

Filing Limit Appeals

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

Description

An appeal request for a claim or appeal whose original reason for denial was untimely filing. This policy reviews the following types of filing limit appeals:

- A first time claim submission that denied for untimely filing
- Coordination of benefits filing limit appeal
- Misidentified member filing limit appeal
- Second level appeal

Policy

Standard Appeal Filing Limit

- Filing limit appeals must be received within 90 days of the original EOP date.
 - Any appeal received after the applicable appeal filing limit will not be considered and cannot be re-appealed.

Members cannot be held liable for claims denied for exceeding the appeal filing limit.

Appeal Requirements and Required Documentation

All filing limit appeals must be submitted with:

- A completed [Request for Claim Review Form](#) (claims submitted without this form will be treated as a first submission, which may result in a denial).
- CMS-1500/ADA/UB-04 claim form.
- Supporting documentation (see "Supporting Documentation" below).

The following information is required on backup documentation to validate and cross reference the information on the claim being appealed:

- Patient name.
- Date(s) of service.
- Charges being appealed. Charges on submitted documentation must match what is on the CMS-1500/ADA/UB-04 claim form.
- Date the first claim was submitted to Harvard Pilgrim or proof that the claim was sent to another insurance company or the member.

Supporting Documentation by Type

Claims Not Filed within 90 Days

Definition: A claim not on file with Harvard Pilgrim within 90 days from the date of service.

EDI

Supporting Documentation:

- A copy of an EDI vendor report indicating that the claim was accepted for processing by Harvard Pilgrim within the filing limit period.
- Harvard Pilgrim Response Report or information from your 277 Acknowledgement (277 ACK).

Note: Providers who submit claims through intermediaries are responsible for obtaining these reports.

A copy of the Patient Account Ledger is not acceptable documentation for EDI claims except in the situation where a member was not initially identified as a Harvard Pilgrim member. See section "Misidentified Member" in this document.

Paper

Supporting Documentation:

- A copy of the computerized printout of the Patient Account Ledger, with the submission date circled in black or blue ink

Note: If your practice management system uses an internal code to identify the payer to whom the claim was billed, please provide a copy of all code definitions applicable to your appeal submission. Failure to do so may result in the denial of your filing limit appeal.

The patient account ledger detail should include information to identify the claim being appealed, such as patient name, date of service, charges being appealed, and date of claim submission to Harvard Pilgrim.

Coordination of Benefits (COB)

Definition: A claim that is over the 90 day initial filing limit but is within 90 days of the Explanation of Payment from the other insurer.

Supporting Documentation:

- Paper claim: A copy of the Explanation of Benefits from another insurer attached, showing timely submission to Harvard Pilgrim within 90 days from the date the other insurer processed the claim.
- EDI claim: Prior payer claim adjudication information including date of remittance showing timely submission to Harvard Pilgrim within 90 days from the date the other insurer processed the claim.
- Retraction letter or request to refund from other insurer.

The submission timeframes associated with Coordination of Benefits filing limit appeals vary by state.

- In Maine, when coordinating benefits with a primary insurance carrier, the filing limit for claim submission is 120 days from the date the primary insurer processed the claim or retroactively denied a previous claim.
- In New Hampshire, when coordinating benefits with a primary insurance carrier, the filing limit for claims submission to Harvard Pilgrim is 180 days from the date that the primary insurer retroactively denied a previously paid claim.
- In Massachusetts, when coordinating behavioral health benefits with a primary insurance carrier, the filing limit for claim submission is 365 days from the date of the denial.

Misidentified Member

Definition: When the member did not identify him/herself as a Harvard Pilgrim member at time of service.

Supporting Documentation:

- Proof that another insurer was billed or the member was billed

Acceptable documentation from another insurer includes:

- Other insurer's denial EOP; or
- Other plan correspondence/letter that makes a plan determination; *and*
- Copy of a patient ledger that clearly indicates dates of patient billing and discovery of Harvard Pilgrim insurance.

Acceptable documentation of member billing includes:

- Copy of the Bill to the member; or
- Copy of a patient ledger that clearly indicates dates of patient billing and discovery of Harvard Pilgrim insurance

Note: A "misidentified member" claim more than one year old from the HPHC denial date will not be considered for filing limit appeal.

If other plan correspondence/letter makes a plan determination but does not include specific information linking the letter to the claim in question, please hand-write the patient's name, date(s) of service, charges being appealed, and the date the first claim was submitted to Harvard Pilgrim on the letter.

Appeal Response

If the appeal is received within the 90-day filing limit, it will be reviewed; if it's received after the 90-day filing limit, it will not be considered.

Second Appeal

- Providers may submit additional supporting documentation for any filing limit appeal denied for insufficient documentation if it is received within 90 days from the original denial date.
- When a denial is upheld on re-appeal, Harvard Pilgrim will not consider subsequent appeals.

General Billing Tips

To submit appeals for Passport Connect (www.uhcprovider.com), HPI (www.healthplansinc.com), or Student Resources (www.uhcsr.com), please visit the respective websites listed for details.

Claims Appeals Address

Mail all providers claim appeals to:
Harvard Pilgrim Health Care
P.O. Box 699183
Quincy, MA 02269-9183

Related Policies and Resources

- [Appeals Overview](#)
- [Coordination of Benefit \(COB\) Claims](#)
- [Request for Claim Review Form and Quick Reference Guide](#)

PUBLICATION HISTORY

09/15/10	reviewed policy; organized information for clarity
03/15/14	added CT retroactive denial information
09/15/16	reviewed policy; added EDI submission information to COB; administrative edits for clarity
06/01/22	reviewed policy; clarified information in COB and misidentified member sections
01/01/23	reviewed; administrative edits
09/01/23	updated coordination of benefits section with Massachusetts behavioral health information
01/01/24	removed references to Connecticut; administrative edits
04/01/24	updated first bullet in Description section to omit “,or is expected to, deny for”; administrative edits
07/30/25	updated links