

Claims Filing Instructions



All 837 claims with Claim Attachments should be sent only with Claim Attachment Report Type codes (PWK01) listed under Field #19 for CMS-1500 Claim Form and Field # 80 for UB-04 Claim Form.

Under the CMS1500 Claim Form Grid, add the following information to existing Field #19 instructions:

Field #	Field Description	Instructions and Comments	Required or Conditional	Loop ID	Segment	Notes
19	Additional Claim Information	Claim Attachment Report Type codes in 837P defines the following qualifiers 03 - Itemized Bill M1 - Medical Records for HAC review 04 - Single Case Agreement (SCA)/ LOA 05 - Advanced Beneficiary Notice (ABN) CK - Consent Form 06 - Manufacturer Suggested Retail Price /Invoice 07 - Electric Breast Pump Request Form 08 - CME Checklist consent forms (Child Medical Eval) EB - EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter CT - Certification of the Decision to Terminate Pregnancy AM - Ambulance Trip Notes/ Run Sheet	Required	2300	PWK01	Claim Attachment Report Type codes in 837P

Under the UB04 Claim Form Grid, add the following information to existing Field #80 instructions:

Field #	Field Description	Instructions and Comments	Required or Conditional	Loop ID	Segment	Notes
80	Remarks Field	Claim Attachment Report Type codes in 837I defines the following qualifiers 03 - Itemized Bill M1 - Medical Records for HAC review 04 - Single Case Agreement (SCA)/ LOA 05 - Advanced Beneficiary Notice (ABN) CK - Consent Form 06 - Manufacturer Suggested Retail Price /Invoice 07 - Electric Breast Pump Request Form 08 - CME Checklist consent forms (Child Medical Eval) EB - EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter CT - Certification of the Decision to Terminate Pregnancy AM - Ambulance Trip Notes/ Run Sheet	Required	2300	PWK01	Claim Attachment Report Type codes in 837I