To view printable form click here: Electronic Attachment Control Number Form

Nebraska Department of Health and Human Services
Division of Medicaid and Long-Term Care

Electronic Attachment Control Number Form

Please use this form when submitting an electronic claim for services that require an attachment. Submit the attachment(s) with this form. The "Claim Attachment Control Number" submitted on this form is the unique number submitted as the Attachment Control Number in PWK06, Claim Supplemental Information, Loop 2300, electronic claim format–ASC x 12N 837. Note: Do not use this form for paper claims. See detailed instructions on back.

1. Attachment Control Number (10-digit billing provider NPI for healthcare providers or 11-digit billing provider Medicaid provider number for atypical providers plus a unique number not exceeding 9 digits.)

   Billing Provider Number | Unique Number up to 9 digits

2. Provider Name ______________________

3. Billing Contact Name ______________________

4. Billing Contact Phone Number______________________

5. Medicaid Client Name______________________

6. Medicaid Client 11-digit Identification Number

7. Date(s) of Service ___/___/______ (MM/DD/YYYY) through___/___/______ (MM/DD/YYYY)

8. Type of Attachment (e.g. invoice, Dr.'s order, nurse's notes, ER report, progress/clinical notes)

   ____

9. Number of Pages Including This Form ________

FAX This Form With Attachments To: 402-742-2377.
Please include your FAX Number______________________

OR

Mail This Form With Attachments To:
Medicaid Claims Processing
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, Nebraska 68509-5026

Instructions on Reverse Side

MC-2 Rev. 7/21
DO NOT USE previous version 3/12

Please type or print legibly. Do not use this form with a paper claim.

Use: Use the Electronic Claim Attachment Control Number Form when an attachment is required for an electronic claim. When received, the Electronic Claim Attachment Control Number Form and attachments will be matched to the electronic claim using the attachment control number. Attachments must be received within **10 days** of the submission of the claim to be considered.

Fax completed form and attachment(s) to 402-742-2377

Or mail to:

Medicaid Claims Processing
Nebraska Department of Health and Human Services
P.O. Box 95026
Lincoln, NE 68509-5026

1. ***Attachment Control Number:*** Enter the unique “Claim Attachment Control Number” submitted on the electronic claim. PWK06, Claim Supplemental Information, Loop 2300. This number must be the billing provider’s 10-digit NPI for healthcare providers or the 11-digit Nebraska Medicaid legacy provider number for atypical providers (not eligible for an NPI) and a unique number not exceeding 9-digits. Up to 20 characters will be accepted in this number. If you don’t know the attachment control number, contact the person at your office or facility responsible for electronic claim billing. ***Note:*** For physician claims: The attachments must be specific to the date of service(s) of the electronic claim requiring documentation. For other provider claims: The same documentation may apply to more than one date of service or procedure code, so the same claim attachment control number may be used on more than one electronic claim.

2. ***Provider Name:*** Enter the name of the Nebraska Medicaid Billing Provider.

3. ***Billing Contact Name:*** Enter the name of the person who is responsible for submitting claims for Medicaid payment.

4. ***Billing Contact Phone Number:*** Enter the phone number of the billing contact.

5. ***Medicaid Client Name:*** Enter the full name of the person who received the services.

6. ***Medicaid Client 11-digit Identification Number:*** Enter the complete 11-digit client identification number.

7. ***Date(s) of service:*** Enter the 8-digit numeric service dates for which the attachment is required (e.g. 10122012).

8. ***Type of Attachment:*** Describe the type of attachment accompanying the form. Some examples are invoices showing the provider’s cost, descriptions of not otherwise classified procedure codes, and reports describing the procedure or service.

9. ***Number of Pages:*** Enter the total number of pages submitted including the form