

Rejected or Returned Claims

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/.

Incomplete Claims

To be accepted by Harvard Pilgrim, a claim must include basic, required information (see "Clean Claim Checklist" below). When required information is missing:

- Electronic (EDI) claims are rejected by Harvard Pilgrim's claims system in the front-end edit process and reported accordingly. Your clearinghouse may also reject electronic claims.
- Paper claims are manually rejected by Harvard Pilgrim and returned by U.S. mail with a cover letter identifying the reason for rejection.
- When a paper claim is returned to the provider, the return address is determined by the information in:

Claim: UB-04	Form Box/Field: 1
CMS-1500	33
ADA	48

- Harvard Pilgrim treats rejected or returned claims as never received.
- To satisfy Harvard Pilgrim's filing limit policy, rejected or returned claims must be corrected, resubmitted and accepted by Harvard Pilgrim no later than 90 days from the earliest date of service on the claim.

Clean Claim Checklist

To submit a clean claim that will be accepted for processing by Harvard Pilgrim, the following information is required. All required fields must be complete and accurate.

- Full patient name
- Patient's date of birth
- Valid, properly formatted member identification number
- Complete service level information:
 - Dates of service
 - Charge information and units
 - CMS defined industry-standard place of service codes
 - Industry standard diagnosis codes
 - Industry standard procedure codes (e.g., CPT, ICD-10 CM)
- Service provider's name, address, and National Provider Identifier (NPI)
- Provider's federal tax identification number (TIN)

Electronic and Paper Claims

If an electronic or paper claim is rejected due to format problems or missing or incomplete information, resubmit a clean claim no later than 90 days from the date of service in accordance with the [Claims Submission Policy](#).

- Failure to resubmit a clean claim within the 90-day period will result in a filing limit denial.
- Members cannot be held liable for claims/services denied for exceeding the filing limit.

PUBLICATION HISTORY

01/01/12	removed First Seniority Freedom contact information
09/15/16	reviewed document; administrative edits for clarity
12/01/21	annual review; administrative edits
01/01/23	reviewed; no changes
08/15/24	updated web address for UnitedHealthcare and removed the phone number