

Special Bulletin

For professional and facility providers

October 6, 2023

EDI Update: Highmark Accepting 275 Attachments for Additional Documentation; Increased Use of 278 Requests

Effective October 6, 2023, Highmark will accept 275 attachments from facilities and providers who are responding to a request for additional documentation. Providers should submit 275 transactions through their trading partners via Electronic Data Interchange (EDI). **Important: Always include the prior authorization number on the 275 when responding to Highmark.**

Note: *Unsolicited 275s will not be accepted.*

What Are Acceptable 275 Transactions?

Electronic attachments (275 transactions) are supplemental documents providing additional patient medical information to the payer. The ANSI ASC X12 275, Version 211, is being implemented to allow the submission of additional documentation to support prior authorization requests. Common attachments include laboratory results, supporting documentation from the member's electronic medical record (EMR), medication lists, and certificates of medical necessity (CMNs).

When to Submit a 275 Transaction?

When additional documentation is required to support a service review or prior authorization, Highmark will make the request using one of the following methods:

- Portal submission
- Submission via the Epic system
- Fax

Regardless of the original method requesting the authorization, providers can use the electronic attachment 275 transaction to provide a solicited response. *The prior authorization number must be included on the 275 when responding to Highmark.*

If this required information is missing, the 275 will **not** be processed. The trading partner or provider will then receive a 999 rejection code. If this happens, please resubmit with the required auth number included.

What is the Purpose of the 278 Transaction?

Providers and facilities use the Health Care Services Review (278) to **request** reviews, including authorizations, for specialty care and admissions.

Highmark uses the 278 to **respond** with results for reviews for specialty care and admissions.

More details are included in the 278 section of the updated [HIPAA Provider Companion Guide](#).

For out-of-area BlueCard members, providers can submit an electronic HIPAA 278 transaction (Referral/Authorization) to Highmark via their practice management software. Highmark will route the request between the provider and the member's Blue Plan via BlueExchange. See the **Highmark Provider Manual, 2.6: The BlueCard Program** for more information.

Why Submit a 275 Transaction?

Sending necessary attachments electronically offers a faster, more streamlined, and cost-efficient process over mailing or faxing an attachment.

What Highmark Products are Eligible for 275 Transactions?

275 transactions — in response to additional documentation requests — can only be used for Highmark benefit plans. Accurate reporting of Highmark's NAIC code is critical for successful 275 transactions.

How to Submit a 275 Transaction?

More details are included in the 275 section of the updated [HIPAA Provider Companion Guide](#).

Additional Resources

Please reach out to your practice management vendor or technical support area if you are interested in utilizing this new 275 capability.

Additional technical transaction questions can be directed to EDI Operations at **800-992-0246**.

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