Request for additional information appeals

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/.

Description

An appeal may be submitted in response to a claim originally denied for additional information. Examples:

- 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.

Policy

Standard appeal filing limit

Request for additional information 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.
- Copy of the original supporting EOP
- Claim detail screen from electronic claim submission source (e.g., our secure provider portal, NEHEN)
- Supporting Documentation (see below).

Supporting documentation

When submitting a written administrative or clinical appeal, it is necessary to include all supporting documentation specific to the denied claim. Appeal submissions must include the most appropriate supporting documentation. Examples of documentation must include copies of one or more of the following:

- Surgical/operative notes
- Office visit notes
- Pathology notes
- Medical record entries
- Medical invoices (e.g., DME or pharmaceuticals)
- Letter or explanation describing the issue (letters of explanation will not be considered without medical record documentation)

Medical record documentation and physician queries

Harvard Pilgrim will not accept retrospectively amended medical records or physician queries beyond 30 days from the service date.

Harvard Pilgrim considers medical record documentation and/or physician queries upon review as the official record to support services provided for the basis of coverage or reimbursement determination.

Clinical documentation or physician queries amended over 30 days from the service will not be accepted to defend reimbursement, increase reimbursement, or consideration of a previously denied claim.

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.

After the appeal has been reviewed, Harvard Pilgrim will send a resolution letter.

- If the decision is upheld, the letter outlines the reason(s) for upholding the original decision.
- If the denial is reversed, the letter explains that the claim will be adjusted in accordance with payment policy, member agreement, and hospital contract.

Second level appeal

A second appeal may be submitted in instances where Harvard Pilgrim upholds the original claim denial or reimbursement decision and the provider has additional information to substantiate a second review.

Receipt date

Second level appeals must be received within 90 days of the date on the original appeal resolution letter you received from Harvard Pilgrim that explained the reason for upholding the original denial or reimbursement decision.

Required and supporting documentation

- A completed Request for Claim Review Form.
- Copy of the original supporting EOP
- Claim detail screen from electronic claim submission source (e.g., our secure provider portal, NEHEN)
- Additional supporting documentation for the denied claim that specifically substantiates your reason for a second level appeal.

Second level appeal response

- If your request for a second appeal is beyond the 90-day filing limit from the date of Harvard Pilgrim's appeal decision, it will not be reconsidered.
- If the second appeal is received within the 90-day filing limit, Harvard Pilgrim will review the appeal.
- If the appeal decision is upheld, the letter outlines the reason(s) for upholding the original decision.
- If the appeal decision is reversed, the letter explains that the original claim will be adjusted in accordance with payment policy, member agreement and hospital contract.

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 provider claim appeals to:

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

Related policies and resources

- Appeals Overview
- Coordination of Benefits
- Filing Limit Provider Appeals
- Motor Vehicle Accident
- Request for Claim Review and Quick Reference Guide
- Unlisted and Unspecified Procedure Codes Payment Policy
- Worker's Compensation

PUBLICATION HISTORY

09/15/10	reviewed policy; organized information for clarity
09/15/16	reviewed policy; updated second level appeals filing limit submission time to 90 days; administrative edits for clarity
01/01/23	reviewed; no changes
11/13/23	updated hyperlinks
07/30/25	updated links
11/15/26	administrative updates; removed review response timeframes