

Chapter 12 Companion Guide 275 Additional Information to Support a Health Care Claim or Encounter (Documentation/Medical Attachment)

This companion guide for the ANSI ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter transaction has been created for use in conjunction with the *ANSI ASC X12N 275 004050 Additional Information to Support a Health Care Claim or Encounter Implementation Guide*. It should not be considered a replacement for the *ANSI ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter Implementation Guide*, but rather used as an additional source of information.

Method of Transmission

The ANSI ASC X12 275 Additional Information to Support a Health Care Claim or Encounter is the prescribed standard electronic format for submitting electronic documentation. Providers and insurance carriers may agree to exchange documentation in a non-prescribed format by mutual agreement. The components required to identify information associated with documentation must be present in non-prescribed formats.

Providers may elect to submit documentation associated with electronic bill transactions through facsimile (fax) or electronic mail (email) in accordance with 28 Tex. Admin. Code §133.501 Electronic Medical Bill Processing. Insurance carriers and health care providers must be able to electronically exchange medical documentation for documentation that is required to be submitted with the bill based on Division rule.

Documentation Requirements

Medical documentation includes all medical reports and records, such as evaluation reports, narrative reports, assessment reports, progress report/notes, clinical notes, hospital records and diagnostic test results. Documentation requirements for Texas workers' compensation billing are defined in 28 Tex. Admin. Code §133.210 Medical Documentation.

Documentation related to electronic medical bill transactions is also referred to as attachments. Documentation is identified in the ANSI ASC X12 837 formats in the PWK Claim Supplemental Information (Attachment) Segment. The PWK Segment is not required for a complete electronic medical bill. Services that require documentation in accordance with 28 Tex. Admin. Code §133 General Medical Provisions and do not have a PWK Attachment Segment are not rejected by insurance carriers. Bill transactions that include services that require documentation pursuant to §133.210 and are submitted without the associated documentation may be denied after bill review based on the lack of documentation.

Documentation related to electronic medical bills must be submitted within seven (7) days of submission of the electronic medical bill. The documentation may be exchanged through facsimile, electronic mail, or electronic transmission (ANSI ASC X12 275 or mutually agreed upon format).

Security and Privacy

Documentation submitted in these methods must comply with applicable Federal and state requirements related to confidentiality and privacy.

Documentation Identification

Documentation related to electronic medical bills is submitted by using the ANSI ASC X12 275 or a mutually agreed upon format. The provider may also submit documentation by facsimile (fax) or electronic mail (email).

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TAC §133.501 also requires specific data elements to be contained in the documentation that is required to be submitted with the electronic claim. While the ANSI ASC X12 275 companion guide contains this data, providers must ensure that any documentation sent by other means (such as fax or email) also contains this information. This allows the insurance carrier to identify the related injured employee, claim, and bill transaction in order to associate the documentation to the bill transaction.

Providers must identify the elements listed below in the documentation.

- injured employee;
- insurance carrier;
- health care provider;
- date(s) of service; and
- related medical bill transaction(s).

The identification of the medical bill transaction is accomplished by providing the unique bill transaction identification number. In addition, the provider should always include the document identification number that is contained in the PWK segment of the ANSI ASC X12 837 transaction.

It is recommended that the provider include the required information on the first page of the attachment or to populate the data in the upper part on the first page of the document, left justified. Subsequent pages should identify the unique bill transaction identification number, the provider NPI, the date or dates of service, and the page number/number of pages in the header of the page.

The following information provides additional directions for specific elements that may be included to help associate an electronic medical bill with the submitted documentation.

Injured Employee Name

The injured employee's last and first name are required on all documentation submitted through ANSI ASC X12 275 transactions. Name fields are populated in documentation that is faxed or emailed in compliance with applicable Federal and state privacy and confidentiality regulations. If the injured employee's name is not included in the documentation, the insurance carrier claim number and the date of injury may be included on the documentation to identify the injured employee.

Injured Employee Identification Number

The injured employee's identification number is the SSN or other identification number as defined in Chapter 5 Texas Workers' Compensation Requirements of this companion guide. The injured employee's identification number is required on all documents submitted through ANSI ASC X12 275 transactions. The injured employee's identification number should be populated in documentation that is faxed or emailed in compliance with applicable Federal and state privacy and confidentiality regulations.

Date of Birth

The injured employee's date of birth is required on all documents submitted through ANSI ASC X12 275 transactions. The injured employee's date of birth may be populated in documentation that is faxed or emailed in compliance with applicable Federal and state privacy and confidentiality regulations.

DWC Claim Number

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The DWC claim number for the injured employee's workers' compensation claim may be populated on documentation if it is known to the Provider. If the DWC claim number is not known, the value is omitted in the documentation.

Insurance Carrier Claim Number

The insurance carrier's claim number for the injured employee's workers' compensation claim should be included on documentation when it is known to the Provider. The insurance carrier's claim number may not be known during the initial period of treatment post injury. The insurance carrier's claim number may be used to identify the injured employee and claim when the injured employee's private health care information is omitted.

Date of Injury

The injured employee's date of injury may be submitted on all documentation related to electronic bill transactions in accordance with applicable Federal and state privacy and security regulations.

Insurance Carrier Name/FEIN

If the insurance carrier's FEIN is not included on the documentation, the provider must include the insurance carrier's name. The insurance carrier's FEIN may be submitted in addition to the insurance carrier name to ensure proper routing.

Provider/Organization Name

The provider's first and last name is required for individuals. The provider's organization name is required when the provider is an organization or when an individual provider is associated with an organization (i.e. group practice or hospital).

Provider Identification Numbers

The provider's NPI should be included on all documentation associated with electronic bill transactions.

Date of Service

The date, or dates, of service related to the electronic medical bill transactions and the documentation is required on documentation. The first page of a multiple page attachment should contain the date or dates of service related to all pages of the document. The date or dates of service on subsequent pages may relate to specific dates of service included in that particular page of the documentation.

Bill Transaction Identification Number

The Bill Transaction Identification Number is the unique Provider Bill Identification Number, populated in the CLM01 Claim Submitter Identifier Field in the CLM Claim Information Segment of Loop 2300 Claim Information. The HIPAA implementation of the ANSI 837 formats allows for a patient account number in this field but "strongly recommends that submitters use completely unique number for this field for each individual claim."

The NCPDP Telecommunication Standard Version 5.1 format structure does not identify a bill in the same manner as the ANSI 837 formats, i.e. a bill as a set of lines. The unique electronic bill transaction identification number for pharmacy billing is based on the individual prescription and is located in 402-D2 of the NCPDP 5.1 format.

When the electronic bill transaction is a resubmission, the Bill Identification Number in the bill transaction and in the documentation relates to the original bill submission Bill Transaction Identification Number.

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The documentation must contain the Bill Transaction Identification Number or numbers of bill transactions associated with the submitted documentation.

ANSI Identifiers

Report Type Codes

ANSI Report Type Codes identify the title, type, category, or content of documentation associated with an electronic bill transaction. For example, OB is the Report Type Code representing operative notes.

Report Transmission Code

ANSI Report Transmission Codes define the timing, transmission method or format by which documentation is to be sent. For example, FX is the Report Transmission Code representing submission by fax.

The PWK Segment in ANSI 837 formats requires an identification code qualifier to designate the identification number in the corresponding field. The ANSI identification code qualifier for document identification numbers, the Attachment Control Number, is AC Attachment Control Qualifier.

These three elements should be listed on all documentation immediately preceding the Document Identification Number (Attachment Control Number) in a continuous data string. For example, operative note SX12345 sent by fax is identified as OBFXAC SX12345.

Document Identification Number

The Document Identification Number is referred to as the Attachment Control Number in the context of ANSI standard formats. The Attachment Control Number represents a unique identification number for the document associated with an electronic bill transaction. The Attachment Control Number applies to all pages associated with a multiple page document.

If a provider uses Report Type Code “OZ” (Support Data for Claim), it is recommended that the provider use the jurisdictional report type codes to help the carrier identify the type of medical record attached to the electronic bill. These jurisdictional codes include:

Report Type Code	Definition
J1	Doctor First Report of Injury
J2	Supplemental Medical Report
J3	Medical Impairment Report
J4	Medical Legal Report
J5	Vocational Report
J6	Work Status Report
J7	Medical Consultation Report
J8	Medical Disability Report
J9	Hospital Itemized Statement

Multiple documents may be associated with an electronic medical bill transaction. The ANSI 837 formats support a maximum of ten (10) occurrences of a PWK Attachment Segment related to a single electronic bill transaction.

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The Document Identification Number or numbers, the Attachment Control Number, is required on all documentation.

Page Number

The page number of each individual page and the total number of pages included in the document is required on each page of the document (i.e. page 3 of 4). This page number/number of pages may be included in additional areas of the page but it is always required in the document header in the order described in this section of the companion guide.

Associating Documentation to Electronic Bill Transactions

Documentation associated with electronic medical bill transactions identifies the specific transactions or transactions as defined in the preceding section. The documentation is associated to the electronic bill transactions or transactions in this manner.

ANSI 837 electronic bill transactions are associated to the documentation through the use of the PWK Claim Supplementation Information (Paperwork) Segment. The PWK Segment identifies the type of documentation through use of ANSI standard Report Type Codes and the method of submission through the use of ANSI Report Transmission Codes. A unique Attachment Control Number is assigned to the documentation. The Attachment Control Number populated on the document shall include the Report Type Code, the Report Transmission Code, Attachment Control Qualifier (AC) and the Attachment Control Number.

Health Industry Level 7 Documentation Formats (HL7)

The ANSI ASC X12 275 format supports the exchange of HL7 claim attachment information as well as other attachment formats. The intent of adopting the ANSI ASC X12 275 is to provide a standard format to exchange documentation and attachments related to electronic medical bills rather than prescribe specific attachment formats (i.e. HL7). For the purposes of this implementation, the HL7 Interface Standard Format code, HL, in the CAT Category of Patient Information Service Segment is included as an optional attachment format standard. Health care providers and insurance carriers, or their agents, may exchange documentation using HL7 formatted documentation by mutual agreement.

Reference Information

The HIPAA ANSI ASC X12N 275 004050, Additional Information to Support a Health Care Claim or Encounter Implementation Guide is available through the Washington Publishing Company, www.wpc-edi.com.

The Texas workers' compensation direction for the use of the ANSI ASC X12 275 for attachments is contained in the following table.

Loop	Segment / Element	ANSI DN	ANSIR/O	Occurrence	Length	Data Type	Value	Description
TS	Transaction Set							
TS	ST		R	1	Transaction Set Header			
	ST01	143	R		3	ID	275	Transaction Set Identifier Code (Patient Information)
	ST02	329	R		4/9	N		Transaction Set Control Number
	ST03	1705	S		1/35	AN	004050X151	Implementation Convention Reference
TS	BGN		R	1	Beginning Segment			

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Loop	Segment / Element	ANSI DN	ANSI R/O	Occurrence	Length	Data Type	Value	Description
	BGN01	353	R		2	ID		Transaction Set Purpose Code
							01	Add (submitting an attachment to an 837)
							11	Response (in response to a 277 Request)
	BGN02	127	R		1/50	AN		Submission Identifier Code
	BGN03	373	R		8	DT		Transaction Set Creation Date
1000A	Transaction Receiver							
1000A	NM1		R	1	Transaction Receiver			
	NM101	98	R		2	ID	40	Entity Identifier Code (Receiver)
	NM102	1065	R		1	ID	2	Entity Type Qualifier (Non- Person Entity)
	NM103	1035	R		1/60	AN		Name Last or Organization Name
	NM108	66	R		1/2	ID		Identification Code Qualifier
							46	Electronic Transmitter Identification Number (ETIN)
							XV	National Plan ID
	NM109	67	R		2/80	AN		Identification Number
1000A	PER		S	1	Response Contact			
	PER01	366	R		2	ID	IC	Information Contact
	PER02	93	R		1/60	AN		Name
	PER03	365	S		2	ID		Communication Number Qualifier
	PER04	364	S		1/256	AN		Communication Number
	PER05	365	S		2	ID		Communication Number Qualifier
	PER06	264	S		1/256	AN		Communication Number
	PER07	365	S		2	ID		Communication Number Qualifier
	PER08	364	S		1/256	AN		Communication Number
1000B	Submitter Information							
1000B	NM1		R	1	Submitter Information			
	NM101	98	R		2	ID	41	Entity Identifier Code (Submitter)
	NM102	1065	R		1	ID	2	Entity Type Qualifier (Non- Person Entity)
	NM103	1035	R		1/60	AN		Name Last or Organization Name
	NM108	66	R		1/2	ID		Identification Code Qualifier
							46	Electronic Transmitter Identification Number (ETIN)
	NM109	67	R		2/80	AN		Identification Number
1000C	Provider Information							
1000C	NM1		R	1	Provider Name			
	NM101	98	R		2	ID	1P	Provider
	NM102	1065	R		1	ID		Entity Type Qualifier
							1	Person
							2	Non-Person Entity
	NM103	1035	R		1/60	AN		Name Last or Organization Name
	NM104	1036	S		1/35	AN		Name First
	NM105	1037	S		1/25	AN		Name Middle
	NM107	1039	S		1/10	AN		Name Suffix
	NM108	66	R		2	ID		Identification Code Qualifier
							24	Employer's Identification Number
							34	Social Security Number
							FI	Federal taxpayer's Identification Number

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Loop	Segment / Element	ANSI DN	ANSI R/O	Occurrence	Length	Data Type	Value	Description
							XX	National Provider Identification Number
	NM109	67	R		2/80	AN		Identification Number
1000D	Patient Information							
1000D	NM1		R	1	Patient Name			
	NM101	98	R		2	ID	QC	Patient
	NM102	1065	R		1	ID	1	Entity Type Qualifier
	NM103	1035	R		1/60	AN		Name Last or Organization Name
	NM104	1036	S		1/35	AN		Name First
	NM105	1037	S		1/25	AN		Name Middle
	NM107	1039	S		1/10	AN		Name Suffix
	NM108	66	R		2	ID	MI	Identification Code Qualifier
	NM109	67	R		2/80	AN		Member Identification Number
1000D	REF		R	1	Patient Account Number			
	REF01	128	R		2	ID	EJ	Reference Identification Qualifier
	REF02	127	R		1/50	AN		Patient Account Number (CLM01 in the 837)
1000D	REF		S	1	Institutional Type of Bill			
	REF01	128	R		3	ID	BLT	Reference Identification Qualifier
	REF02	127	R		1/50	AN		Billing Type (CLM05 in the 837)
1000D	REF		S	1	Medical Record Number			
	REF01	128	R		3	ID	EA	Reference Identification Qualifier
	REF02	127	R		1/50	AN		Medical Record Number
1000D	REF		S	1	Claim Number			
	REF01	128	R		3	ID	D9	Reference Identification Qualifier (Claim Number)
	REF02	127	R		1/50	AN		Claim Number
1000D	DTP		S	1	Institutional Claim Service Date			
	DTP01	374	R		3	ID	434	Date/Time Qualifier
	DTP02	1250	R		2/3	ID	RD8	Date Time Period Format Qualifier
	DTP03	1251	R		1/35	AN		Statement From and Through Dates
2000A	Assigned Number (Repeat > 1)							
2000A	LX		R	1	Assigned Number			
	LX01	554	R		1/6	NO		sequence number of the segments that follow
2000A	TRN		S	1	Payer's Control Number/Provider's Control Number			
	TRN01	481	R		1/2	ID		Trace Type Code
							1	275 to support an 837 within the same tran
							2	when responding to a 277 request
	TRN02	127	R		1/50	AN		Payer or Provider's Control Number
2000A	STC		S	1	Status Information			
					This segment is not used when sending a 275 to support an 837 within the same interchange.			
					This segment must be used to return the question that originally was sent on the 277 Request for Additional Information.			
	STC01		R					Health Care Claim Status
	STC01-1	1271	R		1/30	AN		Status Category Code
	STC01-2	1271	R		1/30	AN		Additional Information Request Code
	STC01-4	1270	R		3	ID	LOI	Code List Qualifier Code

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Loop	Segment / Element	ANSI DN	ANSI R/O	Occurrence	Length	Data Type	Value	Description
	STC10		S					Health Care Claim Status
	STC10-1	1271	R		1/30	AN		Status Category Code
	STC10-2	1271	R		1/30	AN		Additional Information Request Code
	STC10-4	1270	S		3	ID	LOI	Code List Qualifier Code
	STC11		S					Health Care Claim Status
	STC11-1	1271	R		1/30	AN		Status Category Code
	STC11-2	1271	R		1/30	AN		Additional Information Request Code
	STC11-4	1270	S		3	ID	LOI	Code List Qualifier Code
2000A	REF		S	1	Service Line Item Identification			
					This segment is required when the additional information is associated with the service line or revenue line information.			
	REF01	128	R		2/3	ID		Reference Identification Qualifier
							6R	Provider Control Number
							FJ	Line Item Control Number
	REF02	127	R		1/50	AN		Line Item Control Number
2000A	REF		S	1	Product or Service Line Information			
					This segment is required when the Service Line Item Identification REF Segment is used.			
	REF01	128	R		2/3	ID		Reference Identification Qualifier
							CPT	Current Procedural Terminology Code
							F8	Original Reference Number
							FO	Drug Formulary Number
							PRT	Product Type
							YJ	Revenue Source
							ZZ	Dental Procedure Code (CDT)
	REF02	127	R		1/50	AN		Service Identification Code
	REF04		S					Used for both a proc code and a revenue
	REF04-1	128	R		2/3	AN	YJ	Revenue Source
	REF04-2	127	R		1/50	AN		Revenue Code
2100A	Professional Date of Service							
2100A	DTP		S	1	Professional Date of Service			
	DTP01	374	R		3	ID	472	Date/Time Qualifier
	DTP02	1250	R		2/3	ID	RD8	Date Time Period Format Qualifier
	DTP03	1251	R		1/35	AN		Professional Service Date
2100B	Date Additional Information Was Submitted							
2100B	DTP		R	1	Date Additional Information Was Submitted			
	DTP01	374	R		3	ID	368	Date/Time Qualifier
	DTP02	1250	R		3	ID	D8	Date Time Period Format Qualifier
	DTP03	1251	R		8	DT		Date Information was Submitted
2100B	CAT		R	1	Category of Patient Information Service			
	CAT01	755	R		2	ID	AE	Report Type Code (Attachment)
	CAT02	756	R		2	ID		Attachment Information Format Code
							HL	Health Industry Level 7
							IA	Electronic Image
	CAT03	799	S		1/30	AN		Version Identification Code

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Loop	Segment / Element	ANSI DN	ANSI R/O	Occurrence	Length	Data Type	Value	Description
2110B	Electronic Format Identification							
2110B	EFI		R	1	Electronic Format Identification			
	EFI01	786	R		2	ID	05	Security Level Code (Personal)
2110B	BIN		R	1	Binary Data			
	BIN01	784	R		1/15	N0		Length of Binary Data
	BIN02	785	R			B		Binary Data
TS	SE		R	1	Transaction Set Trailer			
	SE01	96	R		1/10	N		Transaction Segment Count
	SE02	329	R		4/9	AN		Transaction Set Control Number (same as ST02)