

## Claim Submission Quick Reference Guide

Claim Submission Quick Reference Guide		Mode of Claim Data Submission			
Submission Reason	Definition	Electronic (ANSI Standard)	Fax Line	Provider Portal	U.S. Mail
<b>New claim without an attachment</b>	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. Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289
<b>New claim with an attachment</b>	Claim has never been submitted and supporting documentation is required for adjudication.	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide.	Submit the attachment with cover sheet (links on last page of Guide). Attachment Fax Lines: Dental: 651-265-1001 Medical: 952-853-8860	Or: Submit through the Online Claim Attachments form.	Or: Mail paper attachment to the appropriate claims address referenced on last page of Guide.
		<i>Note: Document Control Number assigned by provider must <u>exactly</u> match as submitted on claim. Each number must be unique to each submission.</i>			
<b>Late claim submission</b>	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 (links on last page of Guide).  Attachment Fax Lines: Dental: 651-265-1001 Medical: 952-853-8860	Or: Submit through the Online Claim Attachments form.	Or: Send a paper attachment to the appropriate claims address referenced on last page of Guide.
		<i>Note: Document Control Number assigned by provider must exactly match as submitted on claim. Each number must be unique to each submission.</i>			

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<b>Charges billed in error</b>	Partial or total credit on previously paid claim.	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. *Submit Bill Frequency 8 If partial submit Bill Frequency 7	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289
<b>Item returned</b>	Credit on previously paid claim due to DME return by patient	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. *Submit Bill Frequency 8 If partial submit Bill Frequency 7	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289
<b>Incorrect rendering provider</b>	Correction to rendering provider field	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. *Submit Bill Frequency 7	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289
<b>Corrected coding</b>	Correction to any other codes on a previously submitted claim.	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide. *Submit Bill Frequency 7	Submit supporting documentation as an attachment with cover sheet (links on last page of Guide). Attachment Fax Lines: Dental: 651-265-1001 Medical: 952-853-8860	Or: Submit through the Online Claim Attachments form.	Or: Mail paper attachment to the appropriate claims address on the last page of this Guide.

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<b>Incorrect member</b>	Correction to member identifiers submitted on previously processed claim.	Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide.  * Submit Bill Frequency 8	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN	Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289
<b>Unlisted Procedure Description</b>	Submission of more detailed description of a previously processed service.	This should be resubmitted electronically in data element SV101-7	Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page of Guide).	Or: Use online Claim Adjustment/Appeal Request form.	Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address on the last page of Guide.
<b>Timely Filing Appeal</b>	Request to reconsider claim denial.	Not applicable	Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).	Or: Use online Claim Adjustment/Appeal Request form.	Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide.
<b>Appeals related to: Pricing Benefits Coding Review Medical Policy Credentialing Other</b>	Request to reconsider claim adjudication related to these areas.	Not applicable	Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).	Or: Use the online Claim Adjustment/Appeal Request form.	Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide.
			<i>Note: Submit all required supporting documentation with appeal.</i>		

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<b>Previously denied authorization has been approved</b>	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 (listed below).	Or: Use online Claim Adjustment/Appeal Request form.	Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address at the bottom of this page.
<b>Other correspondence</b>	General correspondence that doesn't apply to the above reasons.	Not applicable	Fax to the appropriate fax number (listed below).	Or: Use online Claim Correspondence Form	Or: Mail to the appropriate claim address at the bottom of this page.

[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: 952-883-7666	HealthPartners PO Box 1289 Minneapolis, MN 55440-1289 Fax: 952-883-7666	HealthPartners Dental Product PO Box 1172 Minneapolis, MN 55440 Fax: 651-265-1001

## Bill Type Frequency Codes for use in the 837 Professional and 837 Dental Implementation Guides

The developers of the Professional and Dental Health Care Claim Implementation Guides (837 ASC X12N 837 [004010X098A1 and 004010X097A1]) have indicated that the following UB-92 Bill Type Frequency Codes are acceptable for use in those transactions.

### Frequency (3rd Digit)

Code	Description	Definition
1	Admit thru Discharge Claims	This code is to be used for a bill, which is expected to be the only bill to be received for a course of treatment or inpatient confinement. This will include bills representing a total confinement or course of treatment, and bills that represent an entire benefit period of the primary third-party payer.
7	Replacement of Prior Claim	This code is to be used when a specific bill has been issued for a specific Provider, Patient, Payer., Insured, and “Statement Covers Period” and it needs to be restated in its entirety, except for the same identity information. In using this code, the payer is to operate on the principle that the original bill is null and void, and that the information present on this bill represents a complete replacement of the previously issued bill
8	Void/Cancel of Prior Claim	This code reflects the elimination in its entirety of a previously submitted bill for a specific Provider, Patient, Payer, Insured and “statement Covers Period.” The provider may wish to follow a Void Bill with a bill containing the correct information when a Payer is unable to process a Replacement to a Prior Claim. The appropriate Frequency Code must be used when submitting the new bill.