



Effective January 1, 2023 all claims should be submitted as follows:

Electronic claims (preferred)	Clearinghouse: Change Healthcare EDI billing number: 31145
Mailing address (paper claims)	P.O. Box 981604 El Paso, TX 79998-1604

If your clearinghouse says they do not show our Payor ID as able to transmit 837 (claims) or 835 (ERA) files please contact the Change Healthcare Helpdesk at 1-866-371-9066 or visit support.changehealthcare.com/customer-support-portals.