

# Claims Submission Guidelines

Information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport Connect<sup>SM</sup>. For UnitedHealthcare's related policies/procedures, please go to [www.uhcprovider.com/](http://www.uhcprovider.com/)

## Paper Claims

Claim Type	Address
<ul style="list-style-type: none"> <li>Commercial (HMO, POS, PPO) - in MA, ME, NH, RI and VT</li> <li>Medicare Enhance (including ancillary and DME claims)</li> <li>Medicare Supplement</li> <li>Access America (Service performed in MA, ME and NH)</li> <li>HPHC Choice Plus</li> <li>Medicaid Reclamation</li> <li>All behavioral health claims</li> </ul>	Harvard Pilgrim Health Care P. O. Box 699183 Quincy, MA 02269-9183
Replacement claim	
<i>Resubmission</i> — 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

- 90 days from the date of service.
- Members may not be billed for services submitted after the filing limit.

### 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.

### Motor Vehicle Accidents (MVA)

Please see the [Motor Vehicle Accident Claims Policy](#) for specific MVA filing limit details.

## Electronic Claims

Claim Type	Address
<ul style="list-style-type: none"> <li>• Commercial (HMO, POS, PPO) — in MA, ME, NH, RI and VT</li> <li>• Medicare Enhance (including ancillary and DME claims)</li> <li>• Medicare Supplement</li> <li>• Access America (Service performed in MA, ME and NH)</li> <li>• HPHC Choice Plus</li> <li>• Medicaid Reclamation</li> </ul>	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

Claim Type	Address
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

For HIPAA-compliant claim submissions, any of our preferred e-transaction channels may be utilized: *HPHConnect*, NEHEN, NEHENet, or EDI Direct to submit professional and institutional claims directly to Harvard Pilgrim.

## E Services Benefits

- State-of-the-art reporting
  - **File Acknowledgement:** Provides immediate confirmation that your claim file was received.
  - **Response Report:** The HIPAA 277ACK Health Care Claim Acknowledgement reports the status of each claim — accepted or rejected — within 24-72 hours.
  - **Electronic Remittance Advice:** An Explanation of Payment (EOP) that can be electronically posted to your billing system.
- Allows the ability to submit without the need for a clearinghouse and no transaction fees.

## EDI Service Team

- Proven track record for HIPAA implementation.

To learn more:

- Call 800-708-4414
- Send an e-mail to [edi\\_team@point32health.org](mailto:edi_team@point32health.org)
- Go to [www.point32health.org/provider/](http://www.point32health.org/provider/)

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### 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