

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

APPEALS
Processed by the Appeals 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.

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.

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)

• Claim Denial Disputes, such as:

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

HOW TO FILE

Submit in Writing To:

Alterwood Health
Attn: Claims Department
10090 Red Run Blvd, 2nd Floor
Owings Mills, MD 21117

Fax: (443) 948-6313

Submit in Writing To:

Alterwood Health
Attn: Appeals and Grievances Department
10090 Red Run Blvd, 2nd Floor
Owings Mills, MD 21117

Fax: (410) 801-5704

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.

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.