Claims submission guidelines

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect℠. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.com/

Paper claims

Claim Type	Address
• Commercial (HMO, POS, PPO) - in MA, ME, NH, RI and VT • Medicare Enhance (including ancillary and DME claims) • Medicare Supplement • Access America (Service performed in MA, ME and NH) • HPHC Choice Plus • Medicaid Reclamation • All behavioral health claims	Harvard Pilgrim Health Care P. O. Box 699183 Quincy, MA 02269-9183
Replacement claim	
Resubmission — all provider appeals: corrected, duplicate and referral claim appeals, filing limit appeals, clinical and all other administrative appeals	
Commercial (HMO, POS, PPO) — outside of MA, ME, NH, RI and VT	UnitedHealth Integrated Services P.O. Box 30783 Salt Lake City, Utah 84130-078
Student Insurance	Harvard Pilgrim Health Care/ StudentResources P.O. Box 809025 Dallas, TX 75380-9025
Health Plans, Inc.	Health Plans, Inc. P. O. Box 5199 Westborough, MA 01581
Access America (Service performed outside of MA, ME and NH)	UnitedHealth Integrated Services PO BOX 30783 Salt Lake City, UT 84130-0783
Pharmacy claims (excluding drugs paid under a medical benefit)	OptumRx P.O. Box 650334 Dallas, TX 75265-0334

Claims requirements

Required information

- Full patient name and date of birth
- Member's Harvard Pilgrim ID number
- Provider's National Provider Identifier (NPI)
- Referring provider's NPI
- Ordering physician's NPI for radiology, rehabilitation therapies, laboratory services and diagnostic testing services
- Provider's tax ID number (TIN)
- Complete service level information
  - Appropriate procedural coding (CPT, HCPCS, ICD-10, ADA)
  - Charge information (time and units)
  - Dates of service
  - Industry standard diagnosis code, for each service rendered
  - CMS defined industry-standard place of service codes
  - Name, address, city, state and zip code of the location where the services were rendered, as applicable under federal and state law

Standard filing limit

The standard filing deadlines are as follows:

- 90 days from the date of service for professional (CMS-1500) claims
- 90 days from the claim end date when interim billing is allowed, for example for certain inpatient stays at a rehabilitation facility, long term acute care hospital or skilled nursing facility, and certain outpatient services with hospice or home health care agency
- 90 days from date of hospital discharge when interim billing is not allowed

The timely filing window begins on the date entered in the 'to' date in Box 24A for professional (CMS-1500) claims or in the 'through' date in Box 6 for institutional (UB-04) claims.

Harvard Pilgrim Health Care will deny claims submitted after the filing deadline for failure to meet timely filing requirements. Members may not be billed for services that have been denied for exceeding the filing deadline.

Coordination of Benefits (COB)

- A copy of the primary insurer's Explanation of Payment must accompany COB claims submitted to Harvard Pilgrim.
- Please see the Coordination of Benefits Claims Policy for specific COB filing limit details.

Third Party Liability (TPL): Motor Vehicle Accidents (MVA), Other Injury (OI), or Worker's Compensation (WC)

Please see the corresponding policy for specific filing limit details.

Electronic claims

Use the Payer ID Code listed for your claim type in the table below to submit a claim electronically. Refer to the Electronic Claims section for additional details.

Claim Type	Address
• Commercial (HMO, POS, PPO) — in MA, ME, NH, RI and VT • Medicare Enhance (including ancillary and DME claims) • Medicare Supplement • Access America (Service performed in MA, ME and NH) • HPHC Choice Plus • Medicaid Reclamation	Harvard Pilgrim Health Care EDI Payer Code: 04271
Replacement and corrected claims	
Commercial (HMO, POS, PPO) — outside of MA, ME, NH, RI and VT	UnitedHealth Integrated Services Payer ID: 39026
Student Insurance	Harvard Pilgrim Health Care/ Student Resources Payer ID: 74227
Health Plans, Inc.	Health Plans, Inc. Payer ID: 04271
Access America (Service performed outside of MA, ME and NH)	UnitedHealth Integrated Services Payer ID: 39026

PUBLICATION HISTORY

01/01/12	removed First Seniority Freedom contact information
06/15/14	added Connecticut COB filing limit information
09/15/16	reviewed document; updated the paper claim submission information; updated the COB section; added new electronic claims submission information
12/01/21	annual review; administrative edits
01/01/23	reviewed; administrative edits
09/01/23	updated for behavioral health insourcing effective for claim dates of service on or after 11/01/23
09/05/23	updated address for Stride Medicare Advantage Plans
11/13/23	updated hyperlinks
11/22/23	administrative edits; removed Stride information; removed references to CT
03/01/24	updated E Services Benefits section
05/01/25	added bullet for “Name, address, city, state and zip code of the location where the services were rendered * as applicable under federal and state law” under Complete service level information within the Required Information, Claims Requirements section
11/01/26	updated Standard Filing Limit section to add specificity by claim type
11/15/26	added link to Electronic Claims section; administrative updates