

Submit a 275 claim attachment transaction

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.

The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, xml, doc, and txt. 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 8/1/23. 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 \(PDF\)](#).

| 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 |

All 837 claims with Claim Attachments should be sent only with Claim Attachment Report Type codes (PWK01) listed under Field #19 for CMS-1500 Claim Form and Field # 80 for UB-04 Claim Form.

For the CMS 1500 Claim Form Grid, see updates to Field #19 instructions:

| Field # | Field Description | Instructions and Comments | Required or Conditional | Loop ID | Segment | Notes |
|---------|------------------------------|--|-------------------------|---------|---------|--|
| 19 | Additional Claim Information | <p>Claim Attachment Report Type codes in 837P defines the following qualifiers</p> <p>03 - Itemized Bill</p> <p>M1 - Medical Records for HAC review</p> <p>04 - Single Case Agreement (SCA)/LOA</p> <p>05 - Advanced Beneficiary Notice (ABN)</p> <p>CK - Consent Form</p> <p>06 - Manufacturer Suggested Retail Price /Invoice</p> <p>07 - Electric Breast Pump Request Form</p> <p>08 - CME Checklist consent forms (Child Medical Eval)</p> <p>EB - EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter</p> <p>CT - Certification of the Decision to Terminate Pregnancy</p> <p>AM - Ambulance Trip Notes/ Run Sheet</p> | Required | 2300 | PWK01 | Claim Attachment Report Type codes in 837P |

For the UB04 Claim Form, see updates to Field #80 instructions:

| Field # | Field Description | Instructions and Comments | Required or Conditional | Loop ID | Segment | Notes |
|---------|-------------------|--|-------------------------|---------|---------|--|
| 80 | Remarks Field | <p>Claim Attachment Report Type codes in 837I defines the following qualifiers</p> <p>03 - Itemized Bill</p> <p>M1 - Medical Records for HAC review</p> <p>04 - Single Case Agreement (SCA)/LOA</p> <p>05 - Advanced Beneficiary Notice (ABN)</p> <p>CK - Consent Form</p> <p>06 - Manufacturer Suggested Retail Price /Invoice</p> <p>07 - Electric Breast Pump Request Form</p> <p>08 - CME Checklist consent forms (Child Medical Eval)</p> <p>EB - EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter</p> <p>CT - Certification of the Decision to Terminate Pregnancy</p> <p>AM - Ambulance Trip Notes/ Run Sheet</p> | Required | 2300 | PWK01 | Claim Attachment Report Type codes in 837I |