

### Claim Submission Guidelines

Claims from contracted providers must be submitted within the timeline outlined in the Participating Provider Agreement in order to be considered for payment. For non-contracted providers, claims must be submitted within three hundred sixty-five (365) days of the date of discharge (for inpatient claims) or date of service (for all other claims).

Claims may be submitted electronically (preferred method) via Alterwood's clearinghouse Availity. Our payor ID is RP016. Claims can also be submitted on paper using the CMS 1500 or UB04 forms. The address for submitting paper claims is:

Alterwood Advantage  
PO Box 1290  
Troy, MI 48099-1290

### Claim Adjustment and Appeal Guidelines

#### **CLAIM ADJUSTMENT REQUESTS** Processed by the Claims Team

#### DESCRIPTION

Certain claims require additional information before being considered a Clean Claim.

If additional information is needed before a claim can be adequately processed, the documentation will need to be submitted as a Claim Adjustment Request.

A submission for a Claim Adjustment Request does not constitute an appeal.

#### EXAMPLES

- Claims denied for missing documentation that is needed in order for the claim to be classified as "Clean," such as:
  - Invoices
  - Itemized Bills
  - Medical Records
  - Other Insurance Information (COB)

#### HOW TO FILE

##### **Submit in Writing To:**

Alterwood Health  
Attn: Claims Department  
PO Box 4175  
Timonium, MD 21094

**Fax:** (443) 948-6313

#### FILING TIMEFRAME

**Contracted and Non-Contracted Providers:** Missing documentation must be received by Alterwood within ninety (90) days from the date of the Explanation of Payment (EOP) referencing the denial.

#### **APPEALS** Processed by the Appeals Team

The purpose of an Appeal is to dispute or request review of the processing of a Clean Claim.

Appeals must be submitted in writing and each appeal must be submitted individually. Appeals must be submitted with appropriate supporting documentation.

- Claim Denial Disputes, such as:

- Timely filing
- Code Editing (i.e., modifiers)
- Non-Covered Services

##### **Submit in Writing To:**

Alterwood Health  
Attn: Appeals and Grievances Department  
PO Box 4175  
Timonium, MD 21094

**Fax:** (410) 801-5704

**Contracted Providers:** Must be received by Alterwood within ninety (90) days from the date of the Explanation of Payment (EOP) referencing the denial.

**Non-Contracted Providers:** Must be received by Alterwood within sixty-five (65) days from the date of the Explanation of Payment (EOP) referencing the denial.