Referral Denial Appeals

Description

An appeal request for a claim whose original reason for denial was invalid or missing a PCP referral.

Examples:

- 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.
- 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 second level appeal of a claim denied for a missing/invalid PCP referral that is within 180 days from the original denial date.

Policy

Standard Appeal Filing Limit

- Referral 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 Required 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.
- Referral appeals must be submitted with a corrected CMS-1500 claim form with the PCP's valid provider name and National Provider Identifier (NPI) in box 17/17b of the CMS-1500 claim form.

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 corrected CMS-1500 claim form with the PCP's valid provider name and National Provider Identifier (NPI) in box 17/17b of the CMS-1500 claim form.
- Provide supporting documentation for the denied claim that specifically substantiates your reason for a second review.
- Evidence of referral (see Referral Policy).

General Billing Tips

- Claims denied for a missing/invalid PCP referral that are within 90 days from the date of service may be corrected and resubmitted as a replacement claim submission via paper or EDI with bill type 7.
- If your referral appeal request is within the initial filing limit of the date of service:
  - Resend the claim electronically.

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- Determine the missing or incorrect information on the original transmission.
- Include the completed or corrected information on the new transmission.

• For appeals that are over the initial filing limit of the date of service, follow the paper appeal submission process.
- If the date of service is over the initial filing limit, resending an appeal electronically will result in a filing limit denial.

Claims Appeals Address

Mail all provider claim appeals to:

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

Related Policies and Resources

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

PUBLICATION HISTORY

09/15/10	reviewed policy; organized information for clarity
09/15/16	reviewed policy; administrative edits for clarity