





All Providers To: From: First Choice Next Date: August 2, 2023

Subject: Submission of Electronic Documentation (275 Transactions)

First Choice Next 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.

First Choice Next providers will submit 275 transactions using:

Payer name: First Choice Next

Payer ID: 57103

In addition, the following 275 claims attachment report codes have been added effective 8/1/23. 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 First Choice Next website.

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	CK
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 Next and First Choice Next are individual and family health plans offered by certain companies within the AmeriHealth Caritas Family of Companies. AmeriHealth Caritas Next is offered by AmeriHealth Caritas VIP Next, Inc. in Delaware; AmeriHealth Caritas Florida, Inc. in Florida; AmeriHealth Caritas North Carolina, Inc. in North Carolina; and First Choice Next by Select Health of South Carolina, Inc. in South Carolina.

First Choice Next providers may also continue to submit documentation by mail to:

First Choice Next Attn: Claims Processing Department P.O. Box 7186 London, KY 40742-7186

If you have any questions, please contact your Provider Network Account Executive. Thank you for your continued partnership and for the valuable services you provide our members.

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