



# Provider Appeal Form

Member ID<sup>1</sup> \_\_\_\_\_ Member Name \_\_\_\_\_

Date of Service \_\_\_\_\_ Claim# \_\_\_\_\_

Provider Name \_\_\_\_\_ Appeal Submission Date \_\_\_\_\_

Provider's Office Contact Name \_\_\_\_\_ Provider Telephone# \_\_\_\_\_

**Please note the following in order to avoid delays in processing provider appeals:**

- Incomplete appeal submissions will be returned unprocessed.
- A separate Provider Appeal Form is required for each claim appeal (*i.e.*, one form per claim).
- Applicable filing limit standards apply.
- Include supporting documentation — please check Harvard Pilgrim Provider Manual for specific appeal guidelines.
- Please see Quick Reference Guide for appropriate appeal type examples.

<b>Appeal Type<sup>1</sup></b> — Check one box, and/or provide comment below, to reflect purpose of appeal submission.	<b>Required Documentation<sup>1</sup></b> — All bulleted items must be supplied from the row you check, along with the HPI Provider Appeal Form and supporting documentation <sup>2</sup> .
<input type="checkbox"/> <b>Filing Limit</b> — appeal request for a claim or appeal whose original reason for denial was untimely filing.	<ul style="list-style-type: none"> <li>• CMS-1500/ADA/UB claim form</li> <li>• Supporting documentation<sup>2</sup></li> </ul>
<input type="checkbox"/> <b>Referral Denial</b> — appeal request for a claim whose original reason for denial was invalid or missing PCP referral.	<ul style="list-style-type: none"> <li>• Corrected CMS-1500</li> </ul>
<input type="checkbox"/> <b>Duplicate Claim</b> — appeal request for a claim whose original reason for denial was duplicate denial.	<ul style="list-style-type: none"> <li>• CMS-1500/ADA/UB claim form</li> <li>• Supporting documentation<sup>2</sup></li> </ul>
<input type="checkbox"/> <b>Corrected Claim</b> — Please see <i>Quick Reference Guide</i> for appropriate appeal type examples.	<ul style="list-style-type: none"> <li>• Corrected CMS-1500/ADA/UB claim form</li> <li>• Copy of original EOP</li> </ul>
<input type="checkbox"/> <b>Pre-certification/notification or prior-authorization denials</b> — appeal request for a claim whose original reason for denial was failure to notify or pre-authorize services.	<ul style="list-style-type: none"> <li>• Copy of original EOP</li> <li>• Supporting documentation<sup>2</sup></li> </ul>
<input type="checkbox"/> <b>Contract rate, payment policy or clinical policy</b> — Please see <i>Quick Reference Guide</i> for appropriate appeal type examples.	<ul style="list-style-type: none"> <li>• Copy of original EOP</li> <li>• Supporting documentation<sup>2</sup></li> </ul>
<input type="checkbox"/> <b>Request for additional information</b> — in response to a claim originally denied for additional information.	<ul style="list-style-type: none"> <li>• Copy of original EOP</li> <li>• Supporting documentation<sup>2</sup></li> </ul>

<sup>1</sup> Required element of an appeal.

<sup>2</sup> Please check Harvard Pilgrim Provider Manual for specific appeal guidelines.

**Comments**

For more details, see the Harvard Pilgrim *Provider Manual* (“Appeals” section) at [HarvardPilgrim.org/Providers](http://HarvardPilgrim.org/Providers).

# Quick Reference Guide

## *Provider Appeal Form*

This guide will help you in correctly submitting the HPI Provider Claims Appeal Form. It is not meant to contradict or replace HPI's procedures or payment policies. For up-to-date details, please see the Harvard Pilgrim Provider Manual ("Appeals" section) at: [HarvardPilgrim.org/Providers](http://HarvardPilgrim.org/Providers). Please note that failure to abide by the following may affect your compliance with Harvard Pilgrim's provider appeals filing limit policy:

- Complete all information required on the Provider Appeal Form; incomplete appeal submissions will be returned unprocessed.
- Attach the claim form and all supporting documentation (please check Provider Manual at [HarvardPilgrim.org/Providers](http://HarvardPilgrim.org/Providers) for specific appeal guidelines) to the completed HPI Provider Appeal Form (*i.e.*, one form per claim).
- Within your original EOP, if you have multiple denials, choose the primary denial for the appeal type.
- Applicable filing limit standards apply.
- To submit appeals for Passport Connect ([HarvardPilgrim.org/Providers](http://HarvardPilgrim.org/Providers)), HPHC ([HarvardPilgrim.org/Providers](http://HarvardPilgrim.org/Providers)), or Student Resources ([StudentResources.com](http://StudentResources.com)), please visit the respective websites listed for details.

SELECT APPEAL TYPE	<b>Please use the following additional examples to help select specific appeal type:</b> (The examples below are not representative of an all-inclusive list.)
<b>Filing Limit</b>	<ul style="list-style-type: none"> <li>• A first-time claim submission that denied for, or is expected to deny for untimely filing.</li> <li>• A re-appeal of a claim denied for insufficient filing limit documentation.</li> <li>• Claim originally submitted with misidentified member or billed to wrong carrier resulting in untimely filing to HPI.</li> </ul>
<b>Referral Denial</b>	<ul style="list-style-type: none"> <li>• A claim submission denied for a missing/invalid PCP referral that is greater than 90 days from the date of service and within 180 days from the original denial. <i>Note: Claims denied for a missing/invalid PCP referral that are within 90 days from the date of service may be corrected and resubmitted as a first-time claim submission via paper or EDI.</i></li> <li>• A claim for a POS member paid at the out-of-network rate due to invalid/missing PCP referral information on the claim form.</li> <li>• A re-appeal of a claim denied for a missing/invalid PCP referral that is within 180 days from the original denial date. <i>Note: Please ensure that the referring provider information is completely filled out in the appropriate boxes on the CMS-1500 claim form.</i></li> </ul>
<b>Duplicate Claim</b>	<ul style="list-style-type: none"> <li>• A first-time claim submission that denied for, or is expected to deny for duplicate filing.</li> <li>• Original claim or service lines within a claim that denied duplicate.</li> </ul>
<b>Corrected Claim</b>	<ul style="list-style-type: none"> <li>• Original claim billed under a terminated member ID and there is an active member ID on file.</li> <li>• Original claim denied for any of the following: incorrect member, incorrect date of service, incorrect/missing procedure/diagnosis code, incorrect count, and modifier added/removed.</li> <li>• Original claim denied for invalid or missing location code.</li> </ul>
<b>Pre-Certification / Notification or Prior-Authorization Denials</b>	<ul style="list-style-type: none"> <li>• A claim denied because no notification or authorization is on file.</li> <li>• A claim denied for exceeding authorized limits.</li> </ul>
<b>Contract Rate, Payment Policy or Clinical Policy</b>	<ul style="list-style-type: none"> <li>• Provider believes that incorrect contract terms/rates were applied to payment made, resulting in either an under- or overpayment.</li> <li>• Provider believes that final claim payment was incorrect because of global reimbursement or (un)bundling of billed services (<i>e.g.</i>, claim editing software).</li> </ul>
<b>Request for Additional Information</b>	<ul style="list-style-type: none"> <li>• A first-time claim submission that denied for additional information.</li> <li>• An unlisted procedure code not submitted with supporting documentation.</li> <li>• A procedure code that was denied or not submitted with: operative notes, anesthesia notes, pathology report, and/or office notes.</li> </ul>

SELECT APPEAL TYPE	Required Documentation for Specific Appeal Type – Please Submit with the Provider Appeal Form				
	CMS-1500 / ADA/UB Claim Form	Corrected CMS-1500 Claim Form	Corrected CMS-1500 / ADA/UB Claim Form	Copy of Original EOP	Supporting Documentation
<b>Filing Limit</b>	✓				✓
<b>Referral Denial</b>		✓			
<b>Duplicate Claim</b>	✓				✓
<b>Corrected Claim</b>			✓	✓	
<b>Pre-Certification / Notification or Prior-Authorization Denials</b>				✓	✓
<b>Contract Rate, Payment Policy or Clinical Policy</b>				✓	✓
<b>Request for Additional Information</b>				✓	✓