



Availity® Health Information Network

Batch Electronic Data Interchange (EDI) Additional Information to Support a Health Care Claim or Encounter (275)

Refers to the Implementation Guides Based on ASC X12 version 005010

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Preface

Rules for format, content, and data element values are listed in the HIPAA Technical Reports Type 3 (TR3s) for submitting 5010 HIPAA transactions. These guides are available on the [Washington Publishing Company](#) website.

This Availity EDI Companion Guide supplements the HIPAA TR3s and describes the Availity Health Information Network environment, interchange requirements, transaction responses, acknowledgements, and reporting for each of the transactions specified in this guide as related to Availity. This guide also provides specific information for data elements and values required by Availity.

Important: As defined in the HIPAA TR3s, documents like this Availity EDI Companion Guide are intended to supplement, not replace, the standard HIPAA TR3 for each transaction set. Information in this guide is not intended to modify the definition, data condition, or use of any data element or segment in the standard TR3s. It is also not intended to add any additional data elements or segments to the defined data set. This guide does not utilize any code or data values that are not valid in the standard TR3s. It also does not change the meaning or intent of any implementation specifications in the standard TR3s.

Note:

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Introduction

Scope

This document is intended to provide information to healthcare providers, trading partners, vendors and health plans for implementation of the X12N 275 (v5010) claims attachment transaction via batch EDI, and the workflow in Availity Essentials for viewing the history of all submitted attachments, as well as all electronic requests for attachments.

This guide applies to the following transaction:

Format	Version supported	Transaction type
ASC X12N 275	005010X210	Additional Information to Support a Health Care Claim or Encounter (275)

Business overview

Health plans often require additional documentation for claim adjudication, authorizations, risk and quality validations, and for building patient profiles. As these requests become more frequent, the administrative burden on payers to send the requests, and for providers to respond the requests, also increases.

Availity, a leader in EDI healthcare technology, has created solutions to simplify the process for both solicited and unsolicited medical record transmissions. Payers and providers can utilize various formats and modes of transmission via Availity to request and send attachments data electronically. Adoption of electronic attachments has the potential to save the industry over \$206 million dollars per year.

As an Availity user, you will realize the following benefits:

- Electronic access to commercial and government insurance payers
- The ability to submit transactions destined for multiple payers in a single batch
- Reduced administrative work and expense
- Reduced postage and material expense
- Ability to submit transactions twenty-four hours a day, seven days a week (except during scheduled maintenance times)
- Acknowledgement of receipt for each transmitted file
- Increased accuracy of data and reduced risk of duplication
- Increased productivity
- Improved payment cycle and reduced appeals
- Compliance with HIPAA mandates for electronic transactions

Set up for batch EDI 275 transactions

Availity provides the following modes for submitting batch files of EDI 275 transactions.

Submit 275 transaction files through FTP

If you work with a practice management system, health information system, or other automated system that supports an FTP connection, you can securely upload batch files of X12 EDI transactions to the Availity FTP site where they are automatically picked up by Availity and submitted to the appropriate health plans.

To submit 275 transaction files through FTP, you will need to complete the following setup steps:

- 1. Create your Availity FTP account** – See the section on "EDI transactions through FTP", in the [Availity EDI Companion Guide](#), for details.
- 2. Configure your FTP client** – See the section on "EDI transactions through FTP", in the [Availity EDI Companion Guide](#), for details.
- 3. Set up medical attachments in Availity Essentials** – See [Set up medical attachments in Availity Essentials](#) on page 8 for details.

Submit 275 transaction files through Availity Essentials

If you have batch files of X12 EDI transactions that you need to process and you don't have access to an FTP connection, you can manually upload the batch files through Availity Essentials. See the section on "EDI transactions through Availity Essentials", in the [Availity EDI Companion Guide](#), for details.

You will also need to set up medical attachments in Availity Essentials. See [Set up medical attachments in Availity Essentials](#) on page 8 for details.

Note: For details about submitting test transactions, see the section on "Connectivity with the payer/communications", in the [Availity EDI Companion Guide](#).

Set up medical attachments in Availity Essentials

To receive notifications about requested (solicited) attachments, and to view a history of both submitted and requested attachments, you must be set up for medical attachments in Availity Essentials. An administrator for your organization must perform the setup steps.

Tip: Before starting setup, take time to add users that don't currently have an Availity Essentials user account. During the medical attachments setup process, you'll select who you want to have access to attachments from your list of existing users. If you want a user to receive e-mail notifications for new medical attachment requests, then be sure to include the user's e-mail when you set up their Availity Essentials account.

1. In the Availity Essentials menu bar, click **My Providers | Enrollments Center**. On the Enrollments Center page, click **Medical Attachments Setup** under **Multi-Payer Enrollments**.

2. Select **Medical Attachment Registration**, and then click **Next**.

3. Select an organization and add the providers, in your organization, who will participate. When you've completed this step, click **Next**.

Tip: Payers vary in the provider identifiers you need to add during set up. To ensure all requests are routed to your organization in alignment with how you work with participating payers, be sure to add at least your individual and group billing NPIs. Also consider adding your business' tax IDs.

4. Select the users in your organization who need access to the medical attachments tools in Availity Essentials. When you've completed this step, click **Save**.

Administrators and impacted users receive emails confirming setup.

Tip: After initial setup, you can always add or remove providers or users from participation in Availity attachments by revisiting the medical attachments setup page.

Batch EDI 275 transactions

This section clarifies, supplements and further defines specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3s for the X12 275 claims attachment v5010 transaction, the HL7 CDA release 2 document, and the HL7 C-CDA implementation guides.

Solicited vs. unsolicited attachments

Solicited attachments

The most common scenario for a medical attachment is the solicited attachment. In this scenario, the health plan sends a request to the provider, or facility, for additional information that it needs to adjudicate a claim, or request, or to fulfill risk and quality obligations. Health plans can solicit requests for additional documentation from providers through any of the following methods: a 277RFAI (request for additional information) transaction, through their payer-specific account on Availity Essentials, or via paper notification.

Electronic requests for attachments are delivered to the **ReceiveFiles** folder for your organization, and also display in the attachments dashboard, within Availity Essentials. Users who have been granted access to medical attachments (in Availity Essentials) will receive a notification in Availity Essentials, as well as an email, when a new request is received by Availity.

For information about how to access your organization's **ReceiveFiles** folder, see the section on "Connectivity with the payer/communications", in the [Availity EDI Companion Guide](#).

If you are submitting a 275 transaction for a solicited attachment, please note the following:

- The patient, claim, and attachment control number are provided in the request for additional information from the health plan, along with a LOINC code specifying the type of document being requested.

Note: LOINC (Logical Observation Identifiers Names and Codes) codes provide a definitive standard for identifying clinical information in electronic reports. Solicited requests from health plans include these codes in order to advise the provider about the documentation that is being requested. For a list of current LOINC codes, please visit <https://loinc.org>.

- Include the attachment control number, from the request for additional information, in loop 2000A TRN02 of the 275 transaction.
- The time allotted for a response, to the attachment request, is dictated by the payer's guidelines.

Unsolicited attachments

An unsolicited attachment refers to the case where the provider is aware that additional documentation will be needed by the health plan to adjudicate a claim, or request, or to fulfill risk and quality obligations. The provider then submits the additional documentation at the same time as the claim or request.

If you are submitting a 275 transaction for an unsolicited attachment, please note the following:

- In the 837 or 278 transaction, for which you are submitting an unsolicited attachment, use the PWK segment to specify that an attachment is being sent in support of that transaction. If you are submitting multiple attachments for a single 837 or 278 transaction, use a separate and unique PWK segment for each attachment.

Note: Please see the appropriate implementation guide (ASCX12N TR3) for more information about the situational requirements for the PWK segment.

- In loop 2000A TRN02 of the 275 transaction, specify the attachment control number from the PWK segment for the associated 837 or 278 transaction. If you are submitting multiple attachments for a single 837 or 278 transaction, use a separate 2000A loop and unique TRN02 segment for each attachment.

Important: To avoid claim matching issues, ensure that the information in the TRN02 segment of the 275 matches the corresponding PWK segment in the associated 837 or 278.

Accepted file types and file sizes

Availity accepts the following file types for attachments: TIFF (.tif), JPEG (.jpg), and PDF (.pdf).

For payer-specific guidelines on file sizes, please see [Submitting Attachments](#) in Availity help.

Technical specifications and envelopes

The following is a brief overview of important segments for 275 transactions. Please refer to the 275 implementation guide (ASCX12N TR3) for complete descriptions of these segments.

- **BGN*01** – Specify 11 for solicited, 02 for unsolicited
- **TRN*02** – Attachment control number
- **STC** – Used when BGN is 11, in order to return the LOINC code that was requested
- **CAT*02** – Specify IA for an electronic image
- **EFT*01** – Must be set to 05
- **BIN*01** – Must be set to the number of bytes contained in the BIN*02 segment

The remainder of the content in this section is identical to what is provided in the [Availity EDI Companion Guide](#) and is reproduced here for convenience. Values that are specific to a 275 transaction are indicated as such.

ISA segments

Field	Usage	Specifications	Segment
Authorization Information Qualifier	Code to ID the type of information in the authorization	<ul style="list-style-type: none"> • Required • Length: 2/2 • Required Value: 00 = No Authorization Information Present <p>Note: For EDI batch mode, login credentials are not provided in the ISA header.</p>	ISA01
Authorization Information	Info used for identification or authorization of the sender or the data interchange	<ul style="list-style-type: none"> • Required • Length: 10/10 • Required Value: (10 blank spaces) 	ISA02

Field	Usage	Specifications	Segment
Security Information Qualifier	Code to ID the type of information in the Security Info	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: 00 = No Security Information Present <p>Note: For EDI batch mode, login credentials are not provided in the ISA header.</p>	ISA03
Security Information	Info used for identifying security information about the sender or the data interchange	<ul style="list-style-type: none"> Required Length: 10/10 Required Value: (10 blank spaces) 	ISA04
Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the sender	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: ZZ = Mutually Defined 	ISA05
Interchange Sender ID	ID code for sender, as defined by Availity. This ID is qualified by the value in ISA05	<ul style="list-style-type: none"> Required Length: 15/15 Required Value: AV09311993 (+5 blank spaces) 	ISA06
Interchange ID Qualifier	Qualifier to denote the system/method of code structure used to designate the receiver	<ul style="list-style-type: none"> Required Length: 2/2 Required Value: 01 = Duns (Dun & Bradstreet) 	ISA07
Interchange Receiver ID	ID code published by the receiver. This ID is qualified by the value in ISA07.	<ul style="list-style-type: none"> Required Length: 15/15 Required Value: 030240928 (+6 spaces) 	ISA08
Interchange Date	Date of the interchange	<ul style="list-style-type: none"> Required Format: YYMMDD 	ISA09
Interchange Time	Time of the interchange	<ul style="list-style-type: none"> Required Format: HHMM 	ISA10

Field	Usage	Specifications	Segment
Repetition Separator	Provides the delimiter used to separate repeated occurrences of a simple data element or a composite data structure	<ul style="list-style-type: none"> Required Length: 1/1 Recommended Value = ^ 	ISA11
Interchange Control Version Number	This version number covers the interchange control segments	<ul style="list-style-type: none"> Required Length: 5/5 Required Value: 00501 	ISA12
Interchange Control Number	A unique control number assigned by the sender	<ul style="list-style-type: none"> Required Length: 9/9 Recommended Value: Must be identical to the value in IEA02 	ISA13
Acknowledgement Requested	Code sent by the sender to request an interchange acknowledgement (TA1)	<ul style="list-style-type: none"> Required Length: 1/1 Recommended Value = 1 	ISA14
Usage Indicator	Code to indicate whether data enclosed is test or production. Test until all Availity validation testing is complete then set to P for Production.	<ul style="list-style-type: none"> Required Length: 1/1 Recommended Values = T (Testing) or P (Production) 	ISA15
Component Element Separator	The sender identifies the element separator used as a delimiter to separate the data within a composite data structure. Must be different from the data element separator and segment terminator.	<ul style="list-style-type: none"> Required Length: 1/1 Recommended Value: Any value from the Basic Character Set. 	ISA16
Segment Terminator	Always use tilde as segment terminator. There will be no line feed in X12 code.	<ul style="list-style-type: none"> Required Position 106 1/1 Required Value = "~" [Tilde] 	ISA

IEA segments

Field	Usage	Specifications	Segment
Number of Included Functional Groups	A count of the number of functional groups included in the interchange	<ul style="list-style-type: none"> Required Field Length: 1/5 	IEA01
Interchange Control Number	A control number assigned by the sender	<ul style="list-style-type: none"> Required Field Length: 9/9 (<i>same as ISA13</i>) 	IEA02

GS segments

Field	Usage	Specifications	Segment
Functional Identifier Code	Code identifying a group of application related transaction sets	<ul style="list-style-type: none"> Required Field Length: 2/2 Recommended Values: [vary based on transaction type] <ul style="list-style-type: none"> HI = Health Care Services Review Information (278) HR = Health Care Claim Status Request (276) HN = Health Care Claim Status Notification (277) HC = Health Care Claim (837) HS = Eligibility, Coverage or Benefit Inquiry (270) HB = Eligibility, Coverage or Benefit Information (271) HP = Health Care Claim Payment/Advice (835) FA = 999 Implementation Acknowledgement (5010) PI = Additional information to support a health care claim or encounter (275) 	GS01

Field	Usage	Specifications	Segment
Application Sender's Code	Code Identifying party sending transmission. Code agreed to by trading partners.	<ul style="list-style-type: none"> Required Field Length: 2/15 Recommended Value (5010): Vendor partners should enter the vendor's customer ID. 	GS02
Application Receiver's Code	Code identifying party receiving transmission. Code agreed to by trading partner.	<ul style="list-style-type: none"> Required Field Length: 2/15 Required Value: 030240928 	GS03
Date	Creation Date	<ul style="list-style-type: none"> Required Field Length: 8/8 Format: CCYYMMDD 	GS04
Time	Creation Time	<ul style="list-style-type: none"> Required Field Length: 4/8 Format: HHMM (<i>GMT/UTC Standard</i>) 	GS05
Group Control Number	Assigned number originated and maintained by the sender	<ul style="list-style-type: none"> Required Field Length: 1/9 Note: Do not use leading zeroes Must be unique within interchange Recommended to be unique over a 6-month period Must match GE02 	GS06
Responsible Agency Code	Code used to identify the issuer of the standard	<ul style="list-style-type: none"> Required Field Length: 1/2 Recommended Value: X = Accredited Standards Committee X12 	GS07

Field	Usage	Specifications	Segment
Version / Release / Industry Identifier Code	Code indicating the version, release, sub release, and industry identifier of the EDI standard being used	<ul style="list-style-type: none"> Required Field Length: 1/12 Recommended Values: [vary based on transaction type] <ul style="list-style-type: none"> 835 – 005010X221A1 270/271 – 005010X279A1 276/277 – 005010X212 278 – 005010X217 278N – 005010X216 837 Institutional – 005010X223A2 837 Professional – 005010X222A1 837 Dental – 005010X224A2 275 Medical – 005010X210 	GS08

GE segments

Field	Usage	Specifications	Segment
Number of Transaction Sets Included	Total number of transaction sets (ST/SE) included in the functional group or interchange	<ul style="list-style-type: none"> Required Field Length: 1/6 	GE01
Group Control Number	Assigned number originated and maintained by the sender. The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.	<ul style="list-style-type: none"> Required Field Length: 1/9 	GE02

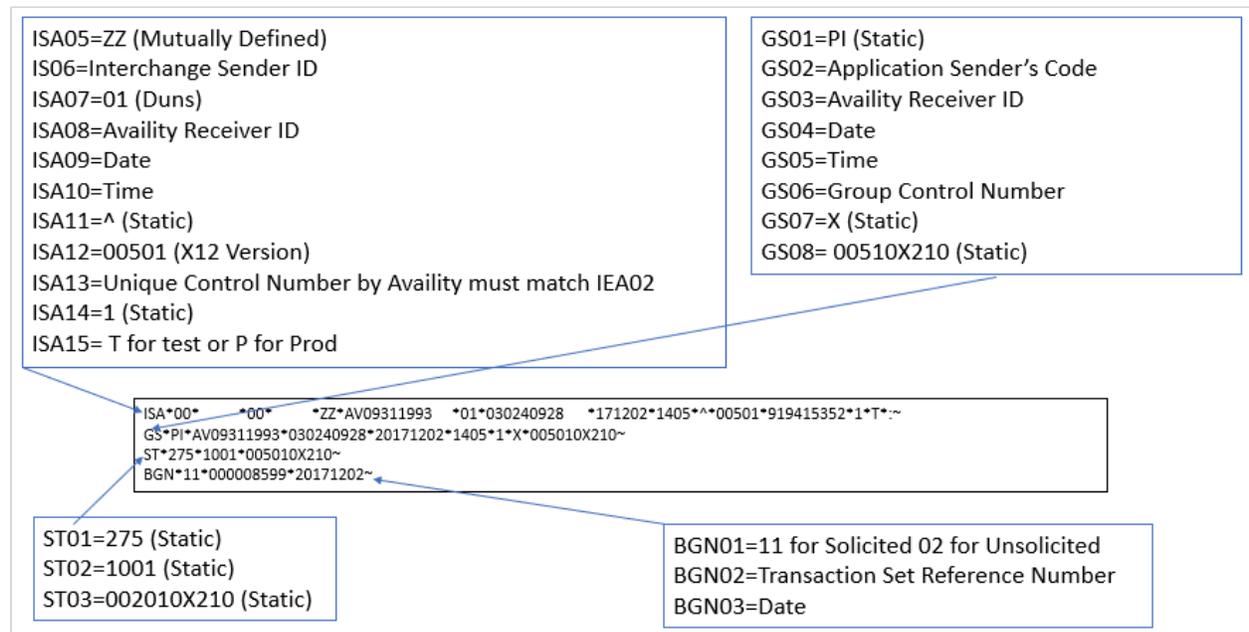
Transaction example

The following is an example of a 275 transaction that is a response to a 277RFAI transaction. Detailed descriptions of parts of this example are provided in the sections that follow.

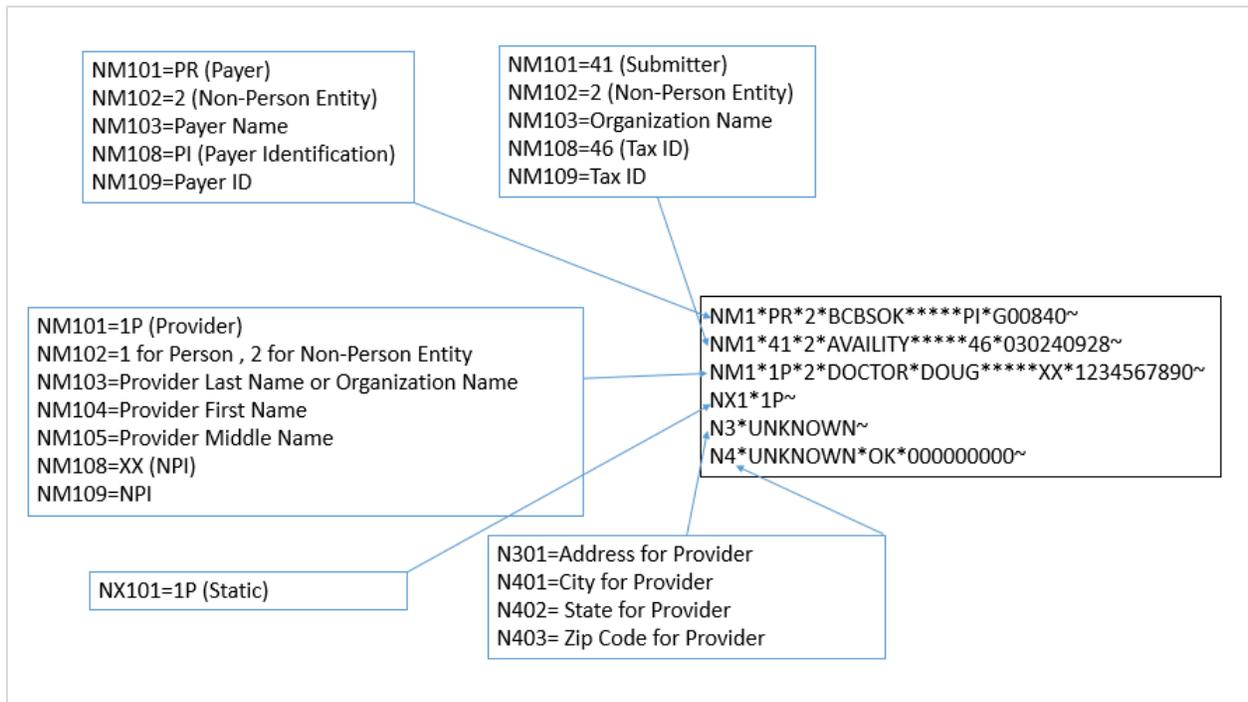
```

ISA*00*          *00*          *ZZ*AV09311993      *01*030240928
  *171202*1405*^^*00501*919415352*1*T*:~
GS*PI*AV09311993*030240928*20171202*1405*1*X*005010X210~
ST*275*1001*005010X210~
BGN*11*000008599*20171202~
NM1*PR*2*BCBSOK*****PI*G00840~
NM1*41*2*AVAILITY*****46*030240928~
NM1*1P*2*DOCTOR*DOUG*****XX*1234567890~
NX1*1P~
N3*UNKNOWN~
N4*UNKNOWN*OK*000000000~
NM1*QC*1*TEST*PATIENT****MI*JNA123456789~
REF*EJ*D09110~
DTP*472*RD8*20170203-20170215~
LX*1~
TRN*2*20171202JCE107~
STC*R4:24320-4::LOI~
DTP*368*D8*20171202~
CAT*AE*IA~
EFI*05~
BIN*41*POINTER->73463722061512245670609300003862~
LX*2~
TRN*2*20171202JCE107~
STC*R4:24320-4::LOI~
DTP*368*D8*20171202~
  
```

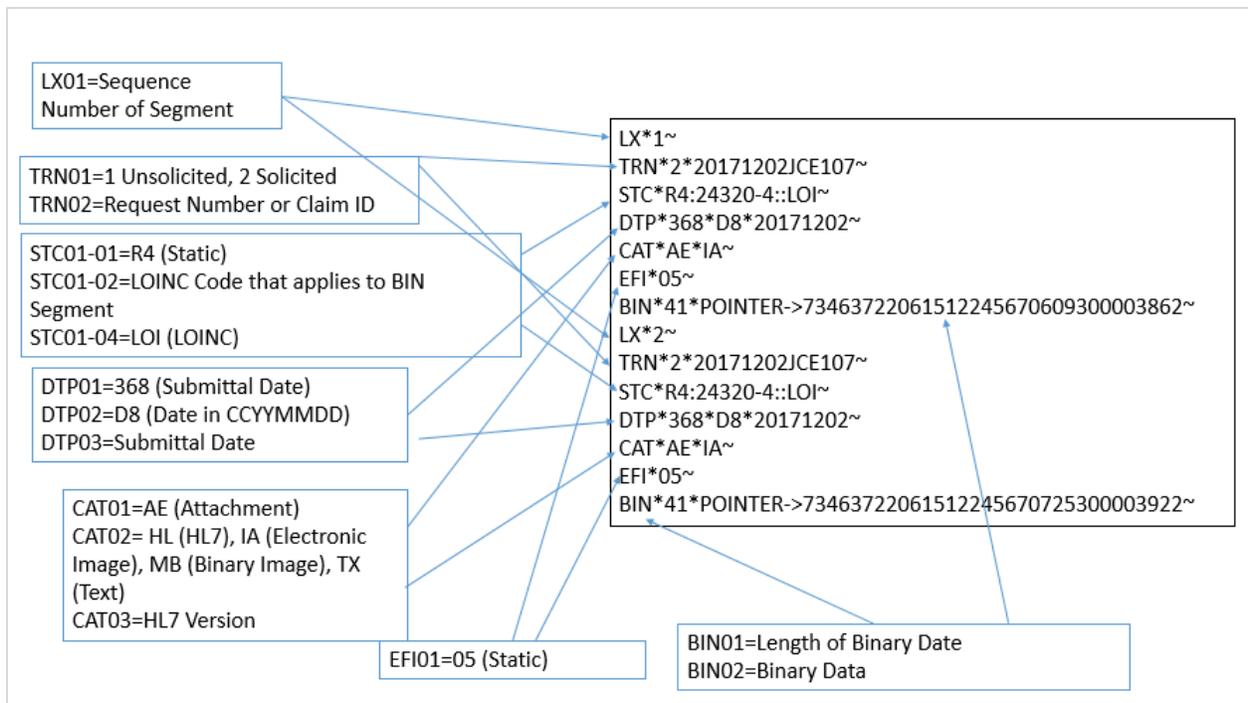
ISA, GS, ST and BGN segments



NM1, NX1, N3 and N4 segments



LX, TRN, STC, DTP, CAT, EFI and BIN segments



Common errors and considerations

Following are common errors associated with submitting 275 transaction files:

- The BIN01 segment does not match the size of the attachment contained in the BIN02 segment. Please ensure that these values match. Contact your software vendor if you are encountering issues.
- The health plan does not support this transaction. Acceptance of solicited or unsolicited attachments varies by health plan. Please check the Availity Payer List and with the destination health plan to confirm that 275 transactions are supported.
- Invalid type or size of attachment file.
- Attachment file is corrupt.

Additional considerations:

- Please ensure that your software is capable of Base64 encoding of your attachments.
- Requirements such as when to send an attachment, how it is requested and the criteria used to match claims to attachments can vary by health plan.

Response files

Response files are available from the **ReceiveFiles** folder for your organization. You can access your **ReceiveFiles** folder through FTP (if you have set up an Availity FTP account) or through Availity Essentials. See the section on "Connectivity with the payer/communications", in the [Availity EDI Companion Guide](#), for more information.

- A positive .999 response file is returned if the submitted transaction file passes X12 validation, and a negative .999 response file is returned if the submitted transaction file does not pass X12 validation.
- If the submitted transaction file passes X12 validation but the payer is unable to process your attachment, then a negative 824 response file is returned, with information about corrections that need to be made. Please see the section below for information about how to interpret the 824 file.
- A positive .999 response file, with no further responses, indicates a successful transaction.

Note: Availity is unable to provide status of your attachment after the payer has accepted it for processing. Please contact the payer directly for more information about the status of your attachment.

Interpret 824 files

If you receive an 824 response file, indicating a rejected 275 transaction, please locate the RED segment (see example below) for a description of the error.

The OTI*3 element (see example below) contains the Attachment Reference Number (TRN*02) from the rejected 275 transaction. You can use this number, in conjunction with the member name, date (OTI*6) and time (OTI*7) to match the 824 response file back to your original transaction.

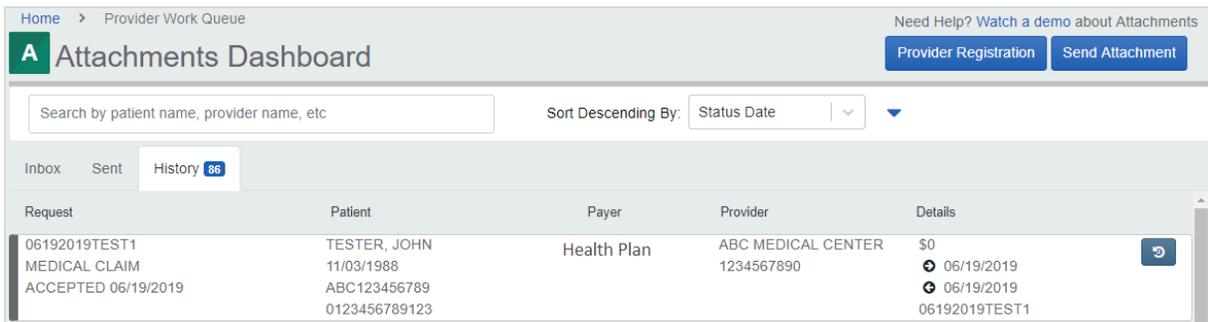
Example: 824 response file

```
ISA*00*      *00*      *ZZ*00840      *ZZ*PAVAIL0006 *190812*0000*^*00501*000000005*0*T*>
GS*AG*00840*PAVAIL0006*20190812*0749*1*X*005010X186A1
ST*824*0001*005010X186A1
BGN*11*147797335*20190812*07495051**147797335**U
N1*41*BCBSOK*PI*G00840
N1*40*AVAILITY*46*030240928
OTI*TR*TN*123456789***20190812*084505*147797305*1001*275*005010X210
REF*F8
NM1*QC*1*TEST*PATIENT****MI*123456789
TED*024**NM1*367*9**123456789
CTX*PATIENT PRIMARY IDENTIFIER*NM1*367*1000*9
RED*Member Not Found**94**IBP*E003
SE*11*0001
GE*1*1
IEA*1*000000005
```

View medical attachment history

You can view the history of all submitted attachments, as well as all electronic requests for attachments, by navigating to the Attachments Dashboard page in Availity Essentials.

1. In the Availity Essentials menu bar, under **Claims**, click **Claims & Payments | Attachments – New**.
2. Click the **History** tab to review documents and original requests that your organization has fulfilled, and to review requests that expired or were deleted by the payer.



The screenshot shows the Availity Attachments Dashboard. At the top, there is a navigation bar with "Home > Provider Work Queue" and a link to "Need Help? Watch a demo about Attachments". Below this is the "Attachments Dashboard" header with buttons for "Provider Registration" and "Send Attachment". A search bar is present with the text "Search by patient name, provider name, etc". To the right of the search bar, it says "Sort Descending By: Status Date" with a dropdown arrow. Below the search bar are tabs for "Inbox", "Sent", and "History 86". The "History" tab is active, showing a table with the following columns: Request, Patient, Payer, Provider, and Details. The table contains one row of data for a medical claim.

Request	Patient	Payer	Provider	Details
06192019TEST1 MEDICAL CLAIM ACCEPTED 06/19/2019	TESTER, JOHN 11/03/1988 ABC123456789 0123456789123	Health Plan	ABC MEDICAL CENTER 1234567890	\$0 🔄 06/19/2019 🔄 06/19/2019 06192019TEST1

- Select a record (row) on the **History** tab to download what you sent to the payer or to send a message to the payer (for participating payers).
- Click the Show History icon  to review the history for a specific record (row) on the **History** tab.

Support and resources

For questions, assistance, and support, do the following:

1. Log in to Availity Essentials and submit an online support ticket (24/7) by navigating to **Help & Training | Availity Support**, at the top of Availity Essentials.
2. Select **275 Pilot** in the **Reason** field of the ticket. This ensures that your issue is routed correctly.

The following additional resources are available:

- The Availity EDI Companion Guide, available from the **My Account Dashboard** section on the home page of Availity Essentials, or from the following link:
https://www.availity.com/documents/edi%20guide/edi_guide.pdf.
- WEDI white paper for 275, available from the following link:
<https://www.wedi.org/docs/default-document-library/guidance-on-implementation-of-standard-electronic-attachments-for-healthcare-transactions-white-paper.pdf?sfvrsn=0>
- ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Additional Information to Support a Health Care Claim or Encounter (275)
- ASC X12 Standards for Electronic Data Interchange Technical Report Type 3 Health Care Claim Request for Additional Information (277RFAI)