WAYSTAR

Claim Attachments User Guide

V15 – December 2025

Contents

Overview

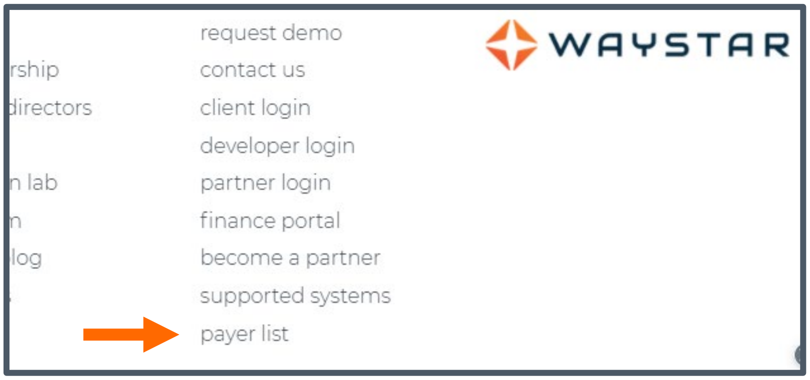
Waystar offers the ability to send claim attachments both electronically and on paper. To send claim attachments, you must subscribe to the Claim Attachments application.

Verifying if a payer can receive electronic claim attachments

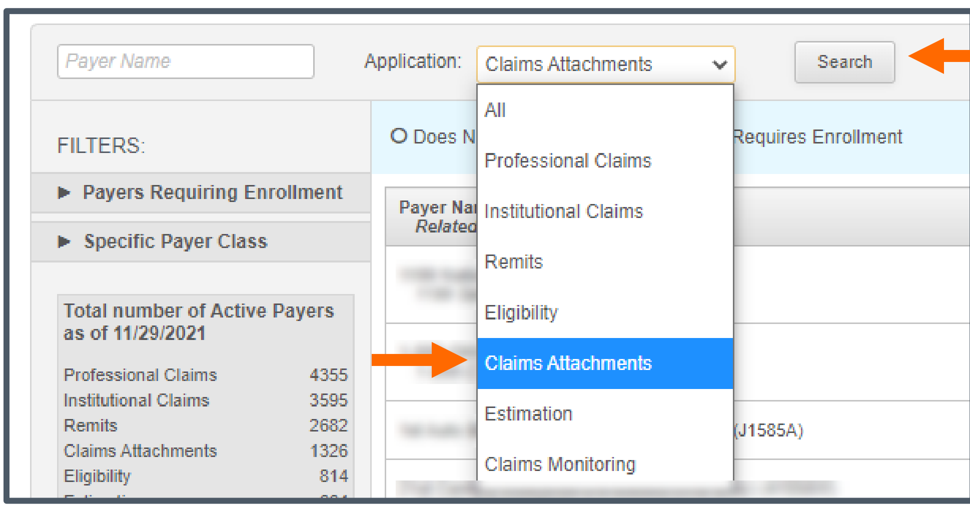
To send electronic claim attachments, the payer on the claim must be able to receive electronic attachments.

To see if a payer can receive electronic claim attachments:

1. Go to www.waystar.com.
2. Scroll to the bottom of the page and click the **payer list** link.



3. From the Payer List screen that will open, use the **Application** dropdown at the top of the screen to filter the results by **Claims Attachments**.
4. Click the **Search** button. The resulting list will include all supported payers for claim attachments.



Additional Information – Payer List Screen

- To print a list of payers, click the **Printer Friendly Version** link near the top of the screen.
- To download a payer list into a spreadsheet, click the **Download (.CSV)** link.

If you subscribe to Claim Attachments, each claim will be evaluated by a third-party processor to determine whether the claim requires an attachment. If an attachment is required, the claim will be listed on the Bills Pending Attachments screen. On this screen, you can quickly and easily attach the required documentation and resubmit the claim.

Setting up commercial (non-WC/A) attachments

The Claim Attachments application allows you to submit attachments to commercial (non-Workers' Compensation/Auto) payers. However, to successfully submit commercial attachments, you must first work with Waystar Support to set up the Commercial Attachments feature.

To initiate this process, please contact Waystar Support or create a Support case in the Support and Training Center (STC).

Viewing the Bills Pending Attachments list

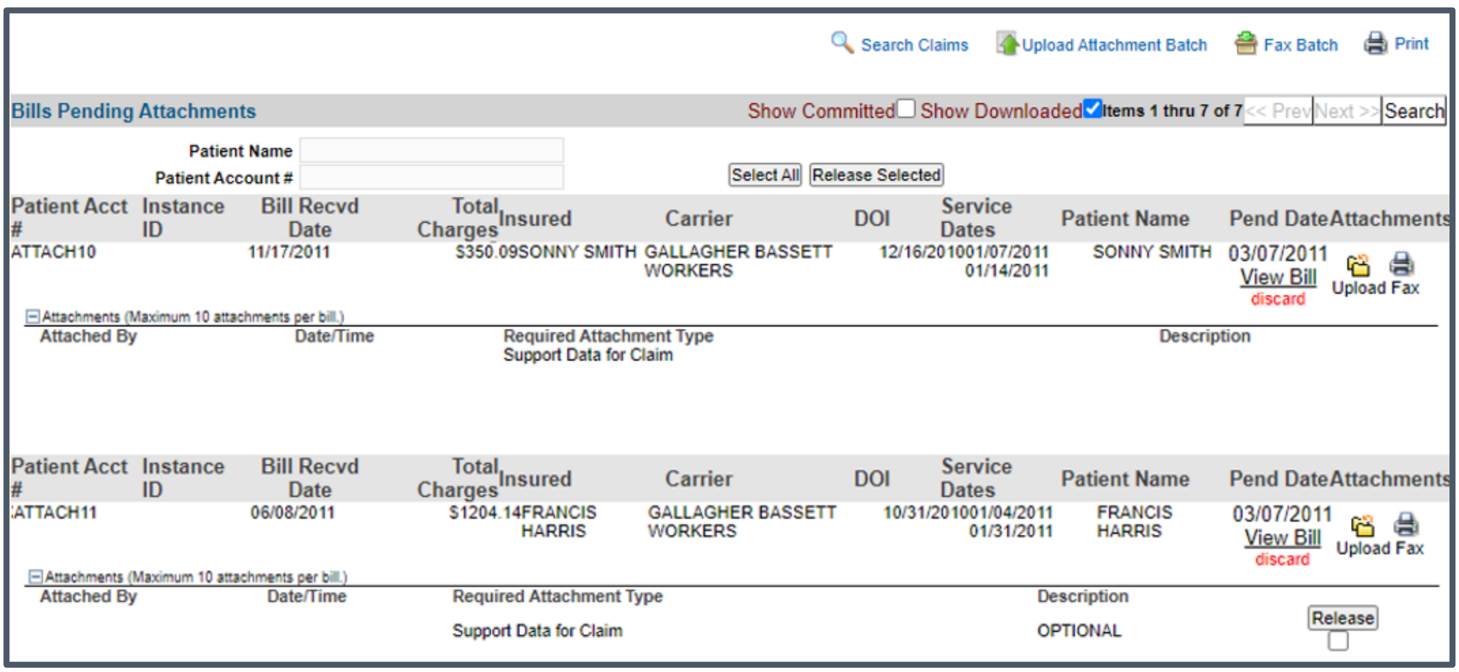
To view the **Bills Pending Attachments** screen, go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

The **Bills Pending Attachments** screen lets you manage almost all aspects of claim attachments, including:

- Searching for or uploading a single attachment or a batch of attachments.
- Using **Fax Batch** to print cover sheets for all claims needing attachments.
- Using **View Bill** to view the claim in form 1500 (professional) or UB04 (institutional).

> ***CAUTION:*** If you click **Discard** below the View Bill link, the claim will be removed from the Pending Attachments list and will **not** be forwarded to the payer. If you choose to discard the claim from the Pending Attachments list, you must then print the claim to paper and physically send it to the payer.

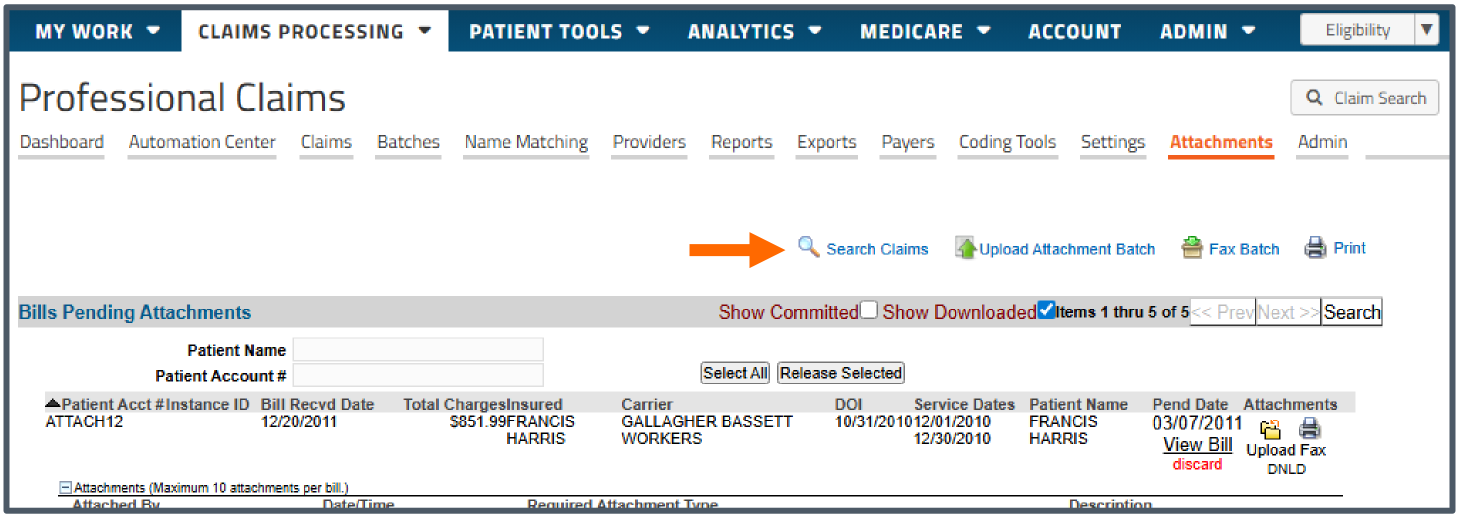
- Viewing a queued attachment before it is sent to the payer.



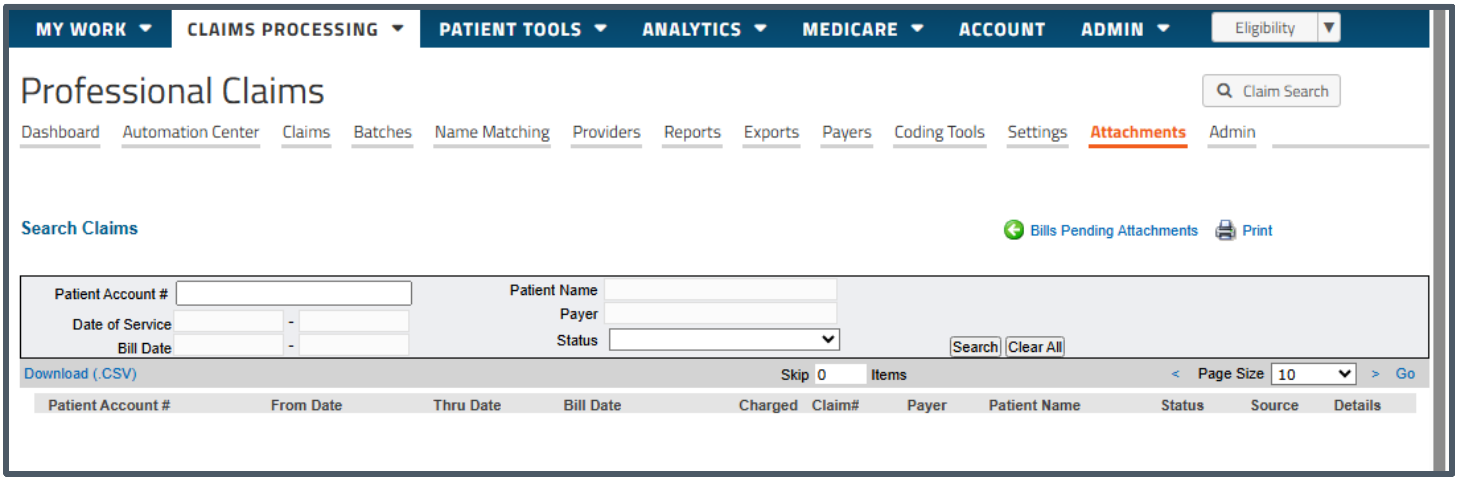
Searching for a claim

To search for a claim:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.
   The Bills Pending Attachments screen will open.
2. Click the **Search Claims** link at the top of the screen.



The Search Claims screen will open.



3. Complete any of the following fields. You can also bypass this and browse through the list of Bills Pending Attachments.
   - **Patient Account #**: Enter the number assigned to the patient account by your practice management system.
   - **Patient Name**: From the popup screen that will open when you click in this field:
     a. Search by Last Name, First Name, Member #, SSN (Social Security number), Date of Birth.
     b. Click the **SEARCH** button.
     c. From the list of patients that will appear at the bottom of the popup screen, click the appropriate link.
   - **Date of Service**: Enter one date of service (DOS) or a range using beginning and ending dates.

- **Payer**: From the popup screen that will open when you click in this field:
  a. Enter a full or partial payer name; however, the letter case must match. For example, if the payer is listed as GALLAGHER BASSETT, then you must use ALL CAPS in searching for that payer.
  b. Click the **SEARCH** button.
  c. From the list of payers that will appear at the bottom of the popup screen, click the appropriate link.
- **Bill Date**: Enter one bill date or a range using beginning and ending dates.
- **Status:** Select from the dropdown menu.

4. Click the **Search** button in the lower-right corner of the search area.

   Note: To control the number of claims that display per page on the screen, select the desired number from the **List Size** dropdown.

   When reviewing the list, you may want to skip some claims. Enter the number of the claim to jump to in the **Skip** textbox. For example, if you are viewing claims 21 through 30 and want to go directly to claims 61 through 70, enter **60** in the Skip box, then click the **Search** button. The display skips to claim 61. To return to the beginning of the list, enter **0**, then click the **Search** button.

   The screen includes the following information (self-evident fields and columns are not defined here):

   - **Patient Account #**: Patient control/account number submitted in the CLM01 field of the original claim.
   - **From Date - Thru Date**: The first date of service through the last date of service.
   - **Bill Date**: The date the claim was received by the attachment processing system.
   - **Claim #**: The identifying number given to the claim by the payer.
   - **Source**: The method by which the claim was transmitted to the payer (EDI or paper)
   - **Details**: Clicking the **Bill** link displays the claim in form 1500 (professional) or UB04 (institutional).

5. You can also perform the following:

   - Click on a column header to sort the list by that column. Click the header again to toggle between ascending and descending order within the column.
   - To generate an Excel spreadsheet of the search results, click **Export**.
   - Click on the **Bills Pending Attachments** link at the top of the screen to return to that screen.

Working with claim attachments

This section explains how to upload an attachment to a claim or how to produce and print a Fax cover sheet so that you can Fax the attachment(s).

Uploading an attachment to a claim

To attach a file to a claim:

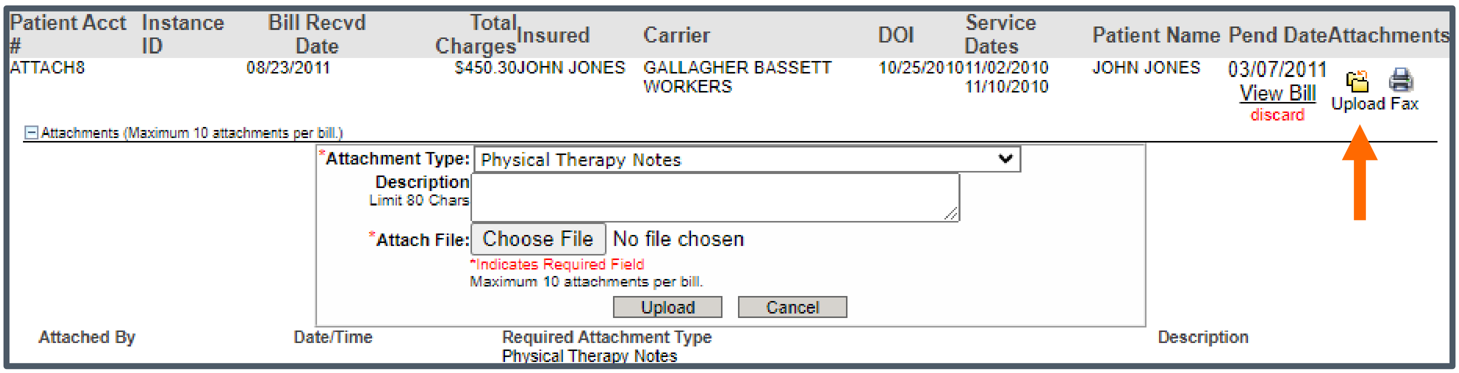
Note: You can attach two types of files to a claim: **PDF** or **TIFF**.

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

   The Bills Pending Attachments screen will open.

2. Click the **Upload** icon in the **Attachments** column for that claim.

   The Attachment dialog box will open below the row.



3. Review the **Required Attachment Type** listed below the dialog box.
4. From the **Attachment Type** dropdown in the dialog box, select the type.
5. *Optional*: Enter a brief **Description** of the attachment.
6. Click the **Choose File** button to browse for the file on your computer or network drive.
7. Select the file, and then click the **Open** button.

   The file path and name will appear in the **Attach File** box.

8. Click the **Upload** button.
   - The attachment is saved to the claim.
   - A message will display while the file is uploaded.
9. From the row that will appear for the newly uploaded attachment:
   - To ensure that the correct file is attached, click the **View** link.
   - If an incorrect file is attached, click the **Remove** link.
   - If the correct file(s) are attached, click the **Commit** button just above the new attachment row.
10. As needed, repeat this process to select additional files to attach to the claim.

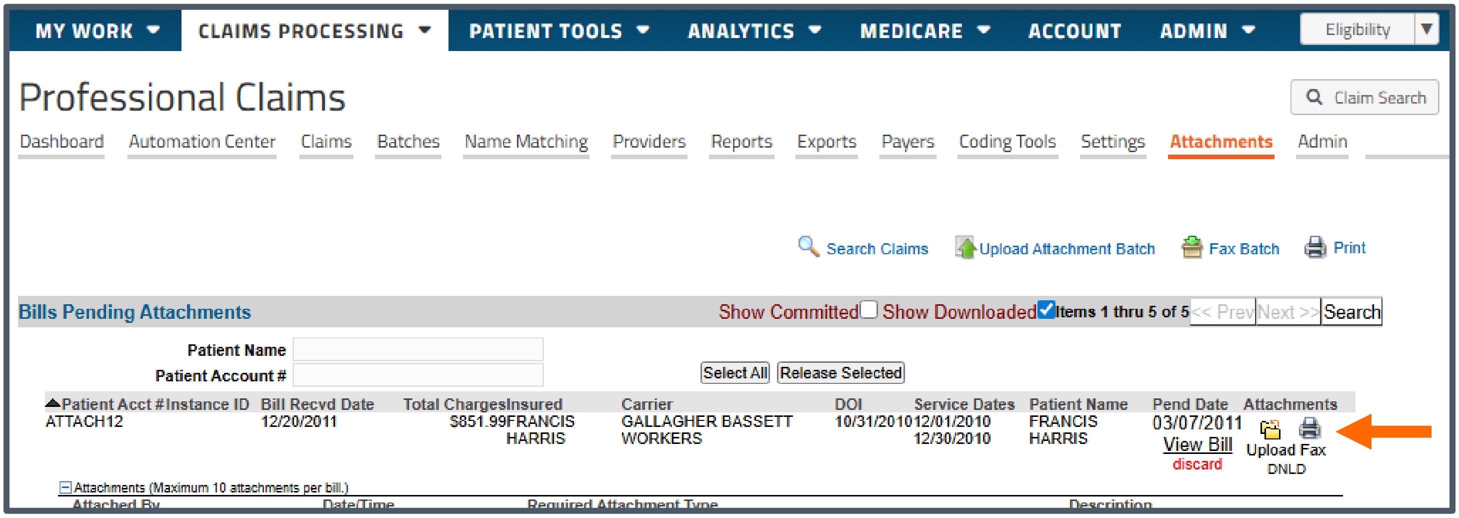
Faxing a claim attachment

If you prefer to fax a paper document to accompany your claim, you can print a fax cover sheet populated with claim data.

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

   The Bills Pending Attachments screen will open.

2. From the **Attachments** column, click the **Fax** icon.



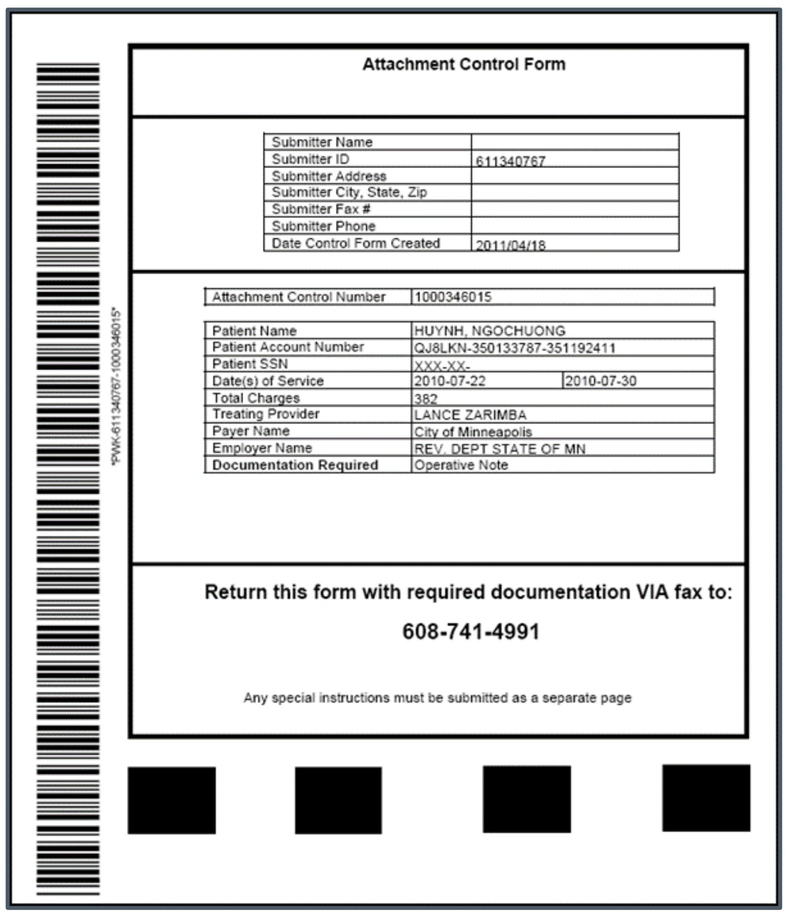
The system will generate and display an **Attachment Control Form** to use as a cover sheet. The bar code on the left side will help match your claim to the cover sheet and attachments.

Note: Be sure you do not edit any information on the cover sheet. Do not cover the bar code with any object, e.g., a sticky note.

3. Click the print icon at the top-right of the screen.

   Your browser's print screen will open.

4. Print the cover sheet to a local printer.
5. Fax the cover sheet along with the attachment to the number displayed on the cover sheet.



Uploading a batch of attachments

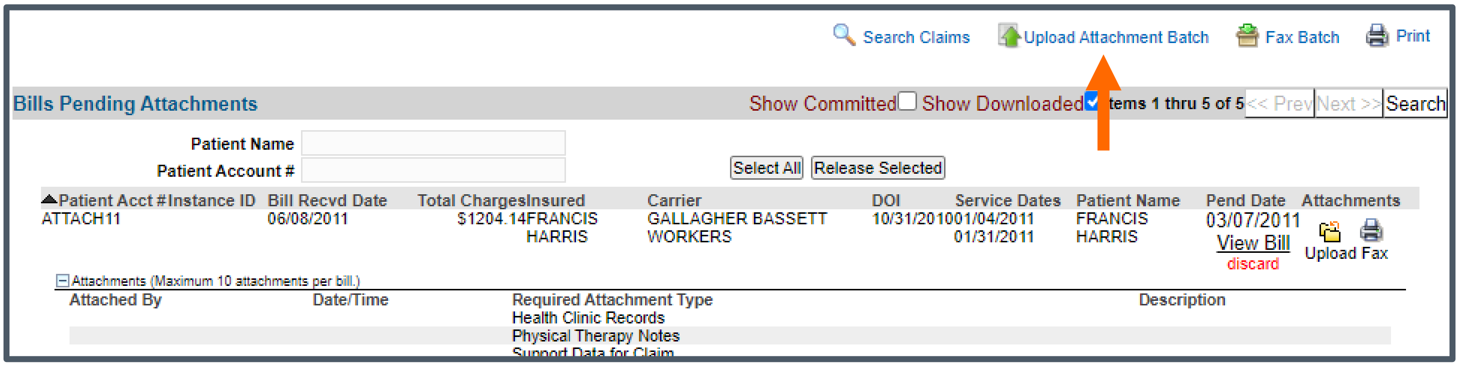
Using the batch upload feature, you can mass upload documentation to multiple claims at once.

IMPORTANT: Be sure to review best practices.

Waystar can accept a batch of attachments under the following conditions:

- The attachments are all PDF files or all TIF files
- The file naming conventions are followed
- The batch of attachments are combined in a zip file.
- The zip file is sent via FTP to the Upload/Attachment folder.

Note: To upload batch attachments via sFTP, please contact Waystar Support to have them update your FTP settings to include a sub-file on your account for attachment uploads.



1. Create a zip file (.zip or .zipx) using WinZip

a. Launch Windows Explorer.

b. Open the folder containing the files/attachments you would like to zip.

c. Select/highlight the desired files/attachments.

d. Right click the highlighted files/attachments.

e. Hover over the WinZip icon, and in the WinZip submenu, select **Add to Zip file**.

f. In the **Add to archive:** box, enter the zip file name using the zip file naming convention for batch attachments.

Note: See the File naming conventions section for more information.

g. The zip file should be named as follows:

Example: WAYSTAR_WaystarAcct#_IMAGES_yyyymmdd_hhmmss.zip

2. Send the zip file

You can send the zip file ONE of two ways, either by uploading it as an attachment batch or by sending it via FTP. Complete ONE of the following options:

- **Option 1** – Upload a batch of attachments:
  a. Click **Upload Attachment Batch**.
  b. Click the **Browse** button to locate the zip file.
  c. Click **Submit Attachments** to upload the batch, or click **Return to Claims** to cancel.
    – If the attachment is successful, a popup box displays the message: Your Attachment Batch has been received.
    – If you try to upload a batch a second time, the Upload Attachment Batch box displays the following message:

      "An Attachment error has occurred.

      It is possible that a duplicate submission was made.

      Please refresh this page (F5 key or press the refresh/reload button) to return to the previous attachment screen."

- **Option 2** – Send the zip file via FTP:

  When sending the zip file you created via FTP, send it directly to the **Upload/Attachment** folder using this URL: **sshftp.waystar.com/upload/attachment**

  Note: The child account that houses the claim to be processed for attachments should have its own FTP location for all batch uploads that belong to that account.

File naming conventions

There are two sets of file naming conventions that can be used to name the zip file and the image/attachment files contained within the zip file. One of these two sets of file naming conventions ***must*** be used to name the zip file and the image/attachment files contained within the zip file.

The naming convention is used to match the attachment to a claim. An *orphan attachment* is a received attachment waiting for a claim to be matched to. An orphan attachment will be held for 90 days while waiting for a matching claim. If a matching claim is not received, the attachment will be rejected and must be re-sent along with the matching claim.

The zip file naming convention is the same for both sets of file naming conventions.

Option 1

The zip file must be named in the following manner:

WAYSTAR_Acct#_IMAGES_yyyymmdd_hhmmss.zip

Ex: WAYSTAR_5076_IMAGES_20190815_170030.zip

The image files located in the zip file must be named as follows (PAN stands for Patient Account Number) with the information matching the correlating claim.

Note: The *doctype* refers to the image document being sent. The *RenderingNPI* is the claim-level rendering provider, ***not*** the line-level rendering provider.)

BillingNPI_RenderingNPI_PAN_FirstDOS_Doctype.pdf

OR

BillingNPI_RenderingNPI_PAN_FirstDOS_Doctype.tif

Rendering NPI is the ***only*** optional data element.

Use the following naming convention for image files containing batch attachments:

BillingNPI__PAN_FirstDOS_Doctype.pdf

Please use the following date format for this option:

BillingNPI_PAN_YYYYMMDD_Doctype.pdf

OR

BillingNPI__PAN_FirstDOS_Doctype.tif

If no Rendering NPI is sent in the bill file because it is the same as BillingNPI, use double underscore (***no space between*** underscores); the double underscore represents an empty field. Again, Rendering NPI is the only field that can be blank/empty. All other fields in the naming convention are required:

BillingNPI__PAN_FirstDOS_Doctype.pdf

OR

BillingNPI__PAN_FirstDOS_Doctype.tif

If you are a 4010 provider, Waystar will convert X12 files to 5010. In this scenario, if the billing NPI and rendering NPI are the same when Waystar converts to 5010, the rendering ***NPI will be stripped***. The provider must then use the double underscore in the naming of their attachment.

Option 2

The zip file must be named in the following manner:

Zip File: WAYSTAR_Acct#_IMAGES_yyyymmdd_hhmmss.zip

Ex: WAYSTAR_5076_IMAGES_20190815_170030.zip

All **image files** need to be named:

WaystarAcct#_UniqueID.pdf or

WaystarAcct#_UniqueID.tif

Sample PWK06 value would be as follows:

PWK*PN*EL*AC*WaystarAcct#_UniqueID~**

The PWK segment for the correlating claim will need to be as shown below.

ANSI 837 file:

Loop 2300 Segment PWK – example: PWK*OZ*EL*AC*98765_1234567890~**

PWK01: Report Type Code

PWK02: Report Transmission Code (Always EL for Electronic)

PWK05: Identification Code Qualifier (Always AC for Attachment Control Number)

PWK06: Identification Code (Unique value which must match to the attachment name)

This is used to identify the attachment and match it to the claim.

Best practices

Following naming conventions

The naming conventions of the zip files and attachment files must be followed exactly. This ensures your claims are matched with an attachment, immediately released, and sent out the same day.

Option 2, with the PWK segment, is the preferred naming convention for batch attachments and 5010 requirements. If you cannot support this naming convention, the same benefits can be obtained using naming Option 1.

Sending your images before sending your claims

To avoid claims queuing in your **Attachments** tab, follow the naming convention exactly and upload your attachments prior to uploading your claims. This ensures any claims queued in your **Attachments** tab truly require attachments to be manually uploaded.

If you send your claims prior to your attachments and you are following the naming conventions, the claims in the **Attachments** tab will disappear immediately once the attachments are matched. Allow a few hours after submitting your claims to review the claims that require attachments to be manually uploaded.

Sending PGP-encrypted claim attachments

As needed, you can submit PGP-encrypted claim attachments.

IMPORTANT: Do not rename the zipped files before you encrypt them because this will give the appearance of double encryption.

To encrypt the files:

1. Encrypt the claim attachment using PGP key: **92805557**
2. After encrypting the file, verify that it has a .PGP extension.

   Whatever process or script you use to encrypt the file should automatically add the .PGP extension. If there is uncertainty, have Waystar Support contact the vendor with this file to ensure it meets the requirements.

Orphan attachments/claims

Attachments uploaded via batch prior to a matching claim being uploaded will be held for 90 days. After 90 days, the attachment will no longer be on file in the system.

Workers' Comp/Auto payer claims

If a claim requiring an attachment is uploaded without an attachment, it will be held in the **Attachments** tab for 30 days. In such instances, you will receive warning messages at days 5, 10, and 15 indicating that an attachment is needed.

After 30 days, the claim will be rejected for not having a document attached and will not be released to the payer.

Commercial payer claims

If a claim requiring an attachment is uploaded without an attachment, it will be held in the **Attachments** tab for 10 days. In such instances, you will receive warning messages at day 5, indicating that an attachment is needed.

After 10 days, the claim will be released to the payer.

Batch file requirements

File limitations

Batch attachments must meet the following criteria:

- 1 GB total file size limit
- Professional claims have a 100-page limit per attachment
- Institutional claims have a 500-page limit per attachment

SFTP requirements

- Batch files are picked up from the SFTP at the top of each hour.
- A batch file must be present on the SFTP for at least 30 minutes prior to being picked up.

Working the Bills Pending Attachments screen

To print an attachment that is already uploaded:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

   The Bills Pending Attachments screen will open.

2. From a row of an uploaded claim attachment, click the **View** link.
3. While the attachment is displayed, click the printer icon at the top of the screen.

To view and print submitted bills:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

   The Bills Pending Attachments screen will open.

2. Click the **View Bill** link. Professional claims are in the print image 1500 format; Institutional claims are in the print image UB04 format.

3. Choose **Print** to print the bill.

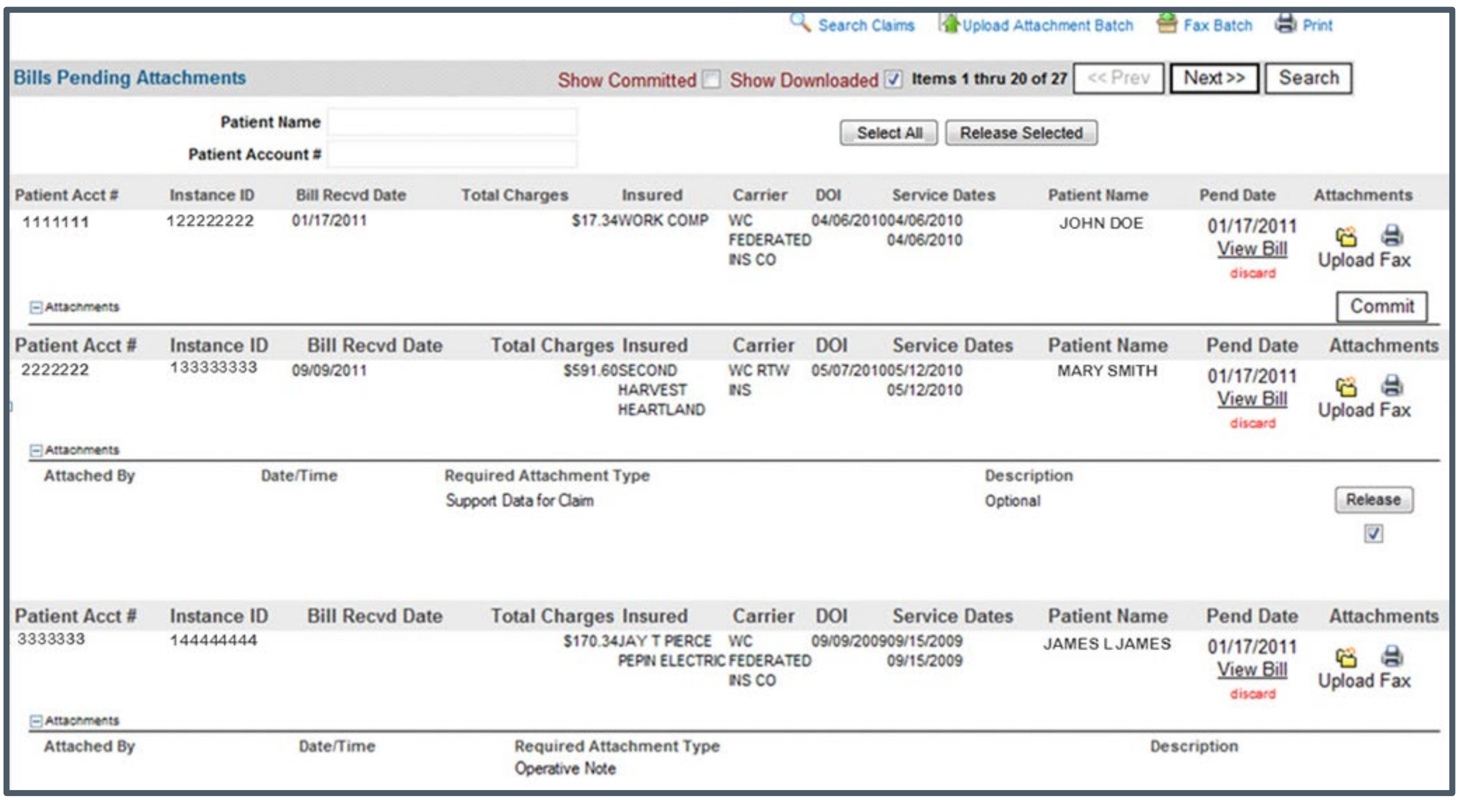
Note: The print icon on the **Bills Pending Attachments** screen just prints the list contained in that screen.

Workers’ Compensation / Auto Claims

In the Claim Attachments application, each claim is evaluated by a processor to determine whether the payer requires an attachment to process the claim. If an attachment is required, the claim is listed on the Bills Pending Attachments screen. Some providers, however, want ALL their Workers’ Compensation and Auto claims to be held for claim attachments. If you prefer this option, contact your Waystar Customer Support representative. *Allow 24-48 hours for the system to be updated*.

If you have chosen this option, all Workers’ Comp and Auto claims will be placed in **Hold** status and listed on the **Bills Pending Attachments** screen, where you can upload or fax attachments for each claim as necessary. (Another option is to send the PWK segment in your claim file for claims you want to be held for attachments.) When the desired attachments have been made, click the **Release** button to remove the claim from Hold status.

When **all** attachment requirements have been met, the Release button will be replaced with a **Commit** button. (Note: unless **all** the required documents are uploaded, the Commit button will not appear.) You can now change your mind concerning the attachment(s) made. Return to the claim to make any changes. If you don’t wish to make any changes, click **Commit** to submit the claim to the payer for processing. If no action is taken, any claims in Commit status will be automatically committed overnight.



Claim attachment type codes

The following attachment type codes are dictated by valid qualifiers in the X12 guide (PWK01 in the 837 file).

DocTypeCode	Description
AS	Admission Summary
A3	Allergies/Sensitivities Document
AM	Ambulance Certification
A4	Autopsy Report
BS	Baseline
BR	Benchmark Testing Results
BT	Blanket Test Results
CT	Certification
13	Certified Test Report
11	Chemical Analysis
CB	Chiropractic Justification
CK	Consent Form(s)
J7	Consultation Report - ***Applies only to California workers' compensation***
10	Continued Treatment
V5	Death Notification
DA	Dental Models
J9	Detail Bill - ***Applies only to California workers' compensation***
DJ	Discharge Monitoring Report
DS	Discharge Summary
J1	Doctors First Report (5021) - ***Applies only to California workers' compensation***
D2	Drug Profile Document
04	Drugs Administered
DB	Durable Medical Equipment Prescription
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)
07	Functional Goals
HC	Health Certificate
HR	Health Clinic Records
I5	Immunization Record
06	Initial Assessment
15	Justification for Admission
LA	Laboratory Results
J3	Medical Permanent Impairment (DWC69) - ***Applies only to California workers' compensation***
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes
OE	Objective Physical Examination (including vital signs) Document
OB	Operative Note
OD	Orders and Treatments Document
OC	Oxygen Content Averaging Report
OX	Oxygen Therapy Certification
PQ	Paramedical Results

PE	Parenteral or Enteral Certification
P4	Pathology Report
P5	Patient Medical History Document
J8	Perm and Stat Report - ***Applies only to California workers' compensation***
XP	Photographs
PZ	Physical Therapy Certification
PN	Physical Therapy Notes
B3	Physician Order
PY	Physician's Report
08	Plan of Treatment
B2	Prescription
09	Progress Report
J2	Progress Reports (PR-2) - ***Applies only to California workers' compensation***
PO	Prosthetics or Orthotic Certification
J4	Qualified Medical Evaluation - ***Applies only to California workers' compensation***
RB	Radiology Films
RR	Radiology Reports
21	Recovery Plan
B4	Referral Form
RX	Renewable Oxygen Content Averaging Report
03	Report Justifying Treatment Beyond Utilization Guidelines
RT	Report of Tests and Analysis Report
IR	State School Immunization Records
OZ	Support Data for Claim
77	Support Data for Verification (Use this code to indicate a completed referral form)
SG	Symptoms Document
05	Treatment Diagnosis
J5	Vocational Progress Report - ***Applies only to California workers' compensation***
J6	Work Status Report (DWC73) - ***Applies only to California workers' compensation***

Claim Status Codes

Here is a list of claim status codes.

CLAIM STATUS	DESCRIPTION
ADR:PNDA	This claim is pending for additional documentation.
RJCT:ABDA	This claim has been abandoned. This status will typically follow the ADR:PNDA status if the required documentation was not sent or if the claim was 'discarded' by a user while pending. The claim will need to be resent to restart the process.
DEND:PREJ	This claim is a pre-adjudication rejection because it was either unable to match to a claim OR expired after pending for an attachment. A tool-tip icon will display an additional rejection message when hovering over the status. This information is returned in the 277 electronic claim status file.
PEND:MTCH	This claim has been matched to the attachments.
PEND:SENT	This claim has passed all edits and has been sent to the payer or channel partner for delivery to the payer.
PEND:IMAG	This claim was sent via paper on the claim image form. This status will not update further as paper claims generate paper EOBs.
PEND:RCV	Indicates an acknowledgement from the bill review/payer has been received in receipt of the claim.
PEND:ADJ	The bill review/payer has acknowledged the claim is in the adjudication process. This status will typically follow the PEND:RCV status.
DEND:ZPAD	The payer has denied the claim. There will be an EOB image on the portal detailing the cause of denial. This information is returned in the 835 electronic payment remittance file.
PAID	This claim has been paid. There will be an EOB image on the portal detailing the payment information. This information is sent in the 835 electronic payment remittance file.

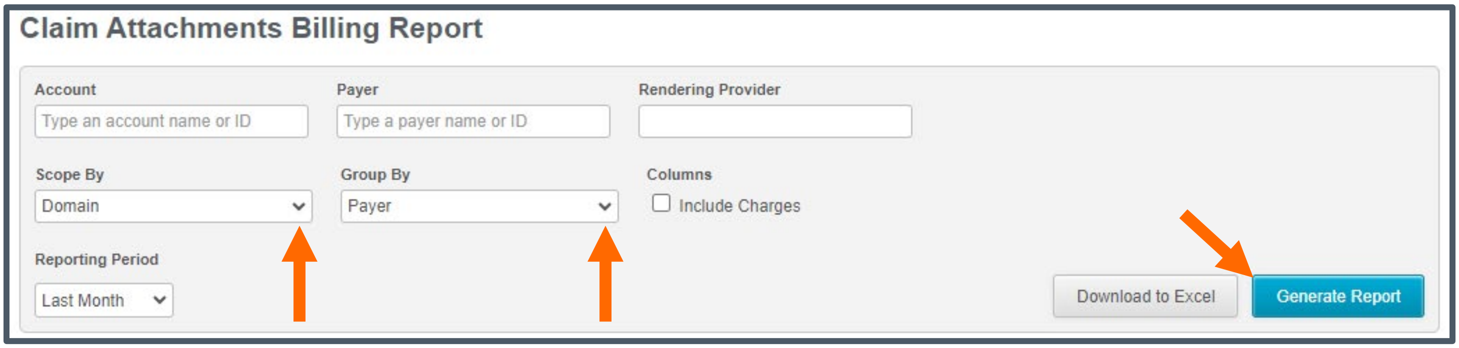
Claim Attachments Reports

Claim Attachments Billing Report

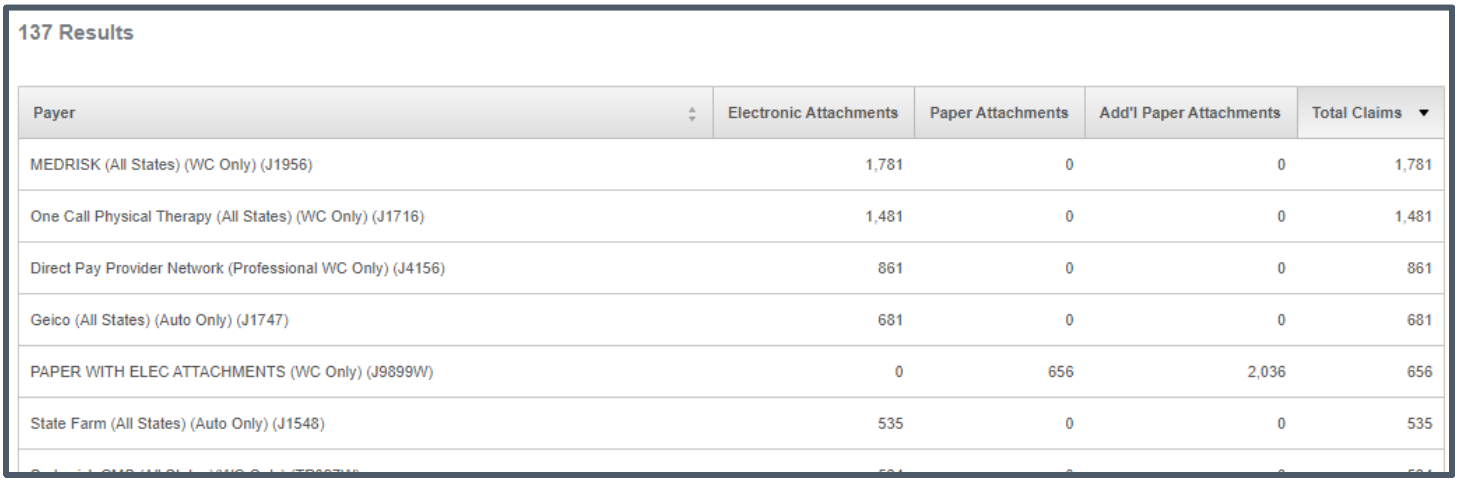
This report displays a summary of claims for which an attachment was uploaded and submitted to a payer through Waystar.

To run the report:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Reports** > **Claim Attachments Billing Report**.
2. Select the desired **Scope By** and **Group By** filters.
3. Select the desired **Reporting Period**.
4. Determine how you wish to view the report details:
   - Click the **Generate Report** button for an HTML version of the report.
   - Click the **Download to Excel** button for a comma-separated spreadsheet of the report information.



The report displays only the number of claims for which attachments have been added and sent to the payer. It does not include claims that are pending attachments.


137 Results

Payer	Electronic Attachments	Paper Attachments	Add'l Paper Attachments	Total Claims
MEDRISK (All States) (WC Only) (J1956)	1,781	0	0	1,781
One Call Physical Therapy (All States) (WC Only) (J1716)	1,481	0	0	1,481
Direct Pay Provider Network (Professional WC Only) (J4156)	861	0	0	861
Geico (All States) (Auto Only) (J1747)	681	0	0	681
PAPER WITH ELEC ATTACHMENTS (WC Only) (J9899W)	0	656	2,036	656
State Farm (All States) (Auto Only) (J1548)	535	0	0	535

Claims Pending Attachments Report

This report displays a summary of claims that are waiting for attachments.

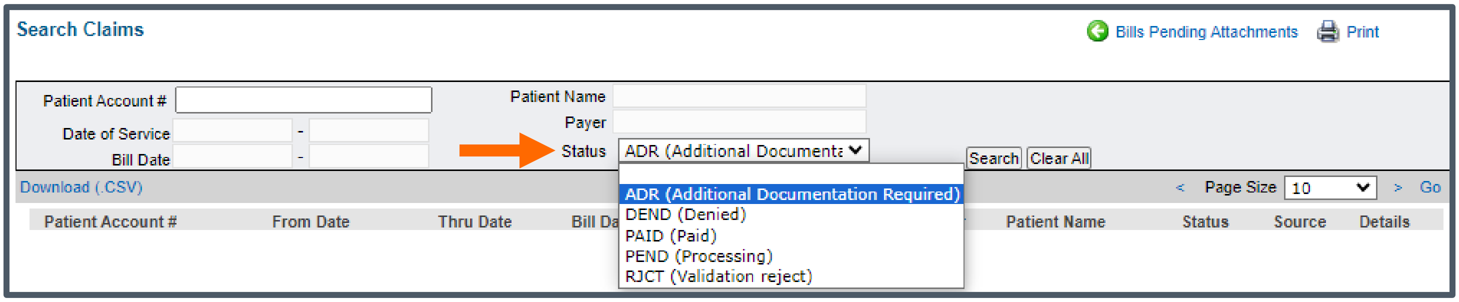
To access the report:

1. Go to **CLAIMS PROCESSING** > **Professional Claims** or **Institutional Claims** > **Attachments**.

   The Bills Pending Attachments screen will open.

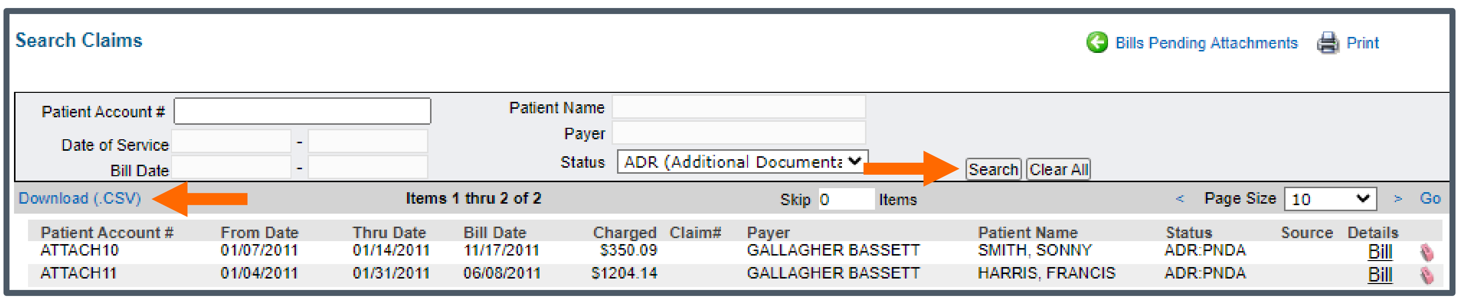
2. Click the **Search Claims** link.

3. Change the **Status** to **ADR (Additional Documentation Required)**.



4. Click the **Search** button.

5. Click the **Download (.CSV)** link to generate the report.



Revision log

Date	Description	Version
December 2025	Removed the “Uploading a 275 file” section	15
October 2025	Added the “Uploading a 275 file” section	14
July 2025	Added the “Sending PGP-encrypted claim attachments” section under the “Best practices” section	13