# Claim Submission Quick Reference Guide

<table>
<thead>
<tr>
<th>Submission Reason</th>
<th>Definition</th>
<th>Mode of Claim Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New claim without an attachment</strong></td>
<td>Claim has never been submitted and no supporting documentation is required.</td>
<td><strong>Electronic</strong> (ANSI Standard)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fax Line</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provider Portal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>U.S. Mail</td>
</tr>
<tr>
<td><strong>New claim with an attachment</strong></td>
<td>Claim has never been submitted and supporting documentation is required for adjudication.</td>
<td><strong>Electronic</strong> submission using ASC X12 837 transactions, MN Companion Guide &amp; HIPAA Implementation Guide.</td>
</tr>
<tr>
<td><strong>Late claim submission</strong></td>
<td>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.</td>
<td><strong>Electronic</strong> submission using ASC X12 837 transactions, MN Companion Guide &amp; HIPAA Implementation Guide.</td>
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**Note:** Document Control Number assigned by provider must *exactly* match as submitted on claim. Each number must be unique to each submission.
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<tr>
<td>Charges billed in error</td>
<td>Partial or total credit on previously paid claim.</td>
<td>Electronic submission using ASC X12 837 transactions, MN Companion Guide &amp; HIPAA Implementation Guide. *Submit Bill Frequency 8 if partial submit Bill Frequency 7</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289</td>
</tr>
<tr>
<td>Item returned</td>
<td>Credit on previously paid claim due to DME return by patient</td>
<td>Electronic submission using ASC X12 837 transactions, MN Companion Guide &amp; HIPAA Implementation Guide. *Submit Bill Frequency 8 if partial submit Bill Frequency 7</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289</td>
</tr>
<tr>
<td>Incorrect rendering provider</td>
<td>Correction to rendering provider field</td>
<td>Electronic submission using ASC X12 837 transactions, MN Companion Guide &amp; HIPAA Implementation Guide. *Submit Bill Frequency 7</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN</td>
<td>Not applicable to providers rendering services in MN Claims address is HealthPartners Claims, P.O. Box 1289 Minneapolis, MN 55440-1289</td>
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<td>---------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
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</tr>
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</table>
| Incorrect member                   | Correction to member identifiers submitted on previously processed claim. | **Electronic** *(ANSI Standard)*: Electronic submission using ASC X12 837 transactions, MN Companion Guide & HIPAA Implementation Guide.  
* Submit Bill Frequency 8  
Fax Line: Not applicable to providers rendering services in MN  
Provider Portal: Not applicable to providers rendering services in MN  
U.S. Mail: Not applicable to providers rendering services in MN |
| Unlisted Procedure Description     | Submission of more detailed description of a previously processed service. | **Electronic** *(ANSI Standard)*: This should be resubmitted electronically in data element SV101-7  
Fax Line: Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: 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. |
| Timely Filing Appeal               | Request to reconsider claim denial.                                      | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Appeals related to:                | Request to reconsider claim adjudication related to these areas.          | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Pricing benefits                   |                                                                            | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Coding Review                      |                                                                            | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Medical Policy                     |                                                                            | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Credentialing                      |                                                                            | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |
| Other                              |                                                                            | **Electronic** *(ANSI Standard)*: Not applicable  
Fax Line: Use the Medical/Dental Appeal Request form and fax to the appropriate fax number (see last page of Guide).  
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.  
U.S. Mail: Or: Use the Medical/Dental Appeal Request form and mail to the appropriate address on the last page of Guide. |

*Note: Submit all required supporting documentation with appeal.*
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| Previously denied authorization has been approved | Request to reconsider claim as authorization has been approved. | Electronic (ANSI Standard): Not applicable
Fax Line: Use the Medical/Dental Adjustment Request form and fax to the appropriate fax number (listed below).
Provider Portal: Or: Use online Claim Adjustment/Appeal Request form.
U.S. Mail: Or: Use the Medical/Dental Adjustment Request form and mail to the appropriate address at the bottom of this page. |
| Other correspondence                      | General correspondence that doesn’t apply to the above reasons.          | Electronic (ANSI Standard): Not applicable
Fax Line: Fax to the appropriate fax number (listed below).
Provider Portal: Or: Use online Claim Correspondence Form
U.S. Mail: 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.

<table>
<thead>
<tr>
<th>Fully Insured and Self Insured Products</th>
<th>Senior/Medicare Products, State of MN Assistance/Medicare Products, Federal Employee Group</th>
<th>Dental Products</th>
</tr>
</thead>
</table>
| 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: 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 [005010X098A1 and 005010X097A1]) have indicated that the following UB-04 Bill Type Frequency Codes are acceptable for use in those transactions.

Frequency (3rd Digit)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Admit thru Discharge Claims</td>
<td>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.</td>
</tr>
<tr>
<td>7</td>
<td>Replacement of Prior Claim</td>
<td>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.</td>
</tr>
<tr>
<td>8</td>
<td>Void/Cancel of Prior Claim</td>
<td>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.</td>
</tr>
</tbody>
</table>