



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010**.

**1. Title of best practice:**

Claims Attachments

**2. Who does the best practice apply to:**

Providers and Group Purchasers

**3. Narrative description as to what is being addressed by this best practice:**

This best practice provides guidance on how to complete and send an attachment that is related to a submitted claim. It includes:

- Method to send the attachment
- Timeframe for sending the attachment to avoid a claim denial for missing information
- The cover sheet
- Instructions for completing the required cover sheet

**Important Note: Non-FAX/non-electronic attachments may only be sent if their size, quality or type is not conducive to an electronic means (such as a photo image).**

**4. The loops, segments and elements, etc. that the best practice applies to:**

Loop 2300, Segment PWK

There are references to other loops, segments and elements in the Attachment Sheet Instructions for proper population of the Attachment Cover Sheet.

**5. Describe how to do the best practice:**

**Submission Guidelines:**

For claims requiring an attachment, the claim must be sent electronically with the paperwork (PWK) segment in the claim populated in Loop 2300.

The AUC specific cover sheet must be sent with each attachment to ensure a proper match to the submitted claim.

Visit our website at: <http://www.health.state.mn.us/auc/index.html>

Attachments (Completing and sending an attachment that is related to a submitted claim)

The minimum method for submission of the attachment and cover sheet is a facsimile (FAX). Other electronic means for submission are acceptable and encouraged if agreed upon by trading partners. For a partial listing of group purchaser FAX numbers, please refer to the AUC website.

Providers must send the attachment by end of next business day after submitting the electronic claim.

Group purchasers must not deny the claim for lack of an attachment, if the electronic method was indicated, until 3 business days after their receipt of the claim. Claims where the method of transmission is non-electronic may be denied if not received by the group purchaser within 10 business days of receipt of claim.

If the group purchaser receives an attachment but does not receive a claim, the group purchaser must not purge the attachment information from their retrieval system until a time period equal to the group purchaser's timely filing requirements.

**General Guidelines:**

Maximum number of characters allowed in the PWK06 (attachment control number) is 50 to align with the current ANSI 837 version of the Implementation Guides.

Attachment control numbers are created by each provider using their own numbering scheme and must be unique for a particular attachment within a billing provider.

Unique in this situation means for each PWK06 segment there is an individual number that must match the attachment cover sheet. You may have multiple cover sheets and multiple PWK06 segments for the same claim.

Use of different qualifiers for multiple types of attachments would dictate sending separate cover sheets/attachment control numbers. Each PWK06 within a claim should use a different cover sheet and have unique attachment control numbers.

Providers should refer to the Minnesota Common Companion Guides on the AUC website for additional instructions regarding how to use the Attachment Control Number (section 3.2.5).

If there are multiple attachments within the same transmission, the provider must pair each attachment with its cover sheet and send the documents in that order (i.e. cover sheet #1, attachment #1, cover sheet #2, attachment #2). A copy of the cover sheet and the attachment information should be retained by the provider for their records.

Attachments (Completing and sending an attachment that is related to a submitted claim)

Providers should verify internally that the attachment was sent successfully prior to attempting to re-send the claim attachment.

All identifiers and the method the provider uses to send the attachment information should match exactly what was indicated on the 837; see the corresponding Uniform Cover Sheet for Claims Attachments instructions for details.

**6. Examples to illustrate best practice:**

PWK\*OB\*FX\*\*\*AC\*090920080000001~

**7. AUC Approval date:**

06/23/2014

**8. Last reviewed date:**

06/04/2014

**Attachments:**

[Uniform Cover Sheet](#) for Claims Attachments  
Uniform Cover Sheet for Claims Attachments [instructions](#) List of  
AUC member Group Purchaser [FAX numbers](#)