

To: AmeriHealth Caritas DC Providers

Date: September 13, 2023

**Subject:** Submission of Electronic Documentation (275 Transactions)

## Dear Provider:

AmeriHealth Caritas District of Columbia (DC) 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 8/1/23.

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. Common attachments are certificates of medical necessity (CMNs), discharge summaries, and operative reports to support health care claims adjudication.

## AmeriHealth Caritas DC providers will submit 275 transactions using:

Payer name: AmeriHealth Caritas DC

Payer ID: [77002]

In addition, the following 275 claims attachment report codes have been added effective 8/1. 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 PDF located on the AmeriHealth Caritas DC website here: <a href="https://www.amerihealthcaritasdc.com/pdf/provider/billing-manual.pdf">https://www.amerihealthcaritasdc.com/pdf/provider/billing-manual.pdf</a>.

Attachment Type	Claim assignment attachment report code
Itemized Bill	03
Medical Records for HAC review	M1
Single Case Agreement (SCA)/LOA	04
Advanced Beneficiary Notice (ABN)	05
Consent Form	СК
Manufacturer Suggested Retail Price/Invoice	06
Electric Breast Pump Request Form	07
CME Checklist consent forms (Child Medical Eval)	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

AmeriHealth Caritas DC providers may also continue to submit documentation by mail to:

AmeriHealth Caritas DC
Attn: Claims Processing Department
P.O. Box 7342 London, KY 40742

If you have any questions, please contact your Provider Network Account Executive at 202-408-2237. Thank you for your continued partnership and for the valuable services you provide our enrollees.