



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers
Date: January 7, 2025
Subject: 275 Claim Attachment Transactions Update

Dear Provider,

AmeriHealth Caritas District of Columbia (DC) is now accepting ANSI 5010 ASC X12 275 unsolicited claim attachment transactions via Optum/Change Healthcare and Availity. Providers may submit the electronic 275 claim attachment transaction via AmeriHealth Caritas DC payer ID (77002) according to the following guidelines:

Availity: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Availity directly or submit via your EDI clearing house.
- **Portal** — Individual providers may also register at:
www.availity.com/documents/learning/LP_AP_GetStarted_Atypical/index.html#.

Optum/Change Healthcare: There are two ways 275 claim attachments can be submitted:

- **Batch** — You may either connect to Optum/Change Healthcare directly or submit via your EDI clearing house.
- **API (via JSON)** — You may submit an attachment for a single claim.

General guidelines:

- A maximum of 10 claim attachments are allowed per submission. Each attachment cannot exceed 10 megabytes (MB), and total file size cannot exceed 100MB.
- The acceptable supported formats are pdf, tif, tiff, jpeg, jpg, png, docx, rtf, doc, and txt.
- The 275 claim attachments must be submitted prior to the 837. After successfully submitting a 275 claim attachment, an Attachment Control Number will generate. The Attachment Control Number must be submitted in the 837 transactions as follows:
 - **CMS 1500**
 - Field Number 19
 - Loop 2300
 - PWK segment
 - **UB-04**
 - Field Number 80
 - Loop 2300
 - PWK01 segment

In addition to the Attachment Control Number, the following 275 claim attachment report codes must

be reported in field 19 of the CMS 1500 or field number 80 of the UB-04:

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

If you have questions about this communication, please contact your Provider Account Executive or Provider Services at 1-202-408-2237.

Sincerely,
AmeriHealth Caritas DC