

# Standard Companion Guide

Refers to the Implementation Guide

Based on X12 Version 006020X314

## **Additional Information to Support a Health Care Claim or Encounter**

**(275)**

Companion Guide Version Number 3.2

June 01, 2026

## CHANGE LOG

Version	Release Date	Changes
1.0	02/15/2022	Initial release
2.0	02/17/2023	<ul style="list-style-type: none"> <li>• Pgs. 9 – 10: Added more error details</li> <li>• Pg. 11: Mime Details Added 2nd and 3rd bullets</li> <li>• Pg. 12: Note: Removed Institutional Claims, now that they are in scope</li> <li>• Pgs. 15 – 16: Added Appendix B – 824 Examples</li> </ul>
2.0	03/16/2023	<ul style="list-style-type: none"> <li>• Pg. 3: Scope changed</li> <li>• Pg. 4: Contact Information changed</li> <li>• Pg. 9: Comment changed under 824 section</li> <li>• Pg. 14: Updated Subheaders under 824 Examples</li> <li>• Pg. 15: Subheader and comment updated under 824 Example</li> <li>• Removed any verbiage related to the Pilot throughout</li> <li>• MS Word: View &gt; Navigation Pane is now available</li> </ul>
2.0	04/05/2023	<ul style="list-style-type: none"> <li>• Pg. 12: Updated #8.</li> </ul>
2.0	05/02/2023	<ul style="list-style-type: none"> <li>• Pg. 1: Replaced old logo with new one</li> </ul>
2.0	05/03/2023	<ul style="list-style-type: none"> <li>• Pg. 11: Added .tif file extension</li> <li>• Pg. 11: Changed Attachment Size and added File Size</li> </ul>
2.0	01/29/2024	<ul style="list-style-type: none"> <li>• Pg. 9: Added .tif file extension</li> <li>• Pg. 11: Added .tif file extension</li> <li>• Pg. 11: Added 1 period limitation contained within a filename</li> <li>• Pg. 12: Updated verbiage on maximum attachments per 275</li> </ul>
3.0	09/20/2024	<ul style="list-style-type: none"> <li>• CAQH Core Template Format Alignment</li> <li>• Updated CG verbiage to refer to TR3 as Implementation Guide (IG)</li> <li>• Pg. 8: Updated Unsolicited Process Flow and added Solicited Process Flow</li> <li>• Pg. 12: Added 2 new attachment validation scans to Validation of Attachments</li> <li>• Pg. 12, 17 – 18: Updated Valid File Extensions with additional file types</li> <li>• Pg. 13: Updated MIME Detail Requirements with encoding details and format</li> <li>• Pg. 14: Updated 824 BGN error scenario to correct segment (BGN01)</li> <li>• Pg. 15 – 16: Added Transaction Specific Information for 277 transaction</li> <li>• Pg. 16: Updated Transaction Specific Information for 275 transaction with solicited attachment values</li> <li>• Pg. 18 – 19: Added file naming conventions for 999 and 824 transactions</li> </ul>

3.1	03/07/2025	<ul style="list-style-type: none"> <li>• Pg. 8: Updated Network Bulletin URL in Overview section</li> <li>• Pg. 8: Updated content and URL in Clearinghouse Connection section</li> <li>• Pg. 10: Removed Password section</li> <li>• Pg. 10: Updated System Availability section</li> <li>• Pg. 10: Updated Costs to Connect section</li> <li>• Pg. 11: Updated URLs in Applicable Websites/Email section</li> <li>• Pg. 14 – 15: Updated sample formats in MIME Detail Requirements section with a line break after the MIME Header</li> <li>• Pg. 17: Removed 999 sub-section from Acknowledgements section</li> <li>• Pg. 22: Removed File Naming Convention for 999 sub-section from Appendices section</li> </ul>
3.2	06/01/2025	<ul style="list-style-type: none"> <li>• Pg. 17: New 824 Processing Table</li> </ul>

## **PREFACE**

This companion guide (CG) to the v6020 ASC X12N Technical Report Type 3 (TR3) Implementation Guide, adopted under Health Insurance Portability and Accountability Act (HIPAA), clarifies and specifies the data content when exchanging transactions electronically with UnitedHealthcare.

Transmissions based on this companion guide, used in tandem with the Implementation Guide, also called 275 Additional Information to Support a Health Care Claim or Encounter ASC X12N (006020X314), are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N Implementation Guide adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guide.

The X12N Implementation Guide, adopted under HIPAA, here on in within this document will be known as IG.

# Table of Contents

CHANGE LOG .....	2
PREFACE .....	4
1. INTRODUCTION .....	7
1.1 SCOPE .....	7
1.2 OVERVIEW.....	8
1.3 REFERENCE .....	8
1.4 ADDITIONAL INFORMATION .....	8
2. GETTING STARTED .....	8
2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE.....	8
2.2 CLEARINGHOUSE CONNECTION .....	8
2.3 CERTIFICATION AND TESTING .....	9
3. CONNECTIVITY AND COMMUNICATION PROTOCOLS .....	9
3.1 PROCESS FLOW: BATCH 275 UNSOLICITED ATTACHMENTS .....	9
3.2 PROCESS FLOW: BATCH 275 SOLICITED ATTACHMENTS .....	9
3.3 TRANSMISSION ADMINISTRATIVE PROCEDURES.....	9
3.4 RE-TRANSMISSION PROCEDURES .....	10
3.5 COMMUNICATION PROTOCOL SPECIFICATIONS .....	10
3.6 SYSTEM AVAILABILITY .....	10
3.7 COSTS TO CONNECT.....	10
4. CONTACT INFORMATION .....	10
4.1 EDI SUPPORT .....	10
4.2 EDI TECHNICAL SUPPORT .....	11
4.3 PROVIDER SERVICES.....	11
4.4 APPLICABLE WEBSITES/EMAIL .....	11
5. CONTROL SEGMENTS/ENVELOPES .....	11
5.1 ISA-IEA.....	11
5.2 GS-GE .....	12
5.3 ST-SE .....	12
5.4 CONTROL SEGMENT HIERARCHY .....	13
5.5 CONTROL SEGMENT NOTES.....	13
5.6 FILE DELIMITERS.....	13
6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS .....	14
6.1 IMPLEMENTATION: 6020 275 UNSOLICITED/SOLICITED, NON-HL7, UNSTRUCTURED ATTACHMENTS.....	14
6.2 VALIDATION OF ATTACHMENTS.....	14

6.3	MIME DETAIL REQUIREMENTS .....	14
6.4	UNITEDHEALTHCARE PAYERS & PAYER IDS .....	15
6.5	ELECTRONIC ATTACHMENT SUBMISSION GUIDELINES .....	16
7.	ACKNOWLEDGEMENTS AND REPORTS .....	17
7.1	ACKNOWLEDGEMENTS.....	17
7.2	REPORT INVENTORY .....	17
8.	TRADING PARTNER AGREEMENTS .....	18
8.1	TRADING PARTNERS.....	18
9.	TRANSACTION SPECIFIC INFORMATION .....	18
9.1	HEALTHCARE CLAIM REQUEST FOR ADDITIONAL INFORMATION: 277 (006020X313).	18
9.2	ADDITIONAL INFORMATION TO SUPPORT A HEALTH CARE CLAIM OR ENCOUNTER: 275 (006020X314).....	19
10.	APPENDECIES .....	20
10.1	IMPLEMENTATION CHECKLIST .....	20
10.2	FREQUENTLY ASKED QUESTIONS.....	20
10.3	UNITEDHEALTHCARE VALID FILE EXTENSIONS .....	21
10.4	FILE NAMING CONVENTION: 275 ADDITIONAL INFORMATION TO SUPPORT A HEALTH CARE CLAIM OR ENCOUNTER .....	21
10.5	FILE NAMING CONVENTION: 824 APPLICATION REPORTING FOR INSURANCE .....	22

## 1. INTRODUCTION

This section describes how the Implementation Guide (IG), also called 275 Additional Information to Support a Health Care Claim or Encounter ASC X12N/006020X314, adopted under HIPAA, will be detailed with the use of a table. The tables contain a row for each segment that UnitedHealth Group has included, in addition to the information contained in the IGs. That information can:

1. Limit the repeat of loops, or segments
2. Limit the length of a simple data element
3. Specify a sub-set of the IG's internal code listings
4. Clarify the use of loops, segments, composite and simple data elements
5. Any other information tied directly to a loop, segment, and composite or simple data element pertinent to trading electronically with UnitedHealthcare

In addition to the row for each segment, one or more additional rows are used to describe UnitedHealthcare's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The table below specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a row for each segment that UnitedHealthcare has included, in addition to the information contained in the IGs.

The following is an example (from Section 9 – Transaction Specific Information) of the type of information that may be included:

Loop	Reference	Name	Values	Notes/Comments
<b>None</b>	<b>BGN</b>	<b>Beginning Segment</b>		
	BGN01	Transaction Set Purpose Code	02, 11	02 = Add (Unsolicited Attachment) 11 = Response (Solicited Attachment) Code identifying purpose of the transaction set.
<b>1000A</b>	<b>NM1</b>	<b>Payer Name</b>		
	NM103	Name Last or Organizational Name	UNITED HEALTHCARE	Individual last name or organizational name.
	NM108		PI	PI = Non-Person Entity Code designating the system/method of code structure used for Identification Code.
	NM109			Code identifying a party or other code.*

### 1.1 SCOPE

This document is to be used for the implementation of the IG HIPAA 6020 275 Additional Information to Support a Health Care Claim or Encounter (referred to as Claim Attachment or 275 Attachment in the rest of this document) for the purpose of submitting claim attachments electronically. This companion guide is not intended to replace the IG.

## 1.2 OVERVIEW

This CG will replace, in total, the previous UnitedHealthcare CG versions for Additional Information to Support a Health Care Claim or Encounter and must be used in conjunction with the IG instructions.

This CG is intended to assist you in implementing electronic Claim Attachment transactions that meet UnitedHealthcare processing standards, by identifying pertinent structural and data related requirements and recommendations.

Updates to this companion guide occur periodically and are available online. CG documents are posted in the Electronic Data Interchange (EDI) section of our Resource Library:

<https://www.uhcprovider.com/en/resource-library/edi/edi-transactions.html>

In addition, trading partners can sign up for the Network Bulletin and other online news:

<https://www.uhcprovider.com/en/resource-library/news/news-subscribe.html>.

## 1.3 REFERENCE

For more information regarding the ASC X12 Standards for Electronic Data Interchange 275 Additional Information to Support a Health Care Claim or Encounter (006020X314) and to purchase a license to view the IG documents, consult the X12 website: <https://x12.org/products>

## 1.4 ADDITIONAL INFORMATION

The American National Standards Institute (ANSI) is the coordinator for information on national and international standards. In 1979 ANSI chartered the Accredited Standards Committee (ASC) X12 to develop uniform standards for electronic interchange of business transactions and eliminate the problem of non-standard electronic data communication. The objective of the ASC X12 Committee is to develop standards to facilitate electronic interchange relating to all types of business transactions. The ANSI X12 standards is recognized by the United States as the standard for North America. EDI adoption has been proved to reduce the administrative burden on providers. Please note that this is UnitedHealthcare's approach to 275 Attachment transactions. After careful review of the existing IG for the Version 006020X314, we have compiled the UnitedHealthcare specific CG. We are not responsible for any changes and updates made to the IG.

## 2. GETTING STARTED

### 2.1 EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Most transactions go through the Optum clearinghouse, OptumInsight, the managed gateway for UnitedHealthcare EDI transactions.

### 2.2 CLEARINGHOUSE CONNECTION

Physicians, facilities and health care professionals should contact their current clearinghouse vendor to discuss their ability to support the 275 Attachment transaction, as well as associated timeframes, costs, etc. This includes protocols for testing the exchange of transactions with UnitedHealthcare through your clearinghouse.

**Optum:** Physicians, facilities and health care professionals can submit and receive EDI transactions through their payer clearinghouse. For more information, please contact your Optum account manager. If you do not have an account manager you can contact Optum at [Medical Claims Management | Optum](#).

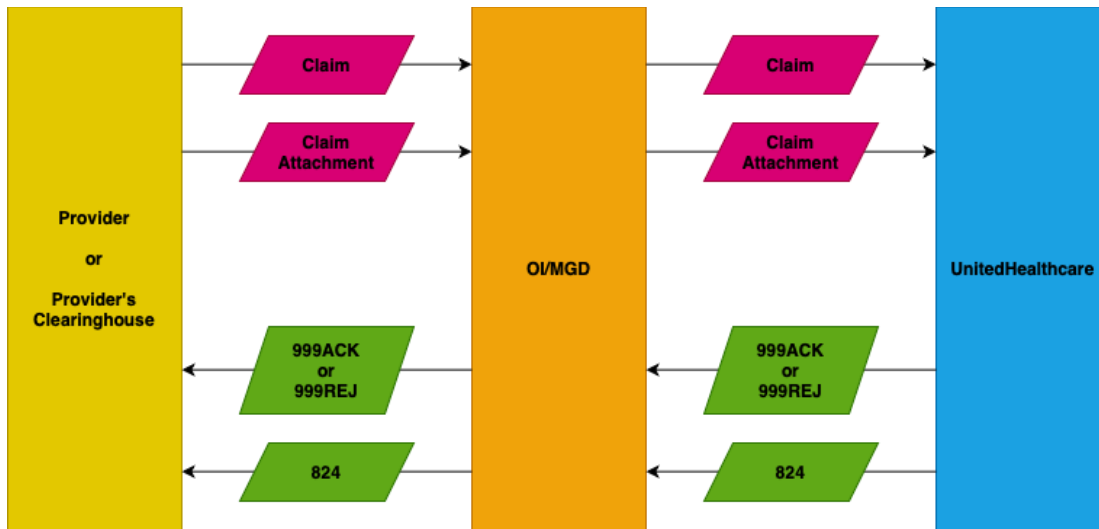
### 2.3 CERTIFICATION AND TESTING

All trading partners who wish to submit 275 Attachment transactions to UnitedHealthcare via the ASC X12 275 (Version 006020X314), and receive corresponding EDI responses, must complete testing to ensure that their systems and connectivity are working correctly before any production transactions can be processed.

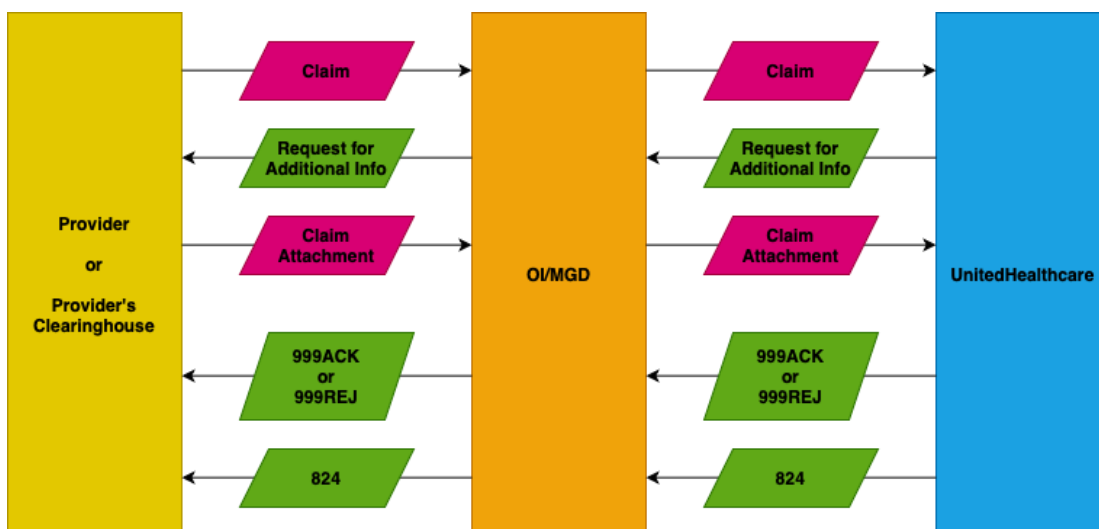
For testing EDI transactions with UnitedHealthcare, care providers and health care professionals should contact their current clearinghouse vendor or Optum.

## 3. CONNECTIVITY AND COMMUNICATION PROTOCOLS

### 3.1 PROCESS FLOW: BATCH 275 UNSOLICITED ATTACHMENTS



### 3.2 PROCESS FLOW: BATCH 275 SOLICITED ATTACHMENTS



### 3.3 TRANSMISSION ADMINISTRATIVE PROCEDURES

UnitedHealthcare supports only batch 275 Attachment transmissions. Contact your current clearinghouse vendor to discuss transmission types and availability.

### 3.4 RE-TRANSMISSION PROCEDURES

Physicians, facilities and health care professionals should contact their current clearinghouse vendor for information on whether resubmission is allowed or what data corrections need to be made for a successful response.

If the Claim is rejected, then resubmit both the Claim and Claim Attachment. If the Claim Attachment is rejected, then resubmit the Claim Attachment with the same PWK values referenced in the 837 Claim for the attachment control number.

### 3.5 COMMUNICATION PROTOCOL SPECIFICATIONS

Physicians, facilities and health care professionals should contact their current clearinghouse for communication protocols with UnitedHealthcare.

### 3.6 SYSTEM AVAILABILITY

UnitedHealthcare is generally up 24 hours, 7 days a week. However, there may be times when the main system or backend systems are down for general maintenance and upgrades. During these times our ability to process incoming 275 EDI transactions may be impacted. The codes returned in the RED segment of the 824 responses will instruct the trading partner if any action is required.

Unplanned system outages may also occur occasionally and impact our ability to accept or immediately process incoming 275 transactions. UnitedHealthcare will send an email communication to our direct trading partners for scheduled and unplanned outages.

### 3.7 COSTS TO CONNECT

**Clearinghouse Connection:** Physicians, facilities and health care professionals should contact their current clearinghouse vendor or Optum to discuss costs.

**Optum:** For more information, please contact your Optum account manager. If you do not have an account manager you can contact Optum at [Medical Claims Management | Optum](#).

## 4. CONTACT INFORMATION

### 4.1 EDI SUPPORT

Most questions can be answered by referring to the EDI section of our resource library at UHCprovider.com > Menu > Resource Library > Electronic Data Interchange (EDI): <https://www.uhcprovider.com/en/resource-library/edi.html>.

If you need assistance with an EDI 275 transaction accepted by UnitedHealthcare, or have questions on the format of the 275/824 or invalid data in either of these transactions, please contact EDI Support by:

- Using our [EDI Transaction Support Form](#)
- Sending an email to [supportedi@uhc.com](mailto:supportedi@uhc.com)
- Calling 800-842-1109

For questions related to submitting transactions through a clearinghouse, please contact your clearinghouse or software vendor directly.

## 4.2 EDI TECHNICAL SUPPORT

Physicians, facilities and health care professionals should contact their current clearinghouse vendor or Optum for technical support. If using Optum, contact their technical support team at 800-225-8951, option 6.

## 4.3 PROVIDER SERVICES

For chat options and contact information, visit: [UHCprovider.com/contactus](https://uhcprovider.com/contactus)

## 4.4 APPLICABLE WEBSITES/EMAIL

Companion Guides: <https://www.uhcprovider.com/en/resource-library/edi/edi-transactions.html>

Optum: <https://www.optum.com>

OptumInsight/Optum EDI Client Center - [Medical Claims Management | Optum](#)

UnitedHealthcare Administrative Guide: <https://www.uhcprovider.com/en/admin-guides.html>

UnitedHealthcare EDI Support: [supportededi@uhc.com](mailto:supportededi@uhc.com) or [EDI Transaction Support Form](#)

UnitedHealthcare EDI Education website: <https://www.uhcprovider.com/en/resource-library/edi.html>

X12 Standards and Information: <https://x12.org/products>

## 5. CONTROL SEGMENTS/ENVELOPES

### 5.1 ISA-IEA

Transactions transmitted during a session or as a batch are identified by an interchange header segment (ISA) and trailer segment (IEA) which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification.

The table below represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value should be. The table does not represent all the fields necessary for a successful transaction; the IG should be reviewed for that information.

\*Impacted Payer IDs are listed under the Payer Specific Business Rules and Limitations.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	ISA	<b>ISA Interchange Control Header</b>		
	ISA05	Interchange ID Qualifier	<b>ZZ</b>	ZZ = Mutually defined
	ISA06	Interchange Sender ID	[Submitter ID]	This is the Submitter ID assigned by UnitedHealthcare.
	ISA08	Interchange Receiver ID		UnitedHealthcare Payer ID* -Right pad as needed with spaces to 15 characters.

## 5.2 GS-GE

EDI transactions of a similar nature and destined for one trading partner may be gathered into a functional group, identified by a functional group header segment (GS) and a functional group trailer segment (GE). Each GS segment marks the beginning of a functional group. There can be many functional groups within an interchange envelope. The number of GS/GE functional groups that exist in a transmission may vary.

The below table represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value should be. The table does not represent all the fields necessary for a successful transaction; the IG should be reviewed for that information.

\*Impacted Payer IDs are listed under the Payer Specific Business Rules and Limitations.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	GS	Functional Group Header		Required Header
	GS03	Application Receiver's Code		UnitedHealthcare Payer ID Code*
	GS08	Version/Release/Industry Identifier Code	006020X314	Version expected to be received by UnitedHealthcare

## 5.3 ST-SE

The beginning of each individual transaction is identified using a transaction set header segment (ST). The end of every transaction is marked by a transaction set trailer segment (SE). For real time transactions, there will always be one ST and SE combination. A 275 file can only contain 275 transactions.

The below table represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value should be. The table does not represent all the fields necessary for a successful transaction; the IG should be reviewed for that information.

LOOP ID	Reference	NAME	Codes	Notes/Comments
None	ST	Transaction Set Header		Required Header
	ST03	Implementation Convention Reference	006020X314	Version expected to be received by UnitedHealthcare

## 5.4 CONTROL SEGMENT HIERARCHY

ISA - Interchange Control Header segment  
GS - Functional Group Header segment  
ST - Transaction Set Header segment  
First 275 Transaction  
SE - Transaction Set Trailer segment  
ST - Transaction Set Header segment  
Second 275 Transaction  
SE - Transaction Set Trailer segment  
ST - Transaction Set Header segment  
Third 275 Transaction  
SE - Transaction Set Trailer segment  
GE - Functional Group Trailer segment  
IEA - Interchange Control Trailer segment

## 5.5 CONTROL SEGMENT NOTES

The ISA data segment is a fixed length record and all fields must be supplied. Fields not populated with actual data must be filled with space.

1. The first element separator (byte 4) in the ISA segment defines the element separator to be used through the entire interchange.
2. The ISA segment terminator (byte 106) defines the segment terminator used throughout the entire interchange.
3. ISA16 defines the component element

## 5.6 FILE DELIMITERS

UnitedHealthcare requests that you use the following delimiters on your 275 file. If used as delimiters, these characters (\* ~ | ^) must not be submitted within the data content of the transaction sets. Please contact UnitedHealthcare if there is a need to use a delimiter other than the following:

1. Data Element: The recommended data element delimiter is an asterisk (\*)
2. Data Segment: The recommended data segment delimiter is a tilde (~)
3. Component Element: ISA16 defines the component element delimiter is to be used throughout the entire transaction. The recommended component-element delimiter is a pipe (|)
4. Repetition Separator: ISA11 defines the repetition separator to be used throughout the entire transaction. The recommended repetition separator is a caret (^)

Please note that in other transactions a colon (:) would normally be used as the delimiter for the ISA16. Due to the use of a colon (:) in the unstructured attachment MIME format section, this would cause parsing errors. Using a pipe (|) instead of a colon (:) in ISA16 will avoid parsing errors.

## 6. PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

### 6.1 IMPLEMENTATION: 6020 275 UNSOLICITED/SOLICITED, NON-HL7, UNSTRUCTURED ATTACHMENTS

Category	Rules & Limitations
File Extensions Accepted	txt, pdf, jpeg, jpg, png, gif, bmp, tiff, tif, rtf, htm, html, doc, docx, xls, xlsx
Attachment Size	100MB per ST-SE Cumulative for all LX loops within ST-SE (Example: 4 LX loops with 25 MB or 10 LX loops with 10MB would be the Max size)
File Size	4GB
Allowed LX Loops	10 Max  If claim has more than 10 attachments, submit another 275, each containing no more than 10 attachments.
Provider Attachment Control Number (TRN02)	Attachment numbers for a claim must be unique even if they are sent in different 275 transactions.  Must NOT repeat any of the numbers sent in another 275 for the same claim.

### 6.2 VALIDATION OF ATTACHMENTS

UnitedHealthcare applies two types of editing to inbound HIPAA 275 Attachments files:

1. Level 1 & 2 HIPAA Compliance
2. Attachment Validation Scans
  - a. Federated Data Services (FDS) – Virus Scan
  - b. Medical Document Assessment (MDA) – Classification/Content Scan

Attachments passing Level 1 & 2 Compliance and Validation Scans are “accepted” for processing. Attachments that do not pass Level 1 & 2 Compliance or Validation Scans will be rejected and an 824 will be returned.

### 6.3 MIME DETAIL REQUIREMENTS

UnitedHealthcare supports two types of encoding formats for the attachment data:

1. American Standard Code for Information Interchange (ASCII) Filter
2. Base64

For both ASCII and Base64 encoding, always use a single part MIME to package the attachment data like the example below.

- Attachment Header
  - MIME-Version: 1.0
  - Content-Type: image/tiff
  - Content-Transfer-Encoding: base64
  - Content-Disposition: attachment; filename="test\_file\_name\_1.tiff"
- <Line break>
- Attachment Data

ASCII Filter Encoding Details and Example:

- Only the attachment data is encrypted (“single encryption”)
- BDS01 = “ASC”
- BDS03 =
  - MIME-Version: 1.0
  - Content-Type: image/tiff
  - Content-Transfer-Encoding: base64
  - Content-Disposition: attachment; filename="test\_file\_name\_1.tiff"
  - <Line break>
  - <Base64 encoded attachment data>

Base64 Encoding Details and Example:

- The attachment header and the encrypted attachment data are encrypted (“double encryption”)
- BDS01 = “B64”
- BDS03 =
  - <Base64 encoded attachment header & <Base64 encoded attachment data>>

Note:

- The file extension listed as a part of the filename must match the attachment data file type.
- In future X12 versions (e.g. 8020), Base64 (BDS01 = “B64”) will be the only accepted encoding format.

**6.4 UNITEDHEALTHCARE PAYERS & PAYER IDS**

This Companion Guide applies to the following UnitedHealthcare Payers and Payer IDs.

<b>UnitedHealthcare Commercial</b>	87726
<b>UnitedHealthcare Community Plan</b>	87726, 03432, 96385, 95467, 86050, 86047, 95378
<b>UnitedHealthcare Medicare and Retirement</b>	87726
<b>UnitedHealthcare West</b>	87726
<b>Oxford Health Plans</b>	06111

## 6.5 ELECTRONIC ATTACHMENT SUBMISSION GUIDELINES

Following these guidelines will help you submit most of your attachments electronically.

Services	Guidelines
<b>File Name Format</b>	Use only 1 period in the file name. (Example: abc123.pdf is acceptable; abc.123.pdf is unacceptable.)
<b>Claim &amp; Claim Attachment Submission</b>	<p>Send 5010-837/Claims and 6020-275/claim attachments on the same day to process attachments timely.</p> <p>275 Attachments must be received within 5 calendar days of the receipt of the corresponding health care claim. 275 Attachments received after this period will be considered late and rejected.</p>
<b>Provider Identification</b>	Billing provider information used to match the claim to supporting documentation must be included in Loops 1000C and 1100C.
<b>Claim Details</b>	Send PWK02 = "EL" in the PWK segment of the 837 Claim only for electronic claim attachments. Do NOT add a mix of transmission codes (PWK02) in the same claim. (Example: "EL" & "FT", "EL" & "AA", etc.)
<b>Implementation Exceptions</b>	This implementation does not apply to Dental Claims (837D), Vision Claims, Behavioral Claims, Delegated and Capitated Claims. These claims should be sent with non "EL" value in PWK02 on the 837 Claim.

## 7. ACKNOWLEDGEMENTS AND REPORTS

### 7.1 ACKNOWLEDGEMENTS

#### 824 – Application Reporting for Insurance

This file informs the submitter with more detail about why the attachment failed validation. The 824 is generated when attachments in the batch file failed Level 1 or Level 2 validation. If no claims failed Level 1 or Level 2 validation, then the 824 is not created. Please note that Errors for each attachment are not reported when the whole 275 transaction is rejected.

RED06 Error Code	RED01 Error Description	Error Scenario(s)	Proposed Next Steps
<b>E036</b>	ATTACHMENT IN 275 EXCEED 100 MB SIZE LIMIT	Total size of attachment(s) exceeds the acceptable limit of 100 MB	Resubmit 275 x12 transaction file where the total of all attachments under the specific ST-SE loop does not exceed 100MB. If multiple attachments are present within the individual ST-SE loop, please break apart into multiple ST-SE loops where each includes under 100MB of payload files.
<b>E046</b>	UNABLE TO FIND RELATED REQUEST FOR ADDITIONAL INFORMATION	The Solicited 275 file's TRN02 segment does not match the 277RFAI file's TRN02 segment.	Resubmit Solicited 275 file and ensure the TRN02 matches the TRN02 from the 277 Request for Additional Information file.
<b>E059</b>	CLAIM NOT FOUND	No claims found for this provider	Please confirm that the claim was submitted and that the information on the 275 matches what is on the claim.
		TRN02 in the 275 does not match the PWK06 in the 837	
<b>E064</b>	ATTACHMENT FILE TYPE NOT VALID	Invalid attachment file type (not a supported file type such as PDF or JPG)	Resubmit 275 file with all attachments using a supported file extension. Please refer to section 6.1 for clarification on supported file extensions.
<b>E065</b>	UNABLE TO IDENTIFY FILE-TYPE/MIME ISSUE	Invalid attachment - B64 to MIME Conversion error	Review potential issues which could lead to corrupted or invalid files to be attached. Try re-encrypting and resubmitting if the file viewable.
		Invalid attachment - Parsing Error	
		Invalid attachment - Not single-part MIME	
		Invalid attachment - Decoding the Attachment Failed	
<b>E091</b>	CLAIM REJECTED RESUBMIT ATTACHMENT WITH REVISED CLAIM	Rejected claim found	The submitted attachment is tied to a claim that has already been rejected. Please submit a corrected claim when re-submitting the attachment for further processing. The re-submitted attachment TRN02 should then match the PWK06 of the corrected/resubmitted claim.
	CLAIM REJECTED PROCESSING NOT COMPLETE. RESUBMIT	Matching claim found but still in pause status.	The submitted attachment is tied to a claim that is currently still in being reviewed and not yet able to be matched to an Attachment. Resubmit the attachment to grant additional time to process the claim.
<b>E095</b>	CLAIM RELEASED	275 received after claim was released for processing	The claim will be held for an attachment on Unsolicited process for up to 5 days. They will need to be resubmitted together for processing.

	ATTACHMENT RECEIVED LATE	Attachment was received more than five days after the claim receipt date.	
<b>E135</b>	ELECTRONIC ATTACHMENTS NOT ACCEPTED BY SYSTEM - DO NOT RESUBMIT	Claim Adjudication Engine does not support Electronic Attachments	If electronic attachments are not supported for the system processing this claim, please investigate any alternate attachment delivery method, such as manual submission.
<b>E161</b>	INVALID INDICATOR IN BGN01	Required data element missing or invalid	Review 275 to ensure the proper structure, including BGN01 (Solicited/Unsolicited Code) and CAT02 (Attachment Information Format Code)
	INVALID INDICATOR IN CAT02		
	INVALID PATIENT LAST NAME	Invalid patient last name	Review 275 to ensure patient last name is included.
	INVALID DOCUMENT	OOS Document Error	Review actual attachment file which could be corrupted and resubmit
	INVALID FDS SCAN	FDS Document Error	
	INVALID MDA FILE VALIDATION	MDA Validation Error	
<b>E164</b>	MORE THAN 10 LX LOOPS	The number of LX loops in the submitted 275 file exceeds the maximum supported amount of 10.	Resubmit as multiple ST-SE loops with 10 or fewer LX loops per each ST-SE loop.

## 7.2 REPORT INVENTORY

There are no known applicable reports.

## 8. TRADING PARTNER AGREEMENTS

### 8.1 TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, software vendor, clearinghouse, employer group, financial institution, etc.) that transmits to or receives electronic data from UnitedHealth Group.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

## 9. TRANSACTION SPECIFIC INFORMATION

### 9.1 HEALTHCARE CLAIM REQUEST FOR ADDITIONAL INFORMATION: 277 (006020X313)

The table below represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all the fields that will be returned in a successful transaction. The IG should be reviewed for that information.

\*Impacted Payer IDs are listed under the Payer Specific Business Rules and Limitations.

Loop	Reference	Name	Values	Notes/Comments
<b>2100A</b>	<b>NM1</b>	<b>Payer Name</b>		
	NM103	Name Last or Organizational Name	UNITED HEALTHCARE	Individual last name or organizational name.
	NM108	Identification Code Qualifier	PI	PI = Non-Person Entity Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Code identifying a party or other code.*
<b>2100C</b>	<b>NM1</b>	<b>Service Provider Name</b>		
	NM108	Identification Code Qualifier	FI, SV, XX	FI = Federal Taxpayer's Identification Number SV = Service Provider Number XX = Centers for Medicare and Medicaid Services National Provider Identifier Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Code identifying a party or other code.
<b>2100D</b>	<b>NM1</b>	<b>Patient Name</b>		
	NM108	Identification Code Qualifier	MI	MI = Member Identification Number Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Code identifying a party or other code.

**9.2 ADDITIONAL INFORMATION TO SUPPORT A HEALTH CARE CLAIM OR ENCOUNTER:  
275 (006020X314)**

The table below represents only those fields that UnitedHealthcare requires a specific value in or has additional guidance on what the value sent in the response means. The table does not represent all the fields that will be returned in a successful transaction. The IG should be reviewed for that information.

\*Impacted Payer IDs are listed under the Payer Specific Business Rules and Limitations.

Loop	Reference	Name	Values	Notes/Comments
<b>None</b>	<b>BGN</b>	<b>Beginning Segment</b>		
	BGN01	Transaction Set Purpose Code	02, 11	02 = Add (Unsolicited Attachment) 11 = Response (Solicited Attachment) Code identifying purpose of the transaction set.
<b>1000A</b>	<b>NM1</b>	<b>Payer Name</b>		
	NM103	Name Last or Organizational Name	UNITED HEALTHCARE	Individual last name or organizational name.
	NM108	Identification Code Qualifier	PI	PI = Non-Person Entity Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Code identifying a party or other code.*
<b>1000C</b>	<b>NM1</b>	<b>Provider Name Information</b>		
	NM102	Entity Type Qualifier	1, 2	1 = Person 2 = Non-Person Entity Code qualifying the type of entity.
	NM103	Name Last or Organizational Name		Matching provider name from 837. Individual last name or organizational name.
	NM108	Identification Code Qualifier	XX	XX = Centers for Medicare and Medicaid Services National Provider Identifier Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Matching billing NPI from 837. Code identifying a party or other code.
<b>1000D</b>	<b>NM1</b>	<b>Patient Name</b>		
	NM102	Entity Type Qualifier	1	1 = Person Code qualifying the type of entity.
	NM103	Name Last or Organizational Name		Matching patient last name from 837. Patient last name.
	NM108	Identification Code Qualifier	MI	MI = Member Identification Number Code designating the system/method of code structure used for Identification Code.
	NM109	Identification Code		Matching member ID from 837. Code identifying a party or other code.
<b>1000D</b>	<b>DTP</b>	<b>Claim Service Date</b>		
	DTP02	Date Time Period Format Qualifier	D8, RD8	D8 = Date Expressed in Format CCYYMMDD RD8 = Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD Code indicating the date format, time format, or date and time format.

	DTP03	Date Time Period		Matching date of service from 837. Expression of a date, a time, or range of dates, times or dates and times.
<b>2000A</b>	<b>TRN</b>	<b>Payer Claim Control Trace Number/Provider Attachment Control Trace Number</b>		
	TRN01	Trace Type Code	1, 2	1 = Current Transaction Trace Numbers (Unsolicited Attachment) 2 = Reference Transaction Trace Numbers (Solicited Attachment) Code identifying which transaction is being referenced.
	TRN02	Reference Identification		837 2300 PWK06 (when BGN01 = "02") 277 2200D TRN02 (when BGN01 = "11") Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier.
<b>2100B</b>	<b>CAT</b>	<b>Format and Version Identifier</b>		
	CAT01	Report Type Code	AE	AE = Attachment Code indicating the title or contents of a document, report or supporting item.
	CAT02	Report Transmission Code	IA	IA = Electronic Image Code defining timing, transmission method or format by which reports are to be sent.
<b>2110B</b>	<b>BDS</b>	<b>Binary Data Segment</b>		
	BDS01	Filter ID Code	ASC, B64	ASC = ASCII Filter B64 = Base 64 Code specifying the type of filter used to convert data code values.

## 10. APPENDECIES

### 10.1 IMPLEMENTATION CHECKLIST

The implementation check list will vary depending on your clearinghouse connection. A basic check list would be to:

1. Check Practice Management System (PMS) – Providers can check if they have attachment capability in their software, e.g., EPIC, CERNER
2. Register with trading partner
3. Create and sign contract with trading partner
4. Establish connectivity
5. Send test transactions
6. If testing succeeds, proceed to send production transactions

### 10.2 FREQUENTLY ASKED QUESTIONS

**1. How does UnitedHealthcare support, monitor and communicate expected and unexpected connectivity outages?**

Our systems do have planned outages. We will send an email communication for scheduled and unplanned outages.

**2. If a 275 Attachment is successfully transmitted to UnitedHealthcare, are there any situations that would result in no response being sent back?**

No. UnitedHealthcare will always send a response. Even if UnitedHealthcare systems are down and the transaction cannot be processed at the time of receipt, a response detailing the situation will be returned.

### 10.3 UNITEDHEALTHCARE VALID FILE EXTENSIONS

UnitedHealthcare’s list of valid MIME types for 6020 275 Attachments.

Extension	Type of Document	MIME Type
.pdf	Adobe Portable Document Format (PDF)	application/pdf
.txt	Text, (generally ASCII or ISO 8859-n)	text/plain
.tiff or .tif	Tagged Image File Format (TIFF)	image/tiff
.jpeg or .jpg	JPEG images	image/jpeg
.png	Portable Network Graphics	image/png
.gif	Graphics Interchange Format (GIF)	image/gif
.bmp	Windows OS/2 Bitmap Graphics	image/bmp
.rtf	Rich Text Format (RTF)	application/rtf
.htm or .html	HyperText Markup Language (HTML)	text/html
.doc	Microsoft Word	application/msword
.docx	Microsoft Word (OpenXML)	application/vnd.openxmlformats-officedocument.wordprocessingml.document
.xls	Microsoft Excel	application/vnd.ms-excel
.xlsx	Microsoft Excel (OpenXML)	application/vnd.openxmlformats-officedocument.spreadsheetml.sheet
Source: <a href="http://mdn.mozilla.org">Common MIME types – HTTP   MDN (mozilla.org)</a>		

### 10.4 FILE NAMING CONVENTION: 275 ADDITIONAL INFORMATION TO SUPPORT A HEALTH CARE CLAIM OR ENCOUNTER

Node	Description	Value
ZipUnzip_ResponseType_<Submitter ID>_<Batch ID>.RES		
ZipUnzip	Responses will be sent as either zipped or unzipped depending on how UnitedHealthcare received the inbound batch file	<b>N - Unzipped Z - Zipped</b>
ResponseType	Identifies the file response type	<b>275 – Additional Information to Support a Health Care Claim or Encounter</b>
Submitter ID	The submitter ID on the inbound transaction must be equal to ISA06 value in the Interchange Control Header within the file	<b>ISA08 Value from Inbound File</b>
Batch ID	Response file will include the batch number from the inbound batch file specified in ISA13	<b>ISA13 Value from Inbound File</b>

## 10.5 FILE NAMING CONVENTION: 824 APPLICATION REPORTING FOR INSURANCE

Node	Description	Value
ZipUnzip_ResponseType_<Submitter ID>_<275 Batch ID>_<824 Batch ID>_<Transaction ID>_<DateTimeStamp> RES		
ZipUnzip	Responses will be sent as either zipped or unzipped depending on how UnitedHealthcare received the inbound batch file	<b>N - Unzipped Z - Zipped</b>
ResponseType	Identifies the file response type	<b>999 – Implementation Acknowledgement</b>
Submitter ID	The submitter ID on the inbound transaction must be equal to ISA06 value in the Interchange Control Header within the file	<b>ISA08 Value from Inbound File</b>
Batch ID	Response file will include the batch number from the inbound batch file specified in ISA13	<b>ISA13 Value from Inbound File</b>
Batch ID	Response file will include the batch number from the response file specified in ISA13	<b>ISA13 Value from 824</b>
Transaction ID	Response file will include the transaction number generated by UnitedHealthcare	
DateTimeStamp	Date and time format is in the next column (time is expressed in military format as CDT/CST)	<b>MMDDYYYYHHMMSS</b>

