





To: AmeriHealth Caritas Pennsylvania/AmeriHealth Caritas Pennsylvania (PA) Community HealthChoices (CHC)/AmeriHealth Caritas Pennsylvania VIP Care Providers

Date: August 8, 2023

RE: Submission of Electronic Documentation (275 Transactions)

AmeriHealth Caritas PA/AmeriHealth Caritas PA CHC/AmeriHealth Caritas PA VIP Care is pleased to announce added functionality for network providers to submit electronic attachments (275 transactions) to support a medical claim via Change Healthcare, our electronic data interchange (EDI) clearinghouse, effective August 1, 2023. This functionality expands the options for providers to provide supplemental documents providing additional patient medical information that cannot be accommodated within the ANSI ASC X12, 837 claim format.

Submit 275 electronic transactions using:

Payer Name:	AmeriHealth Caritas PA	AmeriHealth Caritas PA CHC	AmeriHealth Caritas PA VIP Care
Payor ID:	22248	77062	77062

In addition, the following 275 claims attachment report codes have been added effective August 1, 2023. When submitting an attachment, use the applicable code in field number 19 of the CMS 1500 or field number 80 of the UB04, as documented in the Claims Filing Instructions located on the Provider website.

Attachment Type	Claim assignment attachment report code
Itemized Bill	03
Medical Records for Hospital-Acquired Conditions (HAC) review	M1
Single Case Agreement (SCA)/Letter of Agreement (LOA)	04
Advanced Beneficiary Notice (ABN)	05
Consent Form	СК
Manufacturer Suggested Retail Price/Invoice	06
Electric Breast Pump Request Form	07
Child Medical Eval (CME) Checklist consent forms	08
EOBs – for 275 attachments should only be used for non-covered or exhausted benefit letter	EB
Certification of the Decision to Terminate Pregnancy	СТ
Ambulance Trip Notes/ Run Sheet	AM

Providers may also continue to submit documentation for AmeriHealth Caritas PA, AmeriHealth Caritas PA CHC or AmeriHealth Caritas PA VIP Care by mail to:

AmeriHealth Caritas Pennsylvania	AmeriHealth Caritas PA CHC	AmeriHealth Caritas VIP Care
Informal Provider Disputes	Informal Provider Disputes	Claims Processing Department
P.O. Box 7329	P.O. Box 7110	P.O. Box 7143
London, KY 40742	London, KY 40742-7110	London, KY 40742-7143

If you have questions about this communication, please contact your Provider Account Executive or Provider Services at **1-800-521-6007**.