiver Name | **NM108**<br>Identification Code Qualifier | *XX* | NPI is required when provider has an NPI |
| | | **NM109**<br>Identification Code | *(Provider NPI)* | NPI is required when provider has an NPI. Match Billing NPI from claim. |
| P.56 | **PRV** | *Provider Taxonomy Information - Refer to TR3* | | |
| P.58 | **REF REF01**<br>Provider<br><br>Secondary Identification | *G2* Use when<br>Reference<br><br>Identification | provider is NPI<br><br><br>Qualifier | exempt |
| **Loop ID 1100C—Provider Identification** | | | | |
| P.59 | **NX1** | *Provider Identification - Refer to TR3* | | |
| P.60 | **N3** | *Provider Address - Refer to TR3* | | |
| P.61 | **N4** | *Provider City, State, ZIP Code - Refer to TR3* | | |
| P.63 | **NM1**<br>Receiver | **NM104**<br>Patient First Name | *(Name)* | Allows for member validation and proper claim matching |

| | Name | **NM109**<br>Identification Code | *(Patient Primary Identifier)* | Subscriber ID associated with patient, even if patient is not the subscriber |
|---|---|---|---|---|
| P.66 | **REF** | *Patient Control Number - Refer to TR3* | | |
| P.67 | **REF** | *Institutional Type of Bill - Refer to TR3* | | |

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| TR3 | Segment | Reference Designator(s) | Value | Definitions and Notes Specific to UniCare |
|---|---|---|---|---|
| **275 Health Care Attachments** | | | | |
| **Loop ID 1000D—Patient Information** | | | | |
| P.63 | **NM1** Receiver Name | **NM104** Patient First Name | *(Name)* | Allows for member validation and proper claim matching |
| | | **NM109** Identification Code | *(Patient Primary Identifier)* | Subscriber ID associated with patient, even if patient is not the subscriber |
| P.66 | **REF** | *Patient Control Number - Refer to TR3* | | |
| P.67 | **REF** | *Institutional Type of Bill - Refer to TR3* | | |
| P.68 | **REF** | *Medical Record Identification Number - Refer to TR3* | | |
| P.69 | **REF** | *Claim Identification Number of Clearinghouses and Other Transmission Intermediaries - Refer to TR3* | | |
| P.71 | **DTP** | *Claim Service Date - Refer to TR3* | | |
| **Loop ID 2000A—Assigned Number** | | | | |
| P.72 | **LX** | *Assigned Number - Refer to TR3* | | |
| P.73 | **TRN** Payer Claim Control Number / Provider Attachment Control Number | **TRN01** Trace Type Code | *1* *2* | 1 - when BGN01 = 02 2 - when BGN01 = 11 |
| | | **TRN02** Reference Identification | *(Attachment Control Number)* | • When BGN01 = 02; use PWK06 Attachment Control Number from 837 claim • When BGN01 = 11; use claim number |
| P.75 | **STC** | *Status Information - Refer to TR3* | | |
| P.79 | **REF** | *Service Line Item Identification - Refer to TR3* | | |
| P.81 | **REF** | *Procedure or Revenue Code - Refer to TR3* | | |
| P.84 | **REF** | *Procedure Code Modifier - Refer to TR3* | | |
| **Loop ID 2100A—Service Line Date of Service** | | | | |
| P.87 | **DTP** | *Service Line Date of Service - Refer to TR3* | | |
| **Loop ID 2100B—Additional Information Submission Date** | | | | |
| P.88 | **DTP** | *Additional Information Submission Date - Refer to TR3* | | |
| P.89 | **CAT** Category of Patient Information Services | **CAT02** Report Transmission Code | *IA* | IA – Electronic Image |
| **Loop ID 2110B—Electronic Format Identification** | | | | |
| P.91 | **EFI** | *Electronic Format Identification - Refer to TR3* | | |
| P.93 | **BIN** Binary Data | **BIN01** Length of Binary Data | *(Number of bytes in BIN02)* | MIME package data for BIN02 before calculating number of bytes |

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| | Segment | **BIN02**<br>Binary Data | | All content must be MIME packaged |
|---|---|---|---|---|
| | | | | |
| P.488 | **SE** | *Transaction Set Trailer - Refer to TR3* | | |

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## Appendix A: Attachment Request Codes

The LOINC® codes, LOINC® Table (regardless of format), LOINC® Table Core, LOINC® Release Notes, LOINC® Changes File, and LOINC® Users' Guide are copyright © 1995-2017, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee. All rights reserved.

List current of HIPAA Request Codes as of December 2018.

| | |
|---|---|
| *34117-2* | History and Physical Note |
| *11503-0* | Medical Records |
| *75325-1* | Symptom |
| *18842-5* | Discharge Summary |
| *18748-4* | Diagnostic Imaging Reports |
| *80565-5* | Medication administration record |
| *18776-5* | Plan of care note |
| *11504-8* | Provider Unspecified Operation Note |
| *11502-2* | Laboratory report |
| *11506-3* | Provider Unspecified Progress Note |
| *11526-1* | Pathology Study |
| *19002-5* | Physical therapy service attachment |
| *11488-4* | Consult Note |
| *11485-0* | Anesthesia records |
| *29206-0* | Speech therapy service attachment |
| *18826-8* | Occupational therapy service attachment |
| *46212-7* | Pre-operative photo |
| *28011-5* | ED claims attachment |
| *28633-6* | Polysomnography (sleep) study |
| *28629-4* | Perimetry Study |
| *11514-7* | Chiropractic Records total Encounter |

| 18682-5 | Ambulance claims attachment |
| --- | --- |
| 52063-5 | Prescription for durable medical equipment (DME) |
| 28636-9 | Initial evaluation note |
| 18594-2 | Psychiatric service attachment |
| 11506-3 | Progress Note |

| 34133-9 | Continuity of Care Document |
| --- | --- |
| 57828-6 | Prescription List |
| 18823-5 | Alcohol and/or substance abuse service attachment |
| 34118-0 | Patient's home Initial evaluation note |
| 67716-1 | Vendor device model |
| 54522-8 | Functional status |
| 57073-9 | Prenatal Events Narrative |
| 76641-0 | Neurology Study report |
| 24338-6 | Gas panel - Blood |
| 80792-5 | Pulmonary Diagnostic study note |
| 15508-5 | Labor and delivery records |
| 34002-6 | Tooth position |
| 88363-7 | Medical equipment or product note |
| 52064-3 | First report of injury |
| 18780-7 | Ordering practitioner identifier |
| 80785-9 | Radiation oncology Plan of care note |
| 53242-4 | Need Itemized Bills |