

Provider Claims Billing Guidelines

Quick Reference Guide (QRG)

This QRG lists billing guidelines for providers that serve Community Health Choice (Community) members.

Please review the tables below:

Provider Type/Specialty	EDI Specifications	Paper Claim Form
Ambulance ASC (Freestanding) Case Management for BVIC, Case Management for ECI, Case Management for Children & Pregnant Women Certified Nurse-Midwife (CNM) Certified Registered Nurse Anesthetist (CRNA) Certified Respiratory Care Practitioner (CRCP) Chemical Dependency Treatment Facilities Chiropractor Clinical Nurse Specialist (CNS) Dentist (Doctor of dentistry practicing as a limited physician) DME Family Planning Agency that does not also receive funds from the HHSC Family Planning Program FQHC Genetic Service Agency Hearing Aid IDD Case Management In-Home Total Parenteral Nutrition (TPN) Supplier Laboratory Licensed Dietitian (CCP only) Licensed Clinical Social Worker (LCSW) Licensed Professional Counselor (LPC) Maternity Service Clinic (MSC) Mental Health (MH) Targeted Case Management	ANSI ASC X12 837P 5010	CMS-1500

Mental Health (MH) Rehabilitative Services Nurse Practitioner (NP) Occupational Therapist (CCP Only) Optician/Optomtrist/Ophthalmologist Orthotic & Prosthetic Supplier (CCP only) Pharmacy Physical Therapist Physician (group & individual) Physician Assistant (PA) Podiatrist Private Duty Nurse (PDN) (CCP only) Psychologist Radiology RHCs rendering services to THSteps clients School Health & Related Services (SHARS) Speech Language Pathologist (CCP only) THSteps Medical Tuberculosis Clinic		
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Provider Type/Specialty	EDI Specifications	Paper Claim Forms
ASCs (hospital-based) CORFs (CCP only) FQHCs <i>*Must use CMS-1500 when billing THSteps</i> Home Health Agencies Hospitals <ul style="list-style-type: none"> Inpatient (acute care, rehabilitation, military, & psychiatric hospitals) Outpatient Indian Health Renal Dialysis Center Personal Care Services (PCS) RHCs (freestanding & hospital-based) <i>*Must use CMS-1500 when billing THSteps</i>	ANSI ASC X12 837I 5010	UB-04 (CMS-1450)

Services	Modifiers
Ambulance	ET, and GY
Assistant Surgery	80, 81, 82, KX+, and AS
Anesthesia	AA, AD, QK, QS, QX, QY, QZ, U1, and U2
DME	NU, RR, and UE
FQHC & RHC	AH, AJ, AM, SA, TD, TE, TS, U1, U2, U7, EP, FP, TH, U5
Interpretations <i>*interpretations or professional components of laboratory, radiology, or radiation therapy</i>	26
Sterilization	PM, and PS
Surgery	53, 54+, 55+, 56+, 58+, 62+, 76+, 77+, 78+, 79+
Technical Components <i>*technical components of laboratory, radiology, or radiation therapy</i>	TC
Telemedicine	95
THSteps Medical	AM, EP, SA, U5, U7, TD
THSteps Exceptions to Periodicity	SC, 23, 32

Claims Submissions or Corrections	
Timely Filing Deadline	95 Days from the date of service or date (CMS-1500) of discharge (UB-04)
Paper Claims	Community Health Choice PO Box 301404 Houston, Tx 77230-1404
Portal Claims Submissions **Currently the CHC portal only accepts claims submission for professional services (CMS-1500 forms). UB04 claims submissions should be mailed in.	Online Claims Portal: communityhealthchoice.org > Providers > Claims Center Payer ID: 48145 Availity: 1.800.282.4548 Website: www.availity.com Change Healthcare (formerly Emdeon and Relay Health): 1.877.469.3263 Website: www.changehealthcare.com TMHP: www.tmhp.com Trizetto Provider Solutions: 1.800.556.2231 Website: www.trizettoprovider.com
Corrected Claims	For CMS 1500 claims, use resubmission code 7 in Box 22 for corrected claim along with the original claim (Note: Not to be used if original claim was rejected).

	For UB 04 claims, submit with the appropriate resubmission code 7 in the third digit of the bill type (117- Inpatient claim or 137 Outpatient claim), the original claim number in Box 64 and a copy of the original EOP
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Claims Appeals and Reconsiderations	
Appeals	<p>Appeals submission deadline is 60 days from the date of last disposition of the authorization. Please include the reason for your appeal in your documentation, e.g., medical authorization denial, prior authorization denial appeals, Navitus Pharmacy denial.</p> <p>Appeals of adverse determinations are processed within 30 calendar days of receipt of the completed Appeal request.</p> <p>Behavioral Health Appeals Mail to: Community Health Choice Attn: Behavioral Health Appeals P.O. Box 1411 Houston, TX 77230 Fax: 713.576.0934 (Standard Request) Fax: 713.576.0935 (Expedited Requests)</p> <p>Medical Appeals Mail to: Community Health Choice Attn: Medical Affairs – Appeals 4888 Loop Central Dr. Suite 600 Houston, TX 77081 Fax: 713.295.7033</p>
Reconsiderations	<p>Requests for reconsideration must be made within 120 days from the date of the Explanation of Payment (EOP). Please use the form at communityhealthchoice.org > Provider > Forms and Guides > Provider Payment Dispute Form. Include copy of Community Health Choice EOP along with all supporting documentation, e.g., office notes, authorization and practice management print screens.</p> <p>Mail to: Community Health Choice Attn: Claims Payment Reconsideration 4888 Loop Central Dr. Suite 600</p>

	Houston, TX 77081 Email: ProviderWebInquiries@CommunityHealthChoice.org
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References: [Texas Medicaid Provider Procedures Manual — January 2026](#)