

# Duplicate Denial Appeals

## Description

A request for review of a claim previously processed and denied as duplicate to another claim.

*Examples:*

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.

## Policy

### Standard Appeal Filing Limit

- Duplicate Denial appeals must be received no later than 180 days from the original explanation of payment (EOP) date.
  - Any appeal received after the applicable appeal filing limit will not be considered and cannot be appealed.
  - Members cannot be held liable for claims denied for exceeding the appeal filing limit.

### Appeal Requirements and Supporting Documentation

- All provider appeals must be submitted with a completed Request for Claim Review Form.
  - Claims submitted without a Request for Claim Review Form will be treated as a first submission, which may result in a denial.
- Duplicate claim appeals must be submitted with a CMS-1500 /ADA/UB claim form with additional information that was not included in the original submission.
- Submissions must include the most appropriate supporting documentation.
  - Examples include: surgical/operative/office notes, pathology reports, medical invoices (e.g., DME or pharmaceuticals), medical record entries, etc.

## Appeal Response

- If the appeal is received within the 180-day filing limit, Harvard Pilgrim will review the appeal; if your request for an appeal is beyond the 180-day filing limit from the date of Harvard Pilgrim's EOP original denial or payment date, it will not be considered.
- A determination is made within 30 days following receipt of an appeal that is accompanied by the appropriate documentation.

## Second Level Appeal

A second appeal may be submitted in instances where Harvard Pilgrim Health Care upholds the original claim denial and the provider has additional information to substantiate a second review. This request must be received within 90 days from the date of the original denial.

### Required and Supporting Documentation

- A completed Request for Claim Review Form.
- A CMS-1500/ADA/UB claim form.
- Provide supporting documentation for the denied claim that specifically substantiates your reason for a second review.

## General Billing Tips

To submit appeals for Passport Connect ([www.harvardpilgrim.org/providers](http://www.harvardpilgrim.org/providers)), HPI ([www.healthplansinc.com](http://www.healthplansinc.com)), or Student Resources ([www.studentresources.com](http://www.studentresources.com)), please visit the respective web sites listed for details.

## Claims Appeals Address

Mail all provider claim appeals to:

Harvard Pilgrim Health Care  
P.O. Box 699183  
Quincy, MA 02269-9183

(continued)

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## APPEALS

### Duplicate Denial Appeals (*cont.*)

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#### Related Policies and Resources

- Appeals Overview
- Request for Request for Claim Review Form and Quick Reference Guide

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#### PUBLICATION HISTORY

09/15/10	reviewed policy; organized information for clarity
09/15/16	reviewed policy; changed second level appeal filing limit submission to 90 days; administrative edits for clarity