HealthPlans
A HARVARD PILGRIM COMPANY

Provider Appeal Form

Member ID[1] _____ **Member Name** _____

Date of Service _____ **Claim#** _____

Provider Name _____ **Appeal Submission Date** _____

Provider's Office Contact Name _____ **Provider Telephone#** _____

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).
- Applicable filing limit standards apply.
- Include supporting documentation–please check Harvard Pilgrim Provider Manual for specific appeal guidelines.
- Please see Quick Reference Guide for appropriate appeal type examples.

Appeal Type[1]—Check one box, and/or provide comment below, to reflect purpose of appeal submission.	**Required Documentation**[1]—All bulleted items must be supplied from the row you check, along with the Health Plans Provider Appeal Form and supporting documentation[2].
☐ **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[2]
☐ **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[2]
☐ **Corrected Claim**— Please see *Quick Reference Guide* for appropriate appeal type examples.	• Corrected CMS-1500/ADA/UB claim form • Copy of original EOP
☐ **Pre-certification/notification or prior-authorization denials**—appeal request for a claim whose original reason for denial was failure to notify or pre-authorize services.	• Copy of original EOP • Supporting documentation[2]
☐ **Contract rate, payment policy or clinical policy**— Please see *Quick Reference Guide* for appropriate appeal type examples.	• Copy of original EOP • Supporting documentation[2]
☐ **Request for additional information**—in response to a claim originally denied for additional information.	• Copy of original EOP • Supporting documentation[2]

[1]Required element of an appeal.
[2]Please check Harvard Pilgrim Provider Manual for specific appeal guidelines

Comments _____

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Where to mail this form: **Health Plans Inc., P.O. Box 5199, Westborough, MA 01581**

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

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Quick Reference Guide
Provider Appeal Form

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

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
Filing limit	✓				✓
Referral denial		✓			
Duplicate claim	✓				✓
Corrected claim			✓	✓	
Pre-certification/ notification or prior-authorization denials				✓	✓
Contract rate, payment policy or clinical policy				✓	✓
Request for additional information				✓	✓