

Claim Submission Quick Reference Guide

| Submission Reason | | Mode Of Claim Data Submission | | | |
|--|--|---|---|--|---|
| | | Electronic (ANSI Standard) | Fax Line | Provider Portal | U.S. Mail |
| New claim without an attachment | Claim has never been submitted and no supporting documentation is required. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| New claim with an attachment | Claim has never been submitted and supporting documentation is required for adjudication. E.g. other payers EOB. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Submit the attachment with cover sheet (see links below). Attachment Fax Lines: Dental: 952-853-8861 Medical: 952-853-8860 | Or: Submit through the Online Claim Attachments form. | Or: Mail paper attachment to the appropriate claims address. |
| <i>Note: Document Control Number assigned by provider must exactly match as submitted on claim. Each number must be unique to each submission.</i> | | | | | |
| Late claim submission | Claim has never been submitted and is past the timely filing requirement. Attachment could be a copy of claim with original print date, or screen print from billing system demonstrating reason for late submission. Required to support the reason for a late submission. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. <i>Document control number must be submitted, as well as method used to submit attachments.</i> | Submit the attachment with cover sheet (see links below). Attachment Fax Lines: Dental: 952-853-8861 Medical: 952-853-8860 | Or: Submit through the Online Claim Attachments form. | Or: Send a paper attachment to the appropriate claims address. |
| <i>Note: Document Control Number assigned by provider must exactly match as submitted on claim. Each number must be unique to each submission.</i> | | | | | |
| Coordination of Benefits Adjustment | Resubmission of a claim with COB data elements. <i>Note: This will be mandated as of 12/15/09.</i> | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| | Resubmission of a claim with other payer EOB attachment. | Not applicable. | Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page). | Not applicable to providers rendering services in MN | Use the Medical/Dental Adjustment Request form and mail to the appropriate address (see last page). |

Claim Submission Quick Reference Guide

| Submission Reason | | Mode Of Claim Data Submission | | | |
|-------------------------------------|---|--|--|--|--|
| | | Electronic (ANSI Standard) | Fax Line | Provider Portal | U.S. Mail |
| | | | <i>Note: Document Control Number assigned by provider must exactly match as submitted on claim. Each number must be unique to each submission.</i> | | |
| Duplicate payment | Partial or total credit on previously paid claim, due to duplicate billing. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Incorrect Billing Provider | Correction to billing provider field(s) | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Late credit/charge | Correction to billed amount | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Charges billed in error | Partial or total credit on previously paid claim. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Item returned | Credit on previously paid claim due to DME return by patient | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Incorrect rendering provider | Correction to rendering provider field | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |

Claim Submission Quick Reference Guide

| Submission Reason Definition | | Mode Of Claim Data Submission | | | |
|--|--|--|---|---|--|
| | | Electronic (ANSI Standard) | Fax Line | Provider Portal | U.S. Mail |
| Corrected coding | Correction to any other codes on a previously submitted claim. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Submit supporting documentation as an attachment with cover sheet (see links below). Attachment Fax Lines: Dental: 952-853-8861 Medical: 952-853-8860 | Or: Submit through the Online Claim Attachments form. | Or: Mail paper attachment to the appropriate claims address. |
| Incorrect member | Correction to member identifiers submitted on previously processed claim. | Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN | Not applicable to providers rendering services in MN |
| Unlisted Procedure Description | Submission of more detailed description of a previously processed service. | Not applicable | Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page). | Or: Use online Claim Adjustment/Appeal Request form. | Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address (see last page). |
| Timely Filing Appeal | Request to reconsider claim denial. | Not applicable | Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page). <i>Note: Submit all required supporting documentation with appeal.</i> | Or: Use online Claim Adjustment/Appeal Request form. | Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address (see last page). |
| Appeals related to: Pricing Benefits Coding Review Medical Policy Credentialing | Request to reconsider claim adjudication related to these areas. | Not applicable | Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page). <i>Note: Submit all required supporting documentation with appeal.</i> | Or: Use the online Claim Adjustment/Appeal Request form. | Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address (see last page). |

| Claim Submission Quick Reference Guide | | Mode Of Claim Data Submission | | | |
|--|---|-------------------------------|---|---|--|
| Submission Reason | Definition | Electronic (ANSI Standard) | Fax Line | Provider Portal | U.S. Mail |
| Previously denied authorization has been approved | Request to reconsider claim as authorization has been approved. | Not applicable | Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page). | Or: Use online Claim Adjustment/Appeal Request form. | Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address (see last page). |
| Other correspondence | General correspondence that doesn't apply to the above reasons. | Not applicable | Fax to the appropriate fax number (see last page). | Not applicable | Or: Mail to the appropriate claim address. |

[Link to the print/fax version of the adjustment form.](#)

[Link to the medical claim attachment fax cover sheet.](#)

[Link to the print/fax version of the appeal form.](#)

[Link to the dental claim attachment fax cover sheet.](#)

Attachments and adjustment/appeal forms can be mailed or faxed based on the member's product.

See the following table.

| Fully Insured and Self Insured Products | Senior/Medicare Products, State of MN Assistance/Medicare Products, Federal Employee Group | Dental Products |
|--|--|---|
| HealthPartners PO Box 1289 Minneapolis, MN 55440-1289 Fax: 651-265-1230 | HealthPartners PO Box 9463 Minneapolis, MN 55440-9463 Fax: 952-883-7666 | HealthPartners Dental Product PO Box 1172 Minneapolis, MN 55440 Fax: 952-883-5160 |