



To: Keystone First/Keystone First Community HealthChoices (CHC)/Keystone First VIP Choice Providers
Date: August 8, 2023
RE: Submission of Electronic Documentation (275 Transactions)

Keystone First/Keystone First CHC/Keystone First VIP Choice 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:	Keystone First	Keystone First Community HealthChoices	Keystone First VIP Choice
Payor ID:	23284	42344	77741

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	CK
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	CT
Ambulance Trip Notes/ Run Sheet	AM

Providers may also continue to submit documentation for Keystone First, Keystone First CHC or Keystone First VIP Choice by mail to:

Keystone First Claim Processing department P.O. Box 7115 London, Kentucky 40742	Keystone First Community HealthChoices P.O. Box 7146 London, KY 40742-7146	Keystone First VIP Choice Claims Processing Department P.O. Box 7143 London, KY 40742-7143
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If you have questions about this communication, please contact your Provider Account Executive or Provider Services at **1-800-521-6007**.