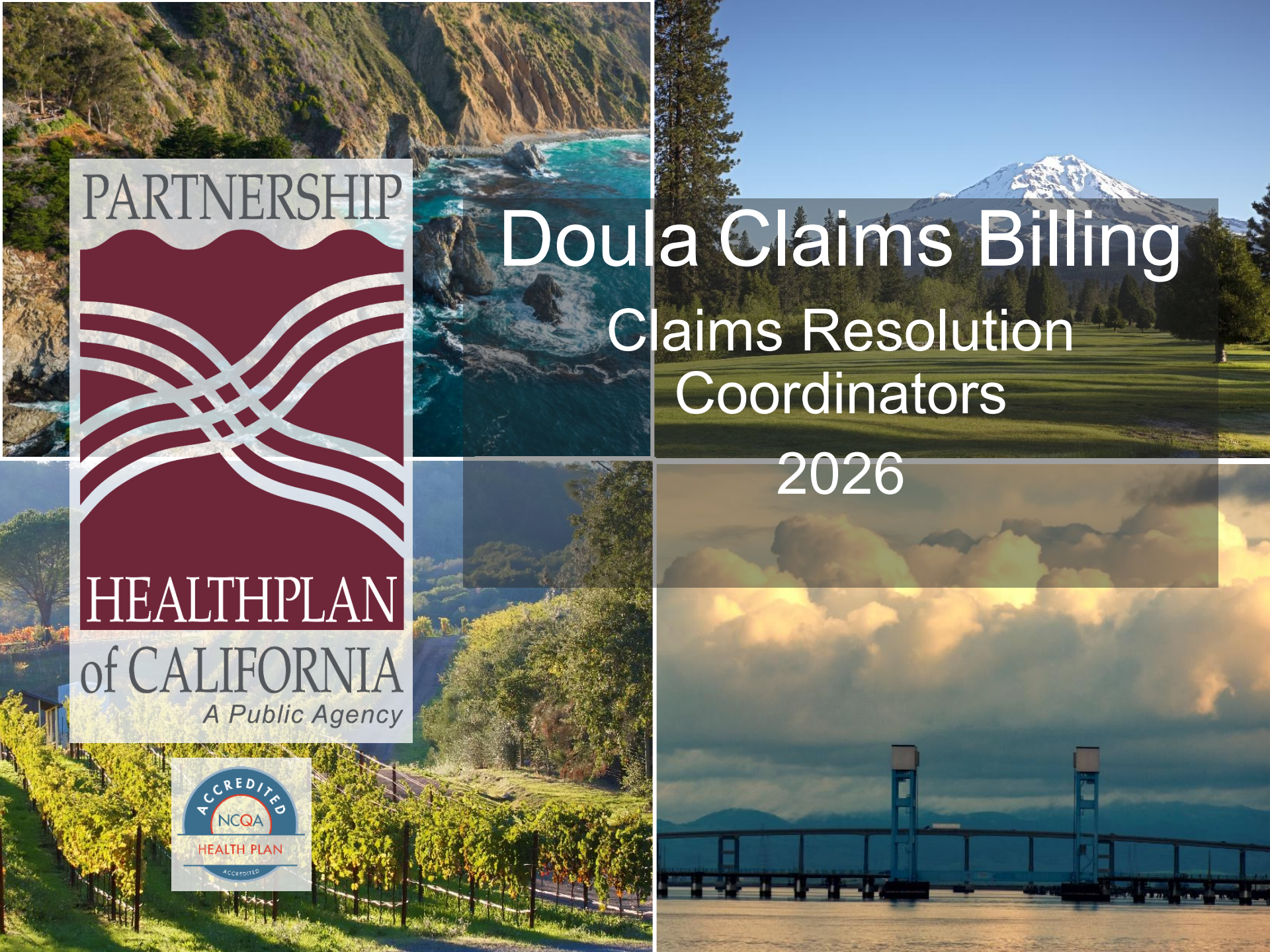


Doula Claims Billing

Claims Resolution Coordinators

2026

Overview

- General Claim Information
- What is a Claim?
- Billing Code Descriptions
- Place of Service codes & ICD-10 Codes
- Taxonomy Codes & NPI Registry
- Codes, Rates and Modifiers
- 2 Ways to Submit Claims
  - Electronic billing
  - CMS 1500 Form
  - Office Ally
- Claim Corrections- submitting a PDR
- Record Keeping
- Claim Billing Tips & Reminders
- Contact Us

General Claims Information

- Doulas are reimbursed directly
- Doulas must submit claims for services rendered
- Members never submit claims
- Providers can not request payments from members
- Partnership's payment to the providers is considered payment in full. Any remaining balance is considered a provider "write-off"

What is a Claim?

A claim is a “bill” that health care providers submit to a member’s insurance provider

A provider submits a claim that includes all relevant codes and charges for that visit, including procedure code, diagnosis codes, and modifier

What is a Clean Claim?

A “clean claim” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party

Partnership has 30 days from the received date to process and finalize claims

Billing Code Descriptions

PROCEDURE CODES

Procedure codes are standardized medical codes used to report medical, surgical, and diagnostic services.

- **CPT codes**: Five-digit numeric codes
- **HCPCS codes**: Five-digit alphanumeric codes

MODIFIERS

Modifiers are two-digit codes that provide additional information about a procedure code.

PLACE OF SERVICE

Place of Service codes identify the type of facility or entity where services were provided

ICD-10 CODES

ICD-10 codes are alphanumeric codes used to document and report a patient's diagnosis

Place of Service codes

Place of Service (POS) codes are critical in medical billing to indicate where a healthcare service was provided. Providers must accurately identify the service location.

Why they're important:

They dictate reimbursement rates, influence claim processing, and ensure accurate payment for services rendered.

All POS codes must be 2 digits

Place of Service Code	Description
02	Telehealth
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
99	All Other Locations

Note: If location 02 is used, a modifier 95 or 93 must be billed in the secondary position

Taxonomy Codes

Taxonomy Codes are a 10-digit alpha numeric code set that designates Providers classifications and specializations

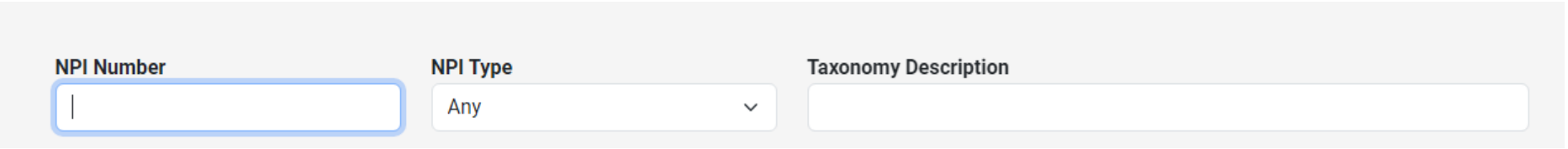
Attending Medical Provider Taxonomy Code – Taxonomy.nucc.org

NPI Registry

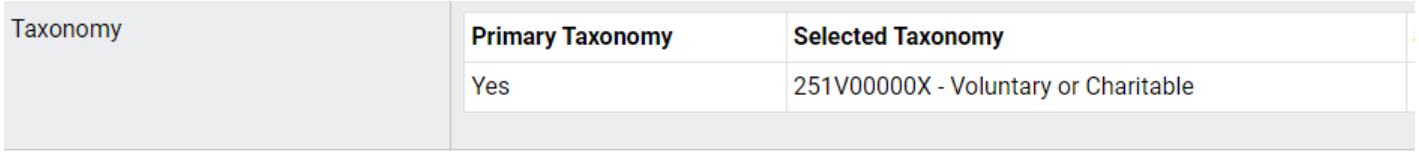
Searching for Taxonomy code with your NPI

NPI: https://npiregistry.cms.hhs.gov/search

Add NPI- click search- scroll to the bottom



Example



Billing Requirements

Procedure Code	Description	Allowed Modifiers	ICD-10 Diagnosis Code	ICD-10 Description	Frequency Limitations	Additional Guidance
Z1032	Extended Initial Visit	XP*, 93, 95	Z32.2	Encounter for childbirth instruction	Limited to 1 per pregnancy	Any one of 4 diagnosis codes can be used with HCPCS Z1032. Initial visit can be either prenatal or postpartum.
			Z32.3	Encounter for childcare instruction		
			Z39.1	Encounter for care and exam of lactating mother		
			Z39.2	Encounter for routine postpartum follow-up		
Z1034	Prenatal Visit	XP*, 93, 95	Z32.2	Encounter for childbirth instruction	Limited to 1 per day, per member	Either diagnosis code can be used with HCPCS Z1034.
			Z32.3	Childcare instructions		
Z1038	Postpartum Visit	XP*, 93, 95	Z39.0	Encounter for care and exam of mother immediately after delivery	Limited to 1 per day, per member	Any one of 3 diagnosis codes can be used with HCPCS Z1038. ICD-10 code Z39.0 is intended to be used after delivery.
			Z39.1	Encounter for care and exam of lactating mother		
			Z39.2	Encounter for routine postpartum follow-up		
T1032	Postpartum Extended Visit	XP,* 93, 95	Z39.0	Encounter for care and exam of mother immediately after delivery	Limited up to 12 units per visit (24 units) per pregnancy, per member, provided on separate days	Any one of 3 diagnosis codes can be used with HCPCS T1032. ICD-10 code Z39.0 is intended to be used after delivery.
			Z39.1	Encounter for care and exam of lactating mother		
			Z39.2	Encounter for routine postpartum follow-up		

- A maximum of eight (8) visits per pregnancy are allowed per member for codes **Z1034** and **Z1038**. If additional visits are medically necessary, a **Treatment Authorization Request (TAR)** must be submitted.
- When billing, **modifier XP must be reported as the primary modifier** for each service. If the service is provided via telehealth, **modifier 93 or 95 must be appended in the secondary position.**

Billing Requirements

Procedure Code	Description	Modifiers	ICD-10 Diagnosis Code	ICD-10 Description	Frequency Limitations	Additional Guidance
59840	Abortion	XP	Z33.1	Pregnant state, incidental	Limited to 1 per pregnancy	Only diagnosis code Z33.1 should be used with CPT code 59840
T1033	Miscarriage	XP	Z33.1	Pregnant state, incidental	Limited to 1 per pregnancy	Only diagnosis code Z33.1 should be used with HCPCS code T1033
59409	Vaginal delivery	XP	Z33.1	Pregnant state, incidental	Limited to 1 per pregnancy	Either diagnosis code can be used with CPT 59409. ICD-10 code Z39.0 is intended to be used after delivery.
			Z39.0	Encounter for care and exam of mother immediately after delivery		
59612	Vaginal delivery after cesarean delivery	XP	Z33.1	Pregnant state, incidental	Limited to 1 per pregnancy	Either diagnosis code can be used with CPT 59612. ICD-10 code Z39.0 is intended to be used after delivery.
			Z39.0	Encounter for care and exam of mother immediately after delivery		
59620	Cesarean delivery	XP	Z33.1	Pregnant state, incidental	Limited to 1 per pregnancy	Either diagnosis code can be used with CPT 59620. ICD-10 code Z39.0 is intended to be used after delivery.
			Z39.0	Encounter for care and exam of mother immediately after delivery		

How to Submit Claims

Electronic Claims

Electronic Data Interchange (EDI)

- ✓**Now offering complementary electronic billing with Office Ally**
- ✓Submission of HIPAA-compliant 5010 version 837P File
- ✓Preferred submission method for faster reimbursement
- ✓Contact EDI Enrollment and Testing at:
  Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

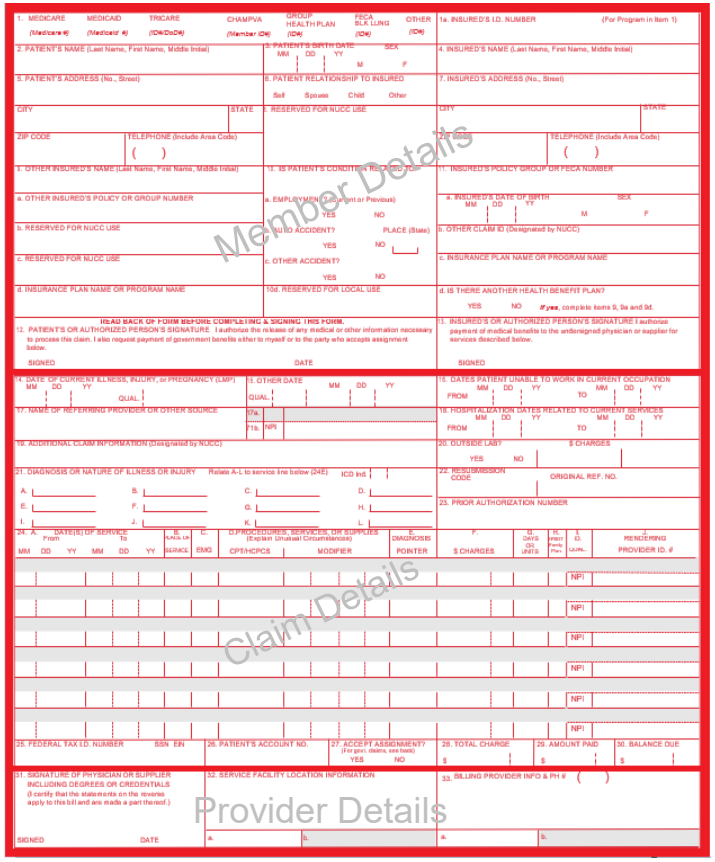
Paper Claims

- ✓Submission of CMS-1500 format only
- ✓Send to: Partnership HealthPlan of California (Medi-Cal)
  P.O. Box 1368
  Suisun City, CA
  94585-1368

CMS-1500

Member Details	
1a	CIN
2&4	Full Name
3	DOB & Gender
5&7	Address

Provider Details	
31	“Wet” Signature & Date
32	Physical Address/ Providers Location
33	Billing Address
33a	NPI
33b	Billing Taxonomy Code

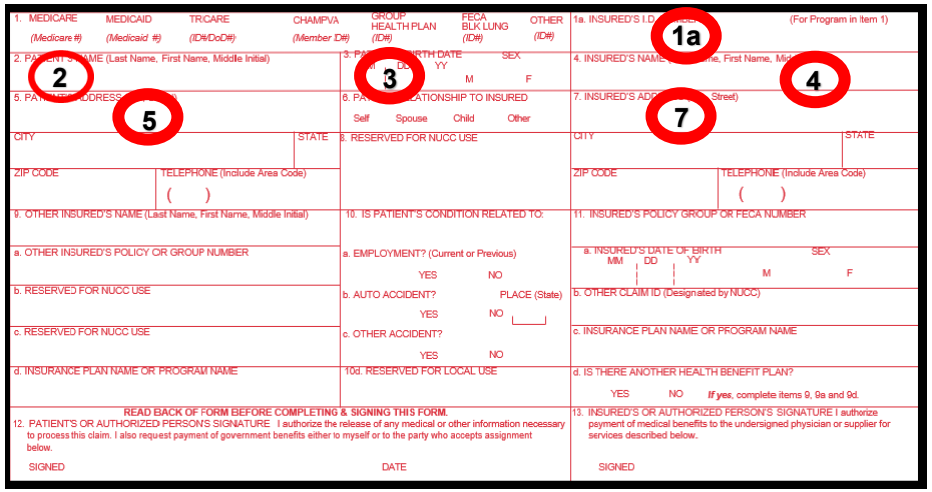


Claim Details	
21	Diagnosis: ICD-10 Indicator
24A	Date of Service
24B	Place of Service Code
24D	Procedure Code & Modifier
24E	Diagnosis Pointer
24F	Charges
24G	Units of service
24J	Shaded Area: Rendering Taxonomy Code
24J	Rendering Provider NPI

CMS-1500

MEMBER DETAIL

Field	Description
1a	Members CIN
2&4	Members full Name
3	Date of Birth and Gender
5&7	Members Address



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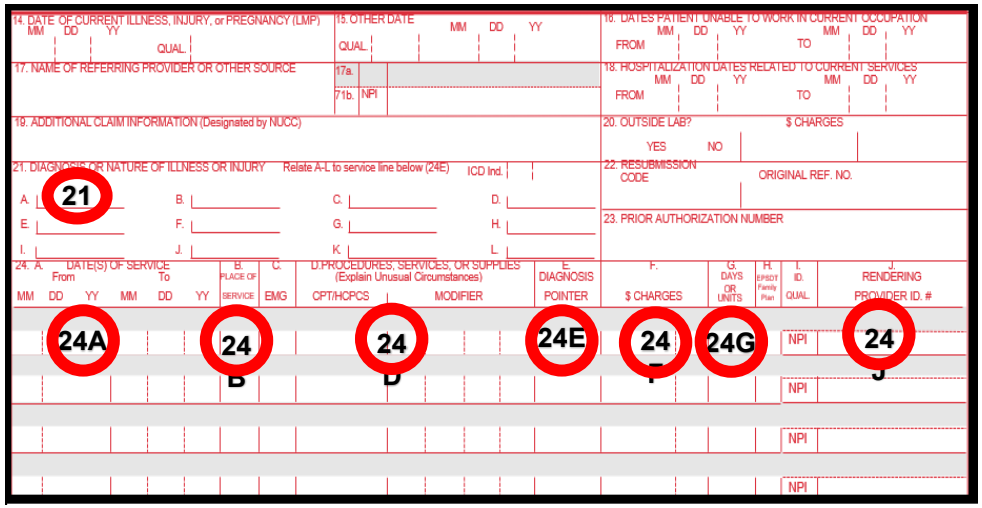
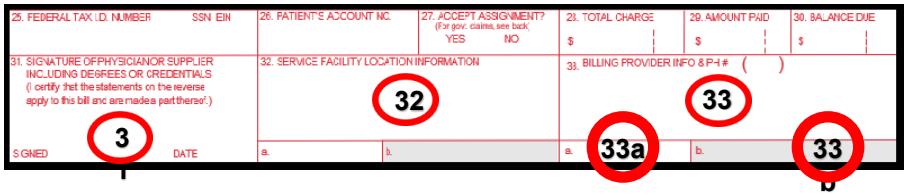


CLAIM DETAIL

Field	Description
21	Diagnosis (ICD-10)
24A	Date of Service
24B	Place of Service
24D	Procedure & Modifier
24E	Diagnosis Pointer
24F	Charges
24G	Units of Service
24J	Rendering Provider Taxonomy & NPI

CMS-1500



PROVIDER DETAILS

Field	Description
31	Wet Signature & Date
32	Physical Address of Provider Location
33	Billing Address
33a	Billing NPI
33b	Billing Taxonomy Code

Getting Started with Office Ally

Payor Agreement — Complete your Payor Agreement and submit it to the EDI Team

- **Email:** EDIEnrollment@partnershiphp.org
- **Phone:** 707-863-4527

Office Ally Account — Set Up Your Organization's Administrator Account

- https://www.officeally.com/sign-up/create-account
- After the admin account is established, additional users can be added, each with their own unique login credentials

Payor ID — **Partnership Payor ID: O9453**

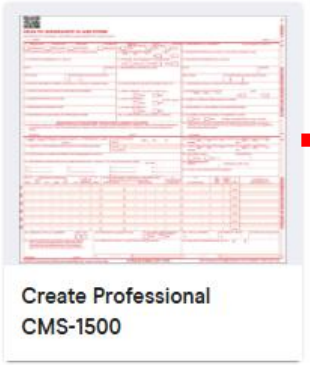
- This Payor ID should be used when submitting complimentary claims through Office Ally
- Please note this is the letter "O," not the number zero

Office Ally Dashboard

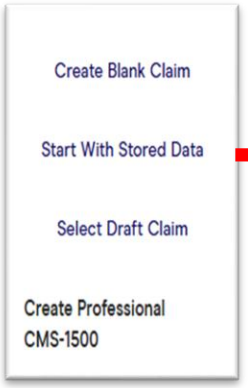
The Claims tab is the primary area you'll use within your Office Ally dashboard

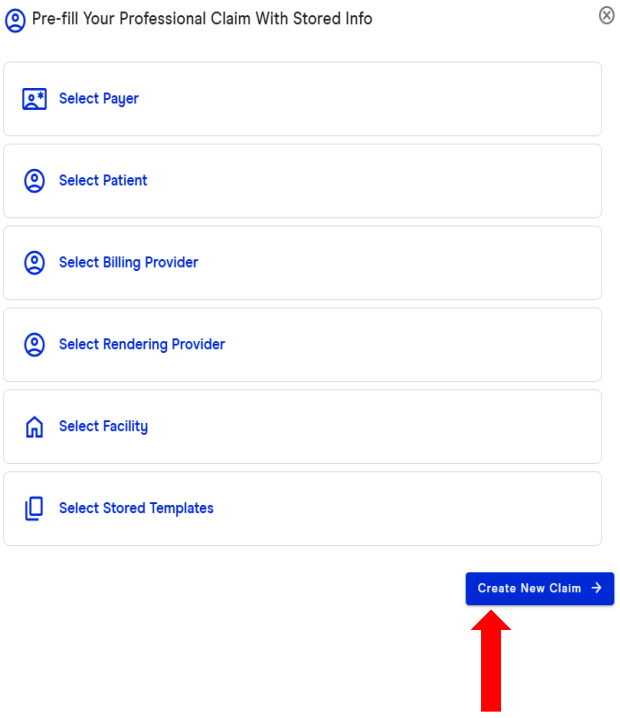
Here you can create, submit and manage your claims

Storing Data/Creating a claim



Create Professional
CMS-1500





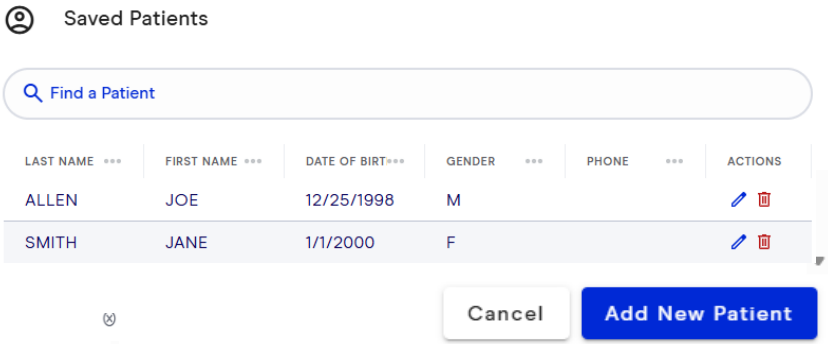
Stored Data Feature:

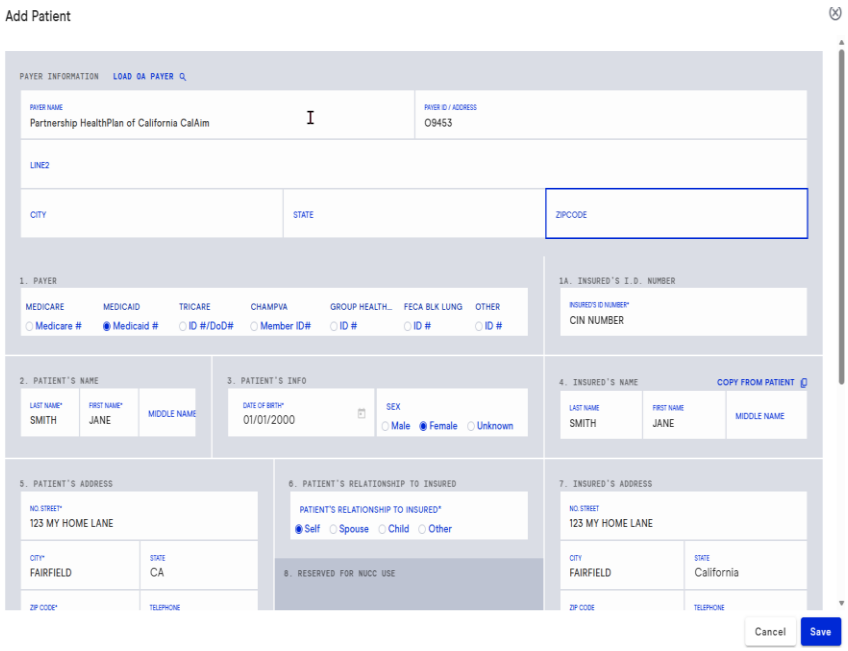
This option allows you to seamlessly access previously saved information and submit claims effortlessly

Generate a claim using saved information

Storing Data

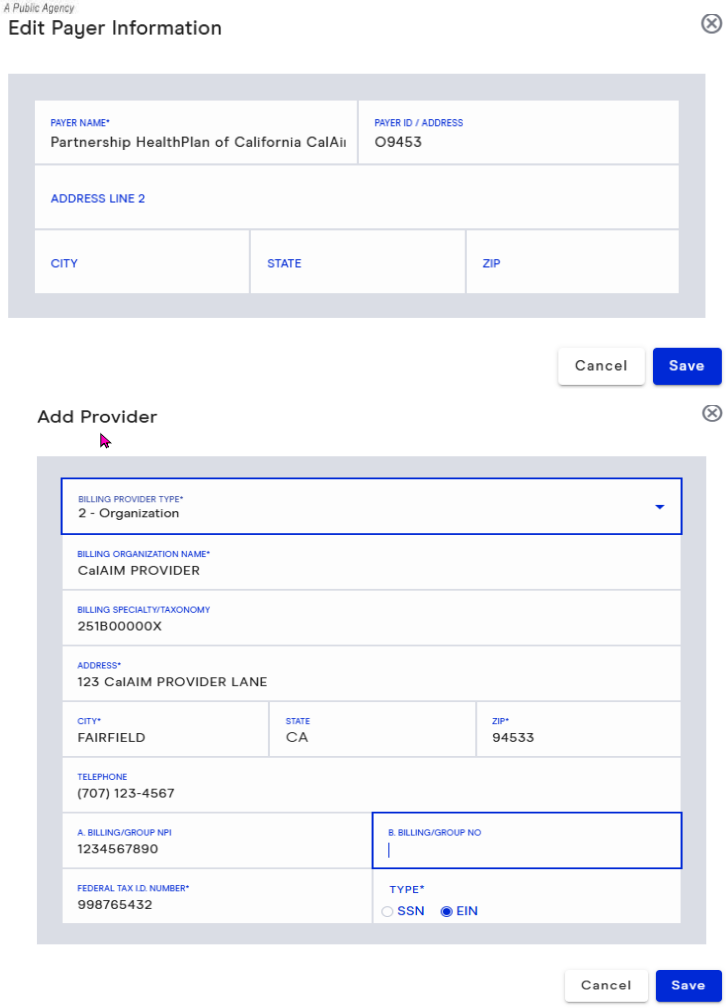
Add and store member details by selecting “Add New Patient”





Search, edit, or delete member records within this section

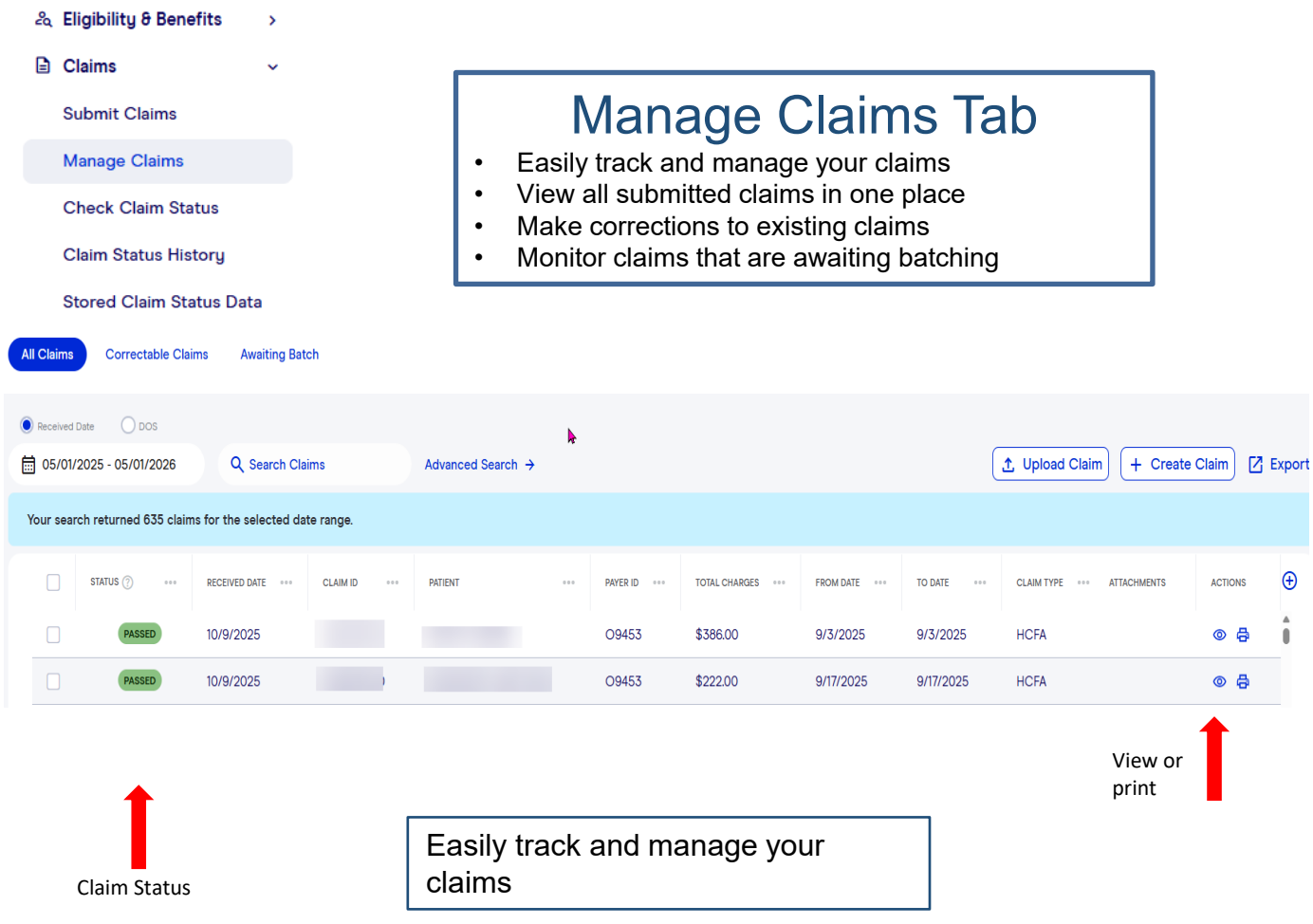
Storing Data



Enter the payer name and payer ID O9453

Store your provider information for quick and easy future access

Managing Claims



Manage Claims Tab

- Easily track and manage your claims
- View all submitted claims in one place
- Make corrections to existing claims
- Monitor claims that are awaiting batching

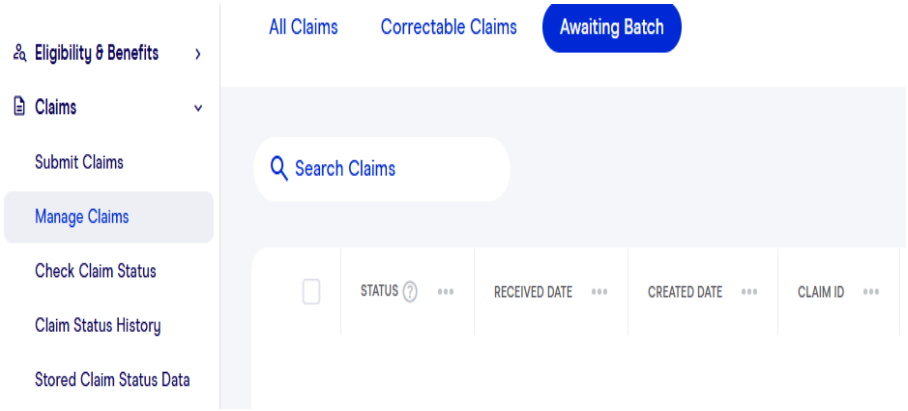
View or print

Claim Status

Easily track and manage your claims

Claims Awaiting Batch

Once the process of submitting the claim has been completed, it is sent to "Claims Awaiting Batch." Office Ally will pick up the claims for processing every three hours.

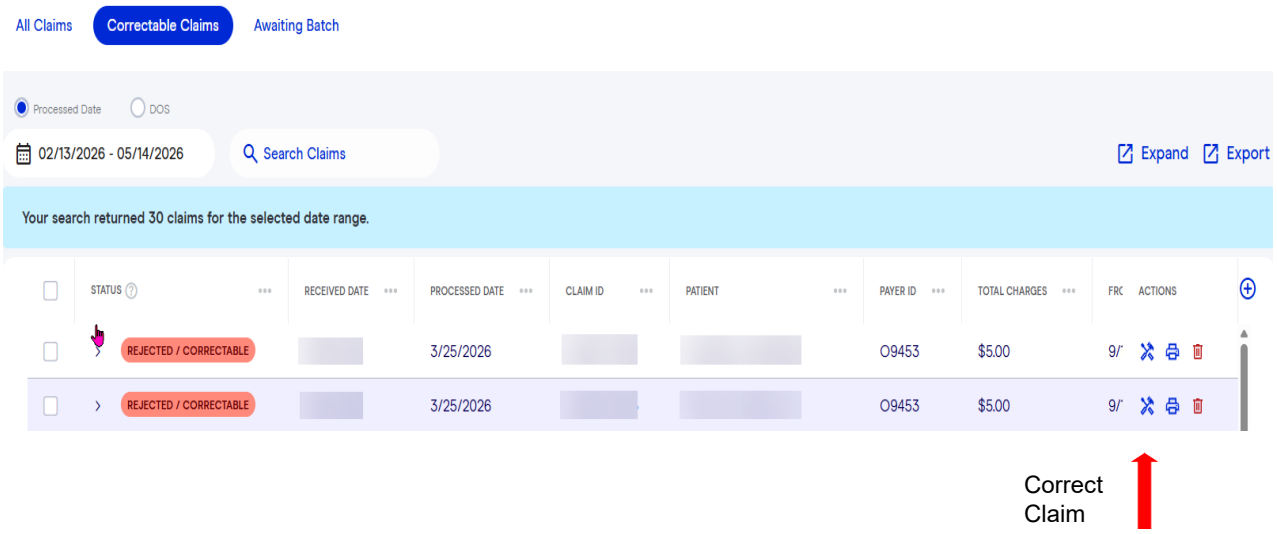


From this section you can **edit, print** or **delete** the claim before the claim is sent to the insurance company.

If a claim rejects, it is your responsibility to correct and resubmit the claim for processing

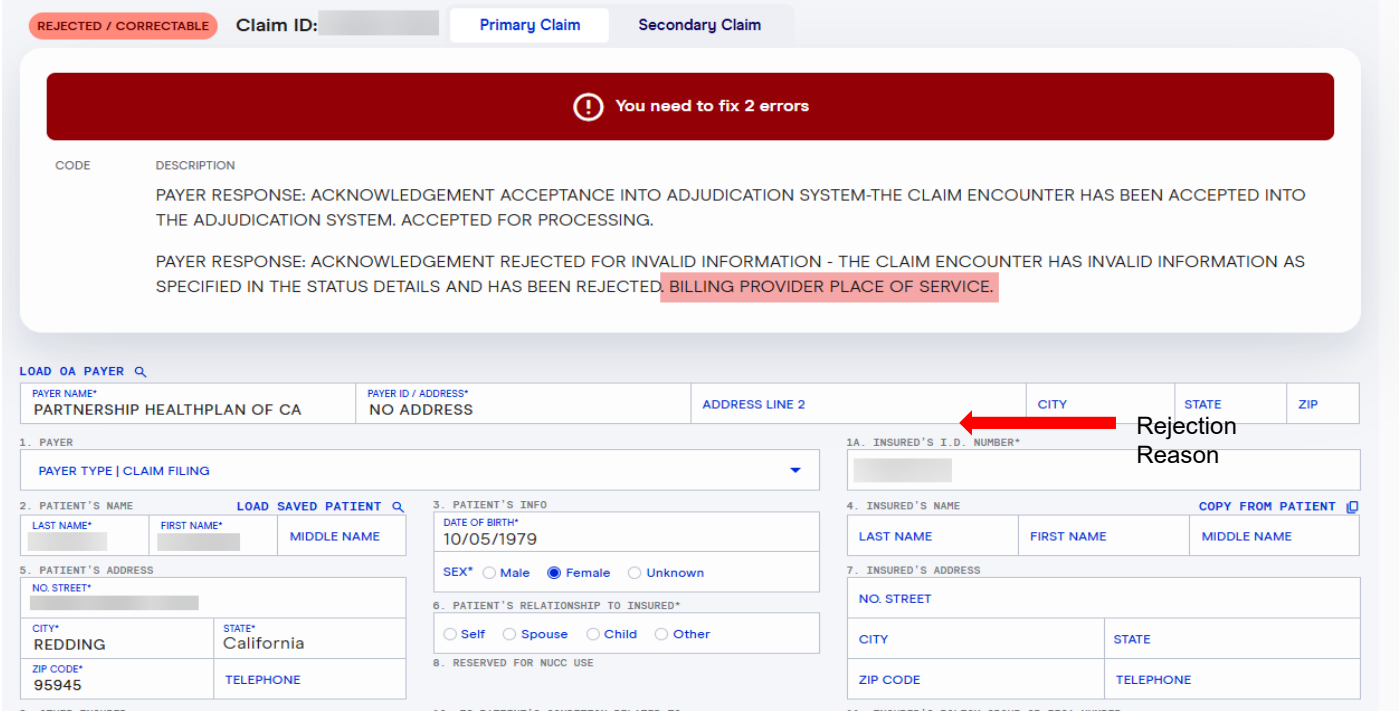
Claim Corrections in Office Ally

Claims that are rejected during pre-processing by Office Ally will be available for review in the “Correctable Claims” tab located within Manage Claims.



Click **correct claim** to the right of the claim line, this will bring up an editable claim image along with the claim rejection.

Claim Corrections in Office Ally



From this screen, you can review the reason for the claim rejection, make any necessary corrections, and resubmit the claim

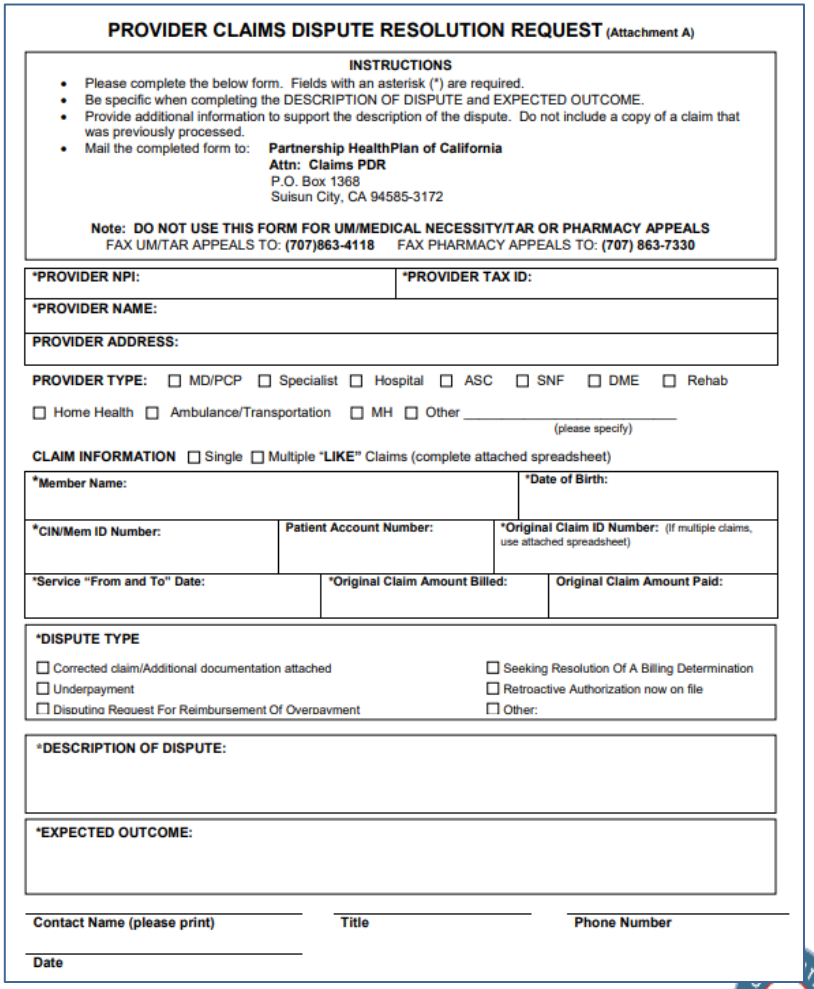
Claim Corrections in PHC Online Portal (PDR)

Providers have the right to submit a payment dispute if they disagree with a claim decision or compensation of a claim. Providers may submit disputes via Provider Online Services or by mail. **Disputes can be submitted within 365 days** (one year) from the original paid/denied date on the Partnership RA. Disputes received after one year are subject to automatic denial.

- Partnership will acknowledge receipt of the dispute immediately and will respond electronically indicating the outcome of the dispute review within 45 working days.

- When submitting a **PDR** to correct a claim for under payments, modifiers, units of service, or dates.

- Provider dispute form can be downloaded from the Partnership website.



PROVIDER CLAIMS DISPUTE RESOLUTION REQUEST (Attachment A)

INSTRUCTIONS

- Please complete the below form. Fields with an asterisk (*) are required.
- Be specific when completing the DESCRIPTION OF DISPUTE and EXPECTED OUTCOME.
- Provide additional information to support the description of the dispute. Do not include a copy of a claim that was previously processed.
- Mail the completed form to: **Partnership HealthPlan of California**
  Attn: Claims PDR
  P.O. Box 1368
  Suisun City, CA 94585-3172

Note: DO NOT USE THIS FORM FOR UM/MEDICAL NECESSITY/TAR OR PHARMACY APPEALS
FAX UM/TAR APPEALS TO: **(707)863-4118** FAX PHARMACY APPEALS TO: **(707) 863-7330**

*PROVIDER NPI:	*PROVIDER TAX ID:
*PROVIDER NAME:	
PROVIDER ADDRESS:	

PROVIDER TYPE: ☐ MD/PCP ☐ Specialist ☐ Hospital ☐ ASC ☐ SNF ☐ DME ☐ Rehab
☐ Home Health ☐ Ambulance/Transportation ☐ MH ☐ Other _____ (please specify)

CLAIM INFORMATION ☐ Single ☐ Multiple "LIKE" Claims (complete attached spreadsheet)

*Member Name:		*Date of Birth:
*CIN/Mem ID Number:	Patient Account Number:	*Original Claim ID Number: (If multiple claims, use attached spreadsheet)
*Service "From and To" Date:	*Original Claim Amount Billed:	Original Claim Amount Paid:

*DISPUTE TYPE

☐ Corrected claim/Additional documentation attached
☐ Underpayment
☐ Disputing Request For Reimbursement Of Overpayment
☐ Seeking Resolution Of A Billing Determination
☐ Retroactive Authorization now on file
☐ Other:

*DESCRIPTION OF DISPUTE:

*EXPECTED OUTCOME:

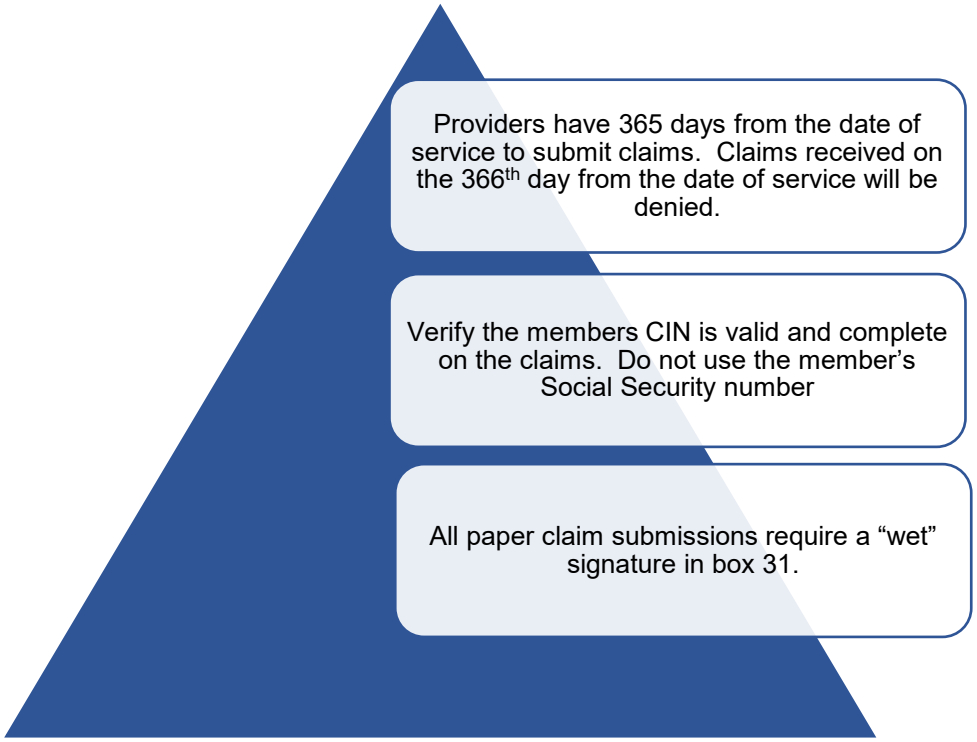
Contact Name (please print) Title Phone Number

Date

Record Keeping

Each member record must be dated and include	Name of Provider
	Name of member
	Date of service
	Time spent with the member
	Service details – ex, initial visit, treatment planning, treatment provided
	Results of the visit including any unusual finding or recommendations

Clean Claim Billing Tips



Clean Claim Billing Tips

- Review your EOB/RA immediately for any billing errors and generate a PDR to make corrections. PDRs are the easiest and quickest method for claims corrections.
- Any questions about claim payments and/or denials, please call Claims Customer Service for clarification prior to submitting a PDR.
- All questions relating to the targeted rate increase (TRI) will need to be directed to PHCTri@partnershiphp.org

Acceptable location codes	
02	Telehealth
11	Office
12	Home
21	Inpatient Hospital
22	Outpatient Hospital
99	All Other Locations

Note: If location 02 is used, a modifier 95 or 93 must be billed in the secondary position

Partnership Contacts

Partnership HealthPlan of California	
Claims Helpdesk Please include your billing NPI when contacting the Helpdesk.	Claim/billing questions Email: claimshelpdesk@partnershiphp.org
Claims Resolution Unit	**1 (855) 798-8761**
Partnership EDI Enrollment	Phone: **(707) 863-4527** | Fax: **(707) 863-4390** Email: EDIEnrollment@partnershiphp.org
Partnership EDI Production Support (after enrollment)	Phone: **(707) 863-4520** | Fax: (**707) 863-4390** Email: EDISupport@partnershiphp.org

Office Ally Contacts

Office Ally	
Customer Service: Technical Support: Enrollments:	**(360) 975-7000 Option 1** **(360) 975-7000 Option 2** **(360) 975-7000 Option 3**
Live Chat (6 a.m. – 5 p.m. PST):	Support Suite | Office Ally
E-mail:	info@officeally.com or support@officeally.com

Thank you

Thank you for helping our members

Eureka | Fairfield | Redding | Santa Rosa

Questions