

Electronic Attachment Quick Reference

An attachment indicator alerts claims processing that a submitted claim will have an attachment faxed or mailed on the same day. Provided below is loop and segment information, as well as a link to the attachment fax cover sheet.

Enter claim information in Loop 2300 (max 10 occurrences).

Enter claim line specific information in Loop 2400 (max 10 occurrences).

Loop ID	Reference	Use	Name	Codes	AK Medicaid Notes
2300 or 2400	PWK01	S	Claim Supplemental Information	OZ, EB, CK	Required when the provider will be submitting paper documentation. Currently, Alaska Medical Assistance will only accept claim supplemental information by fax or mail. OZ = Support Data for Claim, EB = EOB. CK = Consent Forms
2300 or 2400	PWK02	R	Report Transmission Code	FX, BM	These code values will be processed by Alaska Medical Assistance. Please fax or mail the attachments the same day that the claim(s) are transmitted
2300 or 2400	PWK05	R	Identification Code Qualifier	AC	Qualifier for PWK06 segment
2300 or 2400	PWK06	S	Attachment Control Number		Generate a unique attachment control number and put it on the faxed document sent to support this claim. This attachment number may be used by Alaska Medical Assistance to match the attachment to the electronic claim record.

Step 1: Enter “FX” in PWK02 to indicate documents will be faxed or enter “BM” to indicate documents will be sent by mail.

Step 2: Enter the attachment control number in PWK06.

Step 3: Fax or mail the attachments to Conduent on the same day as submitting the electronic claim. Use the attachment fax cover sheet whether sending via fax or by mail. The cover sheet is available here:

http://manuals.medicidalaska.com/docs/dnld/Form_Attachment_Fax_Cover_Sheet.pdf

Step 4: Write the member’s Alaska Medical Assistance identification number and date of service on each corresponding page; this will assist Conduent in matching the attachment(s) with the claim.



ATTACHMENT FAX COVER SHEET

Conduent
P.O. Box 240808 • Anchorage, Alaska 99524-0808
Telephone: 907.644.6800 or 800.770.5650
Fax: 907.644.8122 or 907.644.8123

From: Our Dental Practice Fax # (907) 555-1234
Number of Pages: 5 Attachment Control # 22222

A new fax cover sheet must be completed for each TCN that you are submitting attachments for. Please complete the following fields:

TCN (17-digit Transaction Control Number) 15006812340000040
Member Medicaid ID 0100000001
Provider Medicaid ID 1000000
Date(s) of Service 01/01/2017

CONFIDENTIALITY NOTICE

This message, including any attachments, is intended solely for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of this communication is expressly prohibited. If you are not the intended recipient, please notify the sender at the sender's fax number above and destroy any and all copies of the original message. Thank you.

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