Harvard Pilgrim Health Care

Provider Appeal Form

Student Insurance Plan

Member ID* _____ **Member Name** _____

Date of Service _____ **Appeal Submission Date** _____

Provider Contact Name _____ **Provider Tel. #** _____

Please note the following in order to avoid delays in processing provider appeals:

- Incomplete appeal submissions will be returned unprocessed.
- A separate Provider Appeal Form is required for each claim appeal (i.e., one form per claim). See *Exception* below.
- Applicable filing limit standards apply.
- Include supporting documentation–please check Provider Manual for specific appeal guidelines.
- Please see Quick Reference Guide for appropriate appeal type examples.

Appeal Type*—Check one box, and/or provide comment below, to reflect purpose of appeal submission.	**Required Documentation***—All bulleted items must be supplied from the row you check, along with the this Provider Appeal Form and supporting documentation.†
☐ **Filing Limit**—appeal request for a claim or appeal whose original reason for denial was untimely filing.	• CMS-1500/ADA/UB claim form • Supporting documentation†
☐ **Referral Denial**—appeal request for a claim whose original reason for denial was invalid or missing PCP referral.	• Corrected CMS-1500
☐ **Duplicate Claim**—appeal request for a claim whose original reason for denial was duplicate denial.	• CMS-1500/ADA/UB claim form • Supporting documentation†
☐ **Corrected Claim**—Please see the *Quick Reference Guide* for appropriate appeal type examples.	• Corrected CMS-1500/ADA/UB claim form • Copy of original EOP
☐ **Contract rate, payment policy or clinical policy**— Please see Quick Reference Guide for appropriate appeal type examples.	• Copy of original EOP • Supporting documentation†
☐ **Request for additional information**—in response to a claim originally denied for additional information.	• Copy of original EOP. • Supporting documentation†

*Required element of an appeal.

†Please check Provider Manual for specific appeal guidelines.

***Exception:* Multiple retractions per appeal form will be accepted.**

☐ **Retraction of Payment**—request for retraction of entire payment or service line (e.g., not your patient, service not performed, etc.). *Note:* This category is not appropriate for submission of corrected claim.	• Copy of original EOP. • Along with required documentation, supply additional information in the "Comments" section below.

Comments:

Where to mail this form:

Harvard Pilgrim Health Care/
StudentResources
P. O. Box 809025
Dallas, TX 75380-9025

For more details, see the *Provider Manual* ("Appeals" section) at *www.harvardpilgrim.org/providers.*

Harvard Pilgrim HealthCare

Quick Reference Guide
Provider Appeal Form

This guide will help you in correctly submitting the Provider Claims Appeal Form. It is not meant to contradict or replace Harvard Pilgrim's procedures or payment policies. For-up-to-date details, please see the Provider Manual ("Appeals" section) at our Web site: *www.harvardpilgrim.org/providers.* Please note that failure to abide by the following may affect your compliance with the provider appeals filing limit policy:

- Complete all information required on the Provider Appeal Form; incomplete appeal submissions will be returned unprocessed.
- Attach the claim form and all supporting documentation (please check Provider Manual at *www.harvardpilgrim.org/providers* for specific appeal guidelines) to the completed Provider Appeal Form (i.e., one form per claim).
- Within your original EOP, if you have multiple denials, choose the primary denial for the appeal type.
- Applicable filing limit standards apply.
- To submit appeals for Passport Connect (*www.harvardpilgrim.org/providers*) or HPI (*www.healthplansinc.com*) please visit respective Web sites listed for details.

SELECT APPEAL TYPE	**Please use the following additional examples to help select specific appeal type:** (The examples below are not representative of an all inclusive list.)
Filing limit	• A first time claim submission that denied for, or is expected to deny for untimely filing. • A reappeal of a claim denied for insufficient filing limit documentation. • Claim originally submitted with misidentified member or billed to wrong carrier, resulting in untimely filing to Harvard Pilgrim.
Referral denial	• A claim submission denied for a missing/invalid PCP referral that is greater than 90 days from the date of service and within 180 days from the original denial (NOTE: claims denied for a missing/invalid PCP referral that are within ninety 90 days from the date of service may be corrected and resubmitted as a first time claim submission via paper or EDI). • A claim for a POS member paid at the out of network rate due to invalid/missing PCP referral information on the claim form. • A reappeal of a claim denied for a missing/invalid PCP referral that is within 180 days from the original denial date. *Note:* Please ensure that the referring provider information is completely filled out in the appropriate boxes on the CMS-1500 claim form.
Duplicate claim	• A first time claim submission that denied for, or is expected to deny for duplicate filing. • Original claim or service lines within a claim that denied duplicate.
Corrected claim	• Original claim billed under a terminated member ID and there is an active member ID on file. • Original claim denied for any of the following: incorrect member, incorrect date of service, incorrect/missing procedure/diagnosis code, incorrect count, and modifier added/removed. • Original claim denied for invalid or missing location code.
Pre-certification/ notification or prior-authorization denials	• A claim denied because no notification or authorization is on file. • A claim denied for exceeding authorized limits.
Contract rate, payment policy or clinical policy	• Provider believes that incorrect contract terms/rates were applied to payment made resulting in either an under- or overpayment • Provider believes that final claim payment was incorrect because of global reimbursement or (un)bundling of billed services (e.g., claim editing software).
Request for additional information	• A first time claim submission that denied for additional information. • An unlisted procedure code not submitted with supporting documentation. • A procedure code that was denied or not submitted with: operative notes, anesthesia notes, pathology report, and/or office notes.
Retraction of payment	• Member on claim was not your patient. • Service on claim was not performed. Note: Multiple retractions can be submitted with one appeal form—write "*multiple*" in the Member ID field.

SELECT APPEAL TYPE	**Required documentation for specific appeal type—please submit with the Provider Appeal Form.**					
	CMS-1500/ ADA/UB claim form	Corrected CMS-1500 claim form	Corrected CMS-1500/ ADA/UB claim form	Copy of original EOP	Supporting documentation	Supply additional info in appeal form's "Comment" section
Filing limit	✓				✓	
Referral denial		✓				
Duplicate claim	✓				✓	
Corrected claim			✓	✓		
Contract rate, payment policy or clinical policy				✓	✓	
Request for additional information				✓	✓	
Retraction of payment				✓		✓