

Paper Claims

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

Claims Submission Requirements

Paper CMS-1500 (02-12) Professional Claim Form

Submission requirements for *Completing a Paper CMS-1500 (02-12) Claim Form* can be found on our provider website at www.harvardpilgrim.org/provider in the *Billing and Reimbursement* section of the *Provider Manual*.

Paper UB-04 Facility Claim Form

Submission requirements for *Completing a Paper UB-04 Facility Claim Form* can be found on our provider website at www.harvardpilgrim.org/provider in the *Billing and Reimbursement* section of the *Provider Manual*.

Paper ADA J400 Dental Claim Form

Submission requirements for *Completing a Paper ADA J400 Dental Claim Form* can be found on our provider website at www.harvardpilgrim.org/provider in the *Billing and Reimbursement* section of the *Provider Manual*.

Claim Receipt Date

The paper claim receipt date is the date the claim is received in the Harvard Pilgrim claims mailroom; claims received after 2:00 p.m. are assigned the following business day as the receipt date.

Imaging Claims

Harvard Pilgrim uses scanning/optical character recognition (OCR) technology for imaging of paper claims. To ensure accurate and timely claims imaging, please observe the following claims submission rules. Failure to adhere to these rules may result in returned or denied claims.

Do	Do Not
<ul style="list-style-type: none"> • Do submit claims using the proper P.O. box number. • Do type all fields completely, accurately, and within the designated box on the form. • Do submit all claims on the current standard red and white form. • Do use black or blue ink only. 	<ul style="list-style-type: none"> • Do not submit handwritten claim forms. • Do not use red ink on the claim forms. • Do not circle any data on the claim forms. • Do not add extraneous information to any claim form field. • Do not use highlighter on any claim form field. • Do not submit photocopied claim forms. • Do not submit carbon copied claim forms. • Do not submit claim forms via fax.

Claims Submission Addresses

Mail paper claims to:

Claim Type	Address
<ul style="list-style-type: none"> 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 	Harvard Pilgrim Health Care P.O. Box 699183 Quincy, MA 02269-9183
Commercial (HMO, POS, PPO) outside of MA, ME, NH, RI and VT	UnitedHealth Integrated Services P.O. Box 30783 Salt Lake City, Utah 84130-0783
Access America (Service performed outside of MA, ME and NH)	UnitedHealth Integrated Services P.O. BOX 30783 Salt Lake City, UT 84130-0783
Student Insurance Plan	Harvard Pilgrim Health Care/StudentResources P.O. Box 809025 Dallas, TX 75380-9025
Pharmacy claims (excluding drugs paid under a medical benefit)	OptumRx Manual Claims P.O. Box 650334 Dallas, TX 75265-0334
Health Plans, Inc.	Health Plans, Inc. P.O. Box 5199 Westborough, MA 01581

PUBLICATION HISTORY

01/01/12	removed First Seniority Freedom contact information
03/15/17	reviewed document; added administrative edits to imaging claims; updated the claim submission addresses table; updated claim submission requirements
12/01/21	annual review; administrative edits
01/01/23	reviewed; administrative edits
09/01/23	updated for behavioral health insourcing effective claim dates of service on or after 11/01/23
09/05/23	updated address for Stride Medicare Advantage Plans
11/08/23	updated Claims Submission Addresses table, first row, under claim type to omit all behavioral health claims and updated United Healthcare url.
11/22/23	removed Stride information; administrative edits; removed references to CT

¹ The TIN submitted in field 25 on paper and in all REF segments in the electronic claim must be associated with the rendering provider NPI (and legacy ID if provided) in field 24J on paper or provider loop(s) in the electronic claim file. Failure to do so may result in a claim denial or incorrect payment.