

Duplicate Denial 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

A request for review of a claim previously processed and denied as duplicate to another claim.

Examples:

- A first time claim submission that denied for, or is expected to deny for duplicate filing.
- Original claim or service lines within a claim that denied duplicate.

Policy

Standard Appeal Filing Limit

- Duplicate Denial 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 Supporting 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.
- Duplicate claim appeals must be submitted with a CMS-1500 /ADA/UB-04 claim form with additional information that was not included in the original submission.
- Submissions must include the most appropriate supporting documentation.
 - Examples include surgical/operative/office notes, pathology reports, medical invoices (e.g., DME or pharmaceuticals), medical record entries, etc.

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.
- A determination is made within 30 days following receipt of an appeal that is accompanied by the appropriate documentation.

Second Level Appeal

A second appeal may be submitted in instances where Harvard Pilgrim Health Care upholds the original claim denial, and the provider has additional information to substantiate a second review. This request must be received within 90 days from the date of the original denial.

Required and Supporting Documentation

- A completed [Request for Claim Review Form](#).
- A CMS-1500/ADA/UB-04 claim form.
- Provide supporting documentation for the denied claim that specifically substantiates your reason for a second review.

General Billing Tips

To submit appeals for Passport Connect (www.harvardpilgrim.org/providers), HPI (www.healthplansinc.com), or Student Resources (www.studentresources.com), please visit the respective web sites 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

- [Provider Appeals Overview](#)
- [Request for Claim Review Form and Quick Reference Guide](#)

PUBLICATION HISTORY

09/15/10	reviewed policy; organized information for clarity
09/15/16	reviewed policy; changed second level appeal filing limit submission to 90 days; administrative edits for clarity
01/01/23	reviewed; administrative edits
08/15/24	updated web address for UnitedHealthcare and removed phone number