



Professional Claims with Billed Amounts Exceeding \$99,999.99

Please follow the guidelines below when submitting professional claims with amounts exceeding \$99,999.99 for your HAP Commercial and Medicare Advantage patients.

Professional Electronic Claims

- Professional electronic claims (837P) cannot contain a billed amount greater than \$99,999.99 on any single claim line due to transaction standards.
- Claims that exceed this limit will be rejected.
- If the total charges for a service are more than \$99,999.99, the charges must be split and submitted on multiple claims, regardless of whether the services occurred on one date or multiple dates.
- Each claim submitted must remain under the \$99,999.99 limit.

Electronic Submission with Multiple Related Claims

- Providers must include a claim note on each claim indicating the claim sequence number and the total combined billed amount for all related claims. For example:
 - Claim 1 of 3; Total billed amount for all claims = \$125,000
- To prevent duplicate claim denials, the charges and/or quantities billed on each claim must differ and accurately reflect the portion of the total charge being billed.

Billing Drugs or Biologicals Across Multiple Claims

- Providers must ensure the quantity billed correctly reflects the amount administered and that applicable HCPCS modifiers (such as those for discarded drug amounts) are used appropriately. Quantities must align with the HCPCS unit definition.
- Providers are responsible for verifying that quantities, charges, and supporting documentation are accurate prior to submission, as reimbursement on any single claim line cannot exceed \$99,999.99.