

**Under the section called “Claims filed with the Plan are subject to the following procedures:”, please add the following information:**

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