

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 2.0

PREFACE

This companion guide (CG) to the v6020 ASC X12N Technical Report Type 3 (TR3) specifies the data content when exchanging transactions electronically with UnitedHealthcare, and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions).

This companion guide is intended to convey information that is within the framework of the ASC X12N TR3. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3.

SCOPE

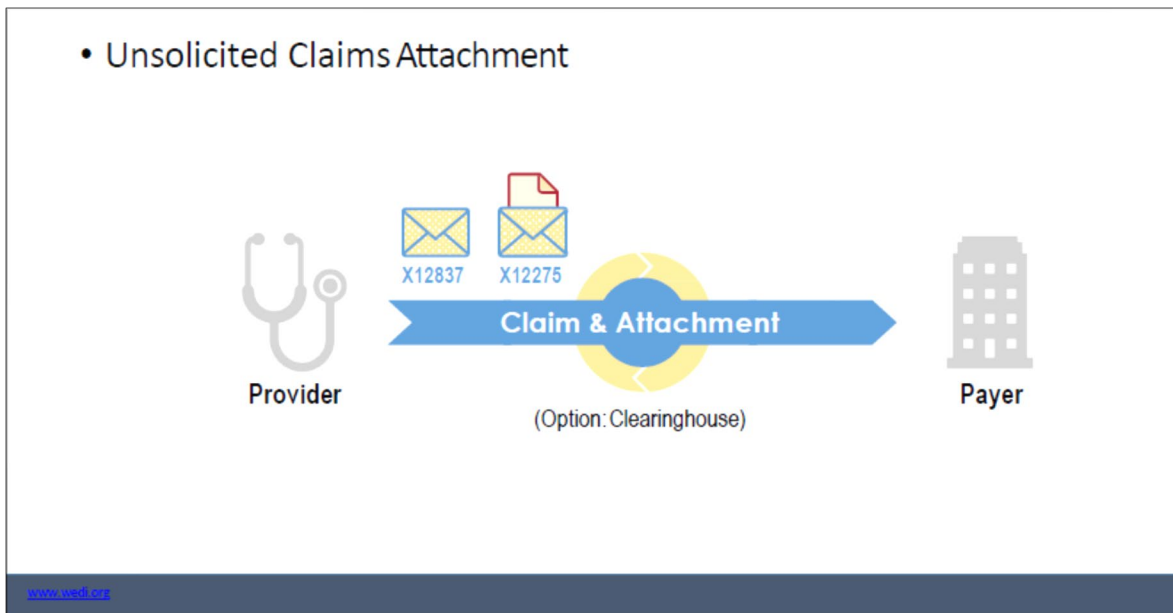
The intention of this document is to be used for the implementation of the TR3 HIPAA 6020 - 275 Additional Information to support a Health Care Claim or Encounter for the purpose of electronically sending Unsolicited claim attachments to UnitedHealthcare. In addition to sending the Unsolicited 6020 – 275 Claim Attachment, the Provider will get a 6020 – 999/Acknowledgment to notate that we received your electronic Claim Attachment. Lastly, If there are any errors, the provider will be sent a 6020 - 824/Application Error Report that would tell you specific details about the error related to the attachment.

This document is to be used as a Companion Guide (CG) to the 6020 - 275 Additional Information to support a Health Care Claim or Encounter ASC X12 (006020X314) Implementation Guide (IG), also referred to as Technical Report Type 3 (TR3). This CG is not intended to replace the TR3.

Required transactions:

- 006020X314 – **275**: Additional Information to Support a Health Care Claim or Encounter.
- 006020X290 – **999**: Implementation Acknowledgment for Health Care Insurance.
- 006020X257 – **824**: Application Reporting for Insurance.

6020-275, Unsolicited, Non-HL7, unstructured attachments.



GETTING STARTED

TRADING PARTNERS

An EDI Trading Partner is defined as any UnitedHealthcare customer (provider, billing service, 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.

CONTACT INFORMATION

EDI Support

If you need assistance with an EDI transaction accepted by UnitedHealthcare, have questions on the format of the 275/824 or invalid data in the either of these transactions, please contact EDI Support by using our EDI Transaction Support Form, sending an email to supportedi@uhc.com or call us at 800-842-1109.

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

EXCHANGING TRANSACTIONS WITH UNITEDHEALTHCARE

UnitedHealthcare exchanges transactions with clearinghouses and direct submitters, also referred to as Trading Partners. Please contact Optum clearinghouse for UnitedHealthcare 275 transactions.

Quick Provider Checklist

1. Practice Management System (PMS) – Providers can check if they have attachment capability in their software, e.g., EPIC, CERNER.
2. Clearinghouse Connectivity.
 - Physicians and Healthcare professionals may contact their current clearinghouse to discuss their ability to support the 275 transactions, associated timeframe, costs and connectivity testing

TRANSACTION SPECIFIC INFORMATION

This section describes how Technical Report Type 3 (TR3) 006020X314, 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 TR3s. That information can:

1. Specify a sub-set of the TR3's internal code listings
2. Clarify the use of loops, segments, composite and simple data elements
3. 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 TR3s.

CONTROL SEGMENTS/ENVELOPES

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 TR3 should be reviewed for that information.

*All the impacted payer ids are listed under Payer specific Business rules and Limitations.

LOOP ID	Reference	NAME	Values	Notes/Comments
None	ISA	ISA Interchange Control Header		
	ISA05	Interchange ID Qualifier	ZZ	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.

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 fields necessary for a successful transaction; the TR3 should be reviewed for that information.

*All impacted payer ids are listed under 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
	GS02	Application Sender's Code		
	GS08	Version/Release/Industry Identifier Code	006020X314	Version expected to be received by UnitedHealthcare

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. An 837 file can only contain 837 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 fields necessary for a successful transaction; the TR3 should be reviewed for that information.

Page #	LOOP ID	Reference	Name	Value	Notes / Comments
32	None	ST	Transaction Set Header		
		ST03	Implementation Convention Reference	006020X314	Version expected to be received by UnitedHealthcare

BGN Segment

Page #	LOOP ID	Reference	Name	Value	Notes / Comments
33	None	BGN	Beginning Segment		
		BGN01	Transaction Set Purpose Code	02	275 is sent unsolicited to support an 837 claim.

NM1 - Payer Name

*All impacted payer ids are listed under Payer specific Business rules and Limitations.

Page #	LOOP ID	Reference	Name	Value	Notes / Comments
35	1000A	NM	Payer Name Information		
		NM108	Identification Code	PI	PI = Payer Identifier
		NM109	Identification Code		Published Payer id only for claims and provider system should be using same payer id as claims.

NM1 - Provider Name

Note: NPI is mandatory for all Attachments for UHC

Page #	LOOP ID	Reference	Name	Value	
42	1000C	NM1	Provider Name Information		
		NM108	Identification Code	XX	NPI is required, matching billing NPI from claim.
		NM109	Identification Code		NPI is required, matching billing NPI from claim.

NM1 - Patient Name

Page #	LOOP ID	Reference	Name	Value	
52	1000D	NM1	Patient Name Information		
		NM108	Identification Code Qualifier	MI	
		NM109	Identification Code	Number assigned by payer	Member ID provided on 837

Loop ID 2000A—Assigned Number

In accordance with 5010 TR3 – 837P & 837I Attachment Control Number (PWK06) is limited to maximum Length 50 characters.

Page #	LOOP ID	Reference	Name	Value	
64	2000A	TRN	Payer Claim Control Number / Provider Attachment Control Number		
		TRN01	Trace Type Code	1	1 - when BGN01 = 02 (Unsolicited).
		TRN02	Reference Identification		When BGN01 = 02; use PWK06 Attachment Control Number

Loop ID 2100B—Additional Information Submitted Date

Page #	LOOP ID	Reference	Name	Value	
92		CAT	Category of Patient Information Services		
		CAT02	Report Transmission Code	IA	IA – Electronic Image

Loop ID 2110B—Electronic Format Identification

Note: Please see PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

Page #	LOOP ID	Reference	Name	Value	
95	2110B	BDS	Binary Data		
		BDS01	Filler ID Code	B64 / ASC	
		BDS02	Length of Binary Data		

FILE DELIMITERS

UnitedHealthcare requests that you use the following delimiters on your 275 files. 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:

You shall use the following delimiters:

1. Data Element: asterisk (*)
2. Data Segment: tilde (~)
3. Repetition Separator - ISA11: caret (^)
4. Component Element - ISA16: pipe (|)

Please note that in other transactions we would normally use a colon (:) for the ISA16. Due to the unstructured Attachment MIME format section there's a colon (:) used which shall cause parsing errors. We will not encounter parsing errors by using pipe instead of a colon in ISA16.

VALIDATION OF THE ATTACHMENTS

UnitedHealthcare applies Level one of editing to inbound Attachment files. Attachments passing Level 1 Compliance are “accepted” for processing. If an Attachment doesn't pass Level 1 validation, please see page 9 for error codes.

ACKNOWLEDGEMENTS AND/OR REPORTS

999 – Functional Acknowledgement

This file informs the submitter that the transaction arrived and provides information about the syntactical quality of the Functional Groups in a submitted X12 file. UnitedHealthcare will respond with a 999 acknowledgment for confirmation only.

824 – Application Reporting for Insurance

This file informs the submitter with details about failed Attachment with level one validation.

- Please note that Errors for each Attachment are not reported when whole 275 transaction is rejected.

#	Scenarios when 824 is generated.	Batch / Item / Transaction	Error Code in RED06	Error Description
1	Number of attachments in source 275 in one ST-SE exceed ten.	Item	E164	Exceeds Receiver Allowed Occurrences
2	Total size of attachments in one ST-SE exceeds 100 MB.	Item	E036	Data Too Long
3	File type isn't one of the eight identified (txt, pdf, jpeg, jpg, png, gif, bmp, tiff).	Item	E064	Missing/Invalid MIME content type
4	Single part MIME	Item	E065	Invalid MIME base64 encoding
4a	Invalid attachment - B64 to MIME Conversion error. Issue with the B64 encoded attachment.		E065	
4b	Invalid attachment - Parsing Error. Issue with MIME message.		E065	
4c	Invalid attachment - Not single-part MIME. Must be single-part MIME.		E065	
4d	Invalid attachment – Decoding the Attachment Failed.		E065	
5	CAT02 in source 275 is not 'IA' (electronic image).	Item	E161	Invalid Indicator in CAT02
6	BGN02 must be 02 for unsolicited.	Transaction	E161	Invalid Indicator in BGN02
7	Claim system does not accept the attachments	Transaction	E135	Policy ID
8	Claim not found for the provider	Transaction	E059	Unknown claim number
9	TRN02 in the 275 does not match the PWK06 in the 837. Unable to find related claim.	Transaction	E163	Associated submission not found
10	Claim rejected	Transaction	E091	Claim rejected, resubmit claim and attachment
10a	Rejected claim found. The only claim found during a UHC internal API service call is a rejected claim.		E091	
10b	Matching claim found but still in pause status. Claim is in an unending pend state.		E091	
11	Late Attachment	Transaction	E095	Business Process transaction out of sequence.
11a	275 received after claim was released for processing. The claim was already released to the Medicaid/Medicare platform.		E095	
11b	Attachment received too late and claim not released. Attachment date is 5 days greater than the Claim Received Date. The claim has not been released to the Medicaid/Medicare Platform at the time the 275 is received.		E095	

MISC - FILE FORMAT AND HOURS OF OPERATION

275-File Name Format

- Non-zipped: N_<TransType>_<submitterId>_<batchId>.BTC
- Zipped: Z_<TransType>_<submitterId>_<batchId>.BTC

Hours of operation

Files are received for processing from Monday to Saturday.

PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

1. Implementation of 6020-275, Unsolicited, Non-HL7, Unstructured attachments.

File Extensions accepted	txt, pdf, jpeg, jpg, png, gif, bmp, tiff, tif
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, send another 275
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.

2. MIME Details

- Applies to both Base64 & ASCII
Always use single part MIME to package the attachment data like below.
 - MIME-Version: 1.0
 - Content-Type: image/tiff
 - Content-Transfer-Encoding: base64
 - Content-Disposition: attachment; filename="test_file_name_1.tif"
 - *<Base64 encoded data>*
- Base64 encoding has the MIME details listed above completely encrypted as part of the attachment in the BDS03 element
- BDS01 = B64 will be the only option for future X12 versions, e.g., 8020, etc. for the attachments

3. Unsolicited attachments must be received within 5 Calendar days of receipt of the corresponding health care claim.

4. Provider Identification = Billing provider information used to match the claim to supporting documentation must be included in Loops 1000C and 1100C.

5. This Companion Guide applies to the following UnitedHealthcare payers and payer IDs.

*UHC Payer IDs impacted:

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

6. **Send 5010-837/Claims and 6020-275/claim attachments on the same day to process attachments timely.**
7. **Attachment received after 5 day window will be considered late and will not be accepted.**
8. **If Claim has more than 10 Attachments, create multiple 275 Files, each containing no more than ten Attachments.**
9. **Send PWK02=EL on PWK segment of 837 only for electronic claim attachments. Do NOT add a mix of transmission codes (PWK02) to the same claim. (example: EL and FT or EL and AA, etc.)**
10. **Resubmit both the claim and the attachment if the claim is rejected.**
11. **If the 275 is rejected, please resubmit the attachment with the same PWK values referenced in the 837 for the attachment control number. This has to be resent within the 5 day window.**
12. **Accepted attachment does not mean that we will always be able to process your attachments and you may receive another 824 with up-to-date status of the attachment.**
 - **For example, the 275 may be accepted initially, but the process may later encounter issues during adjudication with claim matching and rejected the attachment. When that happens an 824 will be sent.**

Note: 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' in PWK02 on the 837.

APPENDICES

APPENDIX – A: UHC’s Valid File Extensions

UNITEDHEALTHCARE’S LIST OF VALID MIME TYPES FOR 6020 – 275 CLAIM ATTACHMENT

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	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
Source: Common MIME types – HTTP MDN (mozilla.org)		

APPENDIX – B: 824 Examples

During the processing of a single 275, one or many 824 transactions can be issued. An 824 can be issued related to the rejection of the entire 275 transaction or the rejection of one or many individual attachments received in the single 275.

824 for Rejected 275 Transaction (Whole 275 is rejected – Single Attachment):

- Rejection of entire Transactions is indicated with “U” in BGN08.
- Entire Transaction Rejection is also indicated with “TR” in OTI01.

```
ISA*00*      *00*      *ZZ*SUBMITTERID *ZZ*RECEIVERID *211001*1301*^*00602*160763685*0*T*:~
GS*AG*00999PR*CLEARINGHOUSE01*20211001*1301*1*X*006020X257~
ST*824*0001*006020X257~
BGN*11*8782163311131034*20211001*13015938**1**U~
N1*41*UNITEDHEALTHCARE*PI*87726~
N1*40*CLEARINGHOUSE01 INC*46*CLEARINGHOUSE01~
OTI*TR*TN*0001***20190725*1330*10000001*0001*275*006020X314~
TED*024**ST*1*2~
RED*ATTACHMENTS IN 275 EXCEED 100 MB SIZE LIMIT**94**IBP*E036~ //Error Description and Code.
SE*8*0001~
GE*1*1~
IEA*1*160763685~
```

824 for All Rejected Attachments on 275 Transaction (whole 275 is rejected – Multiple Attachments):

- Transaction has errors and all attachments rejected. Each Rejected Attachment Control Number is sent with REF03 segment.
- Rejection of entire Transactions is indicated with “U” in BGN08.
- Entire Transaction Rejection is also indicated with “TR” in OTI01.

```
ISA*00*      *00*      *ZZ* SUBMITTERID *ZZ* RECEIVERID *211001*1301*^*00602*160763685*0*T*:~
GS*AG*00999PR*CLEARINGHOUSE01*20211001*1301*1*X*006020X257~
ST*824*0001*006020X257~
BGN*11*8782163311131034*20211001*13015938**1**U~
N1*41*UNITEDHEALTHCARE*PI*87726~
N1*40*CLEARINGHOUSE01 INC*46*CLEARINGHOUSE01~
OTI*TR*TN*0001***20190725*1330*10000001*0001*275*006020X314~
REF*E9*1 ABC12345~
REF*E9*2 ABC23456~
TED*024**CAT*16*2::1~
RED*INVALID INDICATOR IN CAT02**94**IBP*E161~
TED*024**LX*19*1::2~
RED*UNABLE TO IDENTIFY FILE-TYPE/MIME ISSUE**94**IBP*E065~ // Error Description and Code.
SE*12*0001~
GE*1*1~
IEA*1*160763685~
```

824 for Multiple Rejected Attachments (Partial 275 is rejected – Some/Single Attachment rejected):

- Rejection of the part of the transaction is indicated with “RU” in BGN08.
- Transaction Set Partial Rejection is indicated with “TP” in OTI01.
- Each Rejected Attachment Control Number is sent with REF03 segment referring to the LX number from 275.

```
ISA*00*      *00*      *ZZ*00999PR      *ZZ*CLEARINGHOUSE01 *211001*1301*^*00602*160763685*0*T*:~
GS*AG*00999PR*CLEARINGHOUSE01*20211001*1301*1*X*006020X257~
ST*824*0001*006020X257~
BGN*11*8782163311131034*20211001*13015938**1**RU~
N1*41*UNITEDHEALTHCARE*PI*87726~
N1*40*CLEARINGHOUSE01 INC*46*CLEARINGHOUSE01~
OTI*TP*TN*0001***20190725*1330*10000001*0001*275*006020X314~
REF*E9*1 ABC12345~
REF*E9*2 ABC23456~
TED*024**CAT*16*2::1~
RED*INVALID INDICATOR IN CAT02**94**IBP*E161~ //Error Description and Code
TED*024**LX*19*1::2~
RED*UNABLE TO IDENTIFY FILE-TYPE/MIME ISSUE**94**IBP*E065~ //Error Description and Code.
SE*12*0001~
GE*1*1~
IEA*1*160763685~
```

APPENDIX – C: Change Log

Version	Release Date	Changes
1.0	02/15/2022	Initial release
2.0	02/17/2023	<ul style="list-style-type: none"> • Pgs. 9 – 10: Added more error details • Pg. 11: Mime Details Added 2nd and 3rd bullets • Pg. 12: Note: Removed Institutional Claims, now that they are in scope • Pgs. 15 – 16: Added Appendix B – 824 Examples
2.0	03/16/23	<ul style="list-style-type: none"> • Pg. 3: Scope changed • Pg. 4: Contact Information changed • Pg. 9: Comment changed under 824 section • Pg. 14: Updated Subheaders under 824 Examples • Pg. 15: Subheader and comment updated under 824 Example • Removed any verbiage related to the Pilot throughout • MS Word: View > Navigation Pane is now available
2.0	04/05/23	<ul style="list-style-type: none"> • Pg. 12: Updated #8.
2.0	05/02/23	<ul style="list-style-type: none"> • Pg. 1: Replaced old logo with new one
2.0	05/23/23	<ul style="list-style-type: none"> • Pg. 11: Added .tif file extension • Pg. 11: Changed Attachment Size and added File Size