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August 22, 2007

Dear Alameda Alliance for Health OB/GYNs:

Effective October 1, 2007, Alameda Alliance for Health (Alliance) will implement the following changes to our claim filing requirements.

Prenatal Risk Form when billing CPT 99205 no longer required for payment

Initial visit for prenatal care must provide the Last Menstrual Period (LMP) in order to be paid for the service. The AAH Prenatal Risk Form may be submitted with the claim but is no longer required for payment.

If billing on a CMS1500 12-90 or a CMS 1500-0805 format, you must indicate the LMP in box 14. Without this information, the claim will be denied and the provider will be required to submit a corrected claim.

If billing in an 837P electronic format you must indicate the LMP in loop 2300, DTP segment, with '484 – Last Menstrual Period' qualifier (Example: DTP]484]D8]19961113~). Without this information, the claim will be denied and provider will be required to submit paper corrected claim.

Routine newborn inpatient care

Authorization is no longer required to provide inpatient services related to routine newborn diagnosis. If the newborn is a sick baby, the authorization must be submitted for both the facility and the professional inpatient services.

Additionally, any professional service provided by a non-par provider is no longer required to submit authorization related to routine newborn services.

Timely filing submission guideline

Contracted provider: Contracted providers have a filing limit of 90 days from the date of service imposed for claims submission.

Non-contracted provider: Non-contracted providers have a filing limit 180 days from the date of service, except as required by any state or federal law or regulation.

Enclosed is a detailed description of timely submission requirements for submitting claims to the Alliance.

Claim status calls

As defined by HIPAA, the Alliance is a covered entity subject to HIPAA requirements and standards. In order to protect the privacy of health information, one must prevent the unauthorized or unintentional use or disclosure of protected health information (PHI).

When requesting the status of a claim, the caller must identify himself/herself and provide the following information:

- Patient Name
- Insured's Identification Number
- Provider's Name
- Date of Birth of Patient
- Date of Service of the Claim
- Billed Charges
- Provider's Tax Identification Number

If a caller requests the status of a claim and cannot provide the preceding seven elements, the information will not be released. Once the identity of the caller has been established, PHI can be discussed as needed to resolve the provider's call. "Minimum necessary" should always be kept in mind.

For further information, please feel free to contact Provider Services at 510-747-4510 or email the department at providerservices@alamedaalliance.org.

Sincerely,

Diann M. Regalado
Provider Services Manager
Alameda Alliance for Health

Enclosure