

Provider Notice

To: All Providers
From: PerformCare
Date: November 2, 2023
Subject: AD 23 120 Electronic Claims 275 Attachment Implementation

PerformCare is pleased to announce added functionality for network providers to submit electronic attachments (275 transactions) to support a medical claim via Change Healthcare, our electronic data interchange (EDI) clearinghouse, effective 11/2/2023.

PerformCare is accepting ANSI 5010 ASC X12 275 **unsolicited attachments** via Change Healthcare. Please contact your Practice Management System Vendor or EDI clearinghouse to inform them that you wish to initiate electronic 275 attachment submissions via payer ID: 65391

There are three ways that 275 attachments can be submitted.

- Batch — You may either connect to Change Healthcare directly or submit via your EDI clearing house.
- API via JSON — You may submit an attachment for a single claim.
- Portal — Individual providers can register at Change Healthcare to submit attachments.

This functionality expands the options for providers to provide supplemental documents providing additional patient medical information that cannot be accommodated within the ANSI ASC X12, 837 claim format. Common attachments are certificates of medical necessity (CMNs), discharge summaries, and operative reports to support health care claims adjudication.

PerformCare providers will submit 275 transactions using:

Payer name: PerformCare-HealthChoices

Payer ID: 65391

Providers can view an instructional video of the new 275 claims attachment process with detailed instructions here:

https://player.vimeo.com/progressive_redirect/playback/813387387/rendition/1080p/file.mp4?loc=external&signature=48b9ebe7ae66c5f768f080b79f55ba64280beb56b8ac7157d8c95c5535fb9c36

In addition, the following 275 claims attachment report codes have been added effective 8/1. When submitting an attachment, use the applicable code in field number 19 of the CMS 1500 or field number 80 of the UB04, as documented in the Claims Filing Instructions PDF located on the PerformCare website. Most often PerformCare providers will be using code EB in the table below associated with a Non-Covered Letter.

Attachment Type	Claim assignment attachment report code
Itemized Bill	03
Medical Records for HAC review	M1
Single Case Agreement (SCA)/LOA	04
Advanced Beneficiary Notice (ABN)	05
Consent Form	CK
Manufacturer Suggested Retail Price/Invoice	06
Electric Breast Pump Request Form	07
CME Checklist consent forms (Child Medical Eval)	08
EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter	EB
Certification of the Decision to Terminate Pregnancy	CT
Ambulance Trip Notes/ Run Sheet	AM

PerformCare providers may also continue to submit documentation by mail to:

PerformCare PA HealthChoices
 PO Box 7308
 London, KY 40742

If mailing paper forms, PerformCare recommends providers use certified mail since Fed Ex and UPS do not deliver to PO Boxes.

If you have any questions, please contact your Provider Network Account Executive. Thank you for your continued partnership and for the valuable services you provide our members.

cc: Lisa Hanzel, Executive Director, PerformCare
 Scott Suhring, Capital Area Behavioral Health Collaborative
 Missy Reisinger, Tuscarora Managed Care Alliance
 PerformCare Account Executives