

## **Chapter 9 Companion Guide 275 Additional Information to Support a Health Care Claim or Encounter (Documentation/Medical Attachment)**

This companion guide for the ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter transaction has been created for use in conjunction with the *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 *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 ASC X12N 275 Additional Information to Support a Health Care Claim or Encounter is the prescribed standard electronic format for submitting electronic documentation. Health care providers and insurance carriers may agree to exchange documentation in other non-prescribed electronic formats (such as uploading to a web-based system) by mutual agreement. The components required to identify information associated with documentation must be present in non-prescribed formats.

Health care providers may also elect to submit documentation associated with electronic bill transactions through facsimile (fax) or electronic mail (email) in accordance with 28 Texas Administrative Code (TAC) §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 the regulatory requirements.

### **Documentation Requirements**

Documentation requirements for Texas workers' compensation billing are defined in 28 TAC §133.210, Medical Documentation. 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 related to electronic medical bill transactions is also referred to as attachments. Documentation is identified in the ASC X12N 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 TAC §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 28 TAC §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 (ASC X12N 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**

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Documentation related to electronic medical bills is submitted by using the ASC X12N 275 or a mutually agreed upon format. The provider may also submit documentation by facsimile (fax) or electronic mail (email).

28 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 ASC X12N 275 transaction set 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 ASC X12N 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 ASC X12N 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 3 Texas Workers' Compensation Requirements of this companion guide. The injured employee's identification number is required on all documents submitted through ASC X12N 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 ASC X12N 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.

**TDI-DWC Claim Number**

The TDI-DWC claim number for the injured employee's workers' compensation claim may be populated on documentation if it is known to the health care provider.

**Insurance Carrier Claim Number**

The insurance carrier's claim number for the injured employee's workers' compensation claim should be included on documentation to ensure the insurance carrier can match the attachment with the electronically submitted medical bill.

**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.

**Health Care Provider/Organization Name**

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

**Health Care Provider Identification Numbers**

The health care 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 ASC X12N 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 ASC X12N 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.

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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.

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

### Identification Codes

#### Report Type Codes

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

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 ASC X12N 837 formats requires an identification code qualifier to designate the identification number in the corresponding field. The identification code qualifier for attachments is 'AC.'

These three elements should be listed on all documentation immediately preceding the Attachment Control Number in a continuous data string. For example, operative note SX12345 sent by fax is identified as OBFXACSX12345.

#### Attachment Control Number

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 health care 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

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Multiple documents may be associated with an electronic medical bill transaction. The ASC X12N 837 formats support a maximum of ten (10) occurrences of a PWK Attachment Segment related to a single electronic bill transaction.

The Attachment Control Number should be included on all documentation regardless of transmission method.

### **Page Number**

The page number of each individual page and the total number of pages included in the document should be included on each page of the document (i.e. page 3 of 4).

### **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.

ASC X12N 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 standard Report Type Codes and the method of submission through the use of 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 ASC X12N 275 format supports the exchange of HL7 claim attachment information as well as other attachment formats. The intent of adopting the ASC X12N 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 may be included. Health care providers and insurance carriers, or their agents, may exchange documentation using HL7 formatted documentation by mutual agreement.

### **Reference Information**

The 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](http://www.wpc-edi.com).