

Quick Points



August 6, 2009

Post July 15 claim submission issues

Minnesota statute 62J.536, required providers to submit all claims electronically using uniform coding rules effective July 15, 2009. Employer Provider Network, Inc. (EPNI) completed several system enhancements to be compliant on this date. This communication intends to clarify submission guidelines based on recent findings in the submission of claims using the new rules.

Claims with Coordination of Benefits (COB)

Claims are being submitted with primary payer payment information within the 837 transaction as well as including the Report Type value of EB (EOB) in the Claim Supplemental Information (PWK01 Segment) in the HIPAA 837. In these situations, the Report of Transmission (PWK02) is AA indicating the EOB is available upon request at the provider office. The HIPAA 837 Implementation Guides, Report of Transmission (PWK Segment), states "The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope."¹

The preferred method for sending previous payer payment information is to include the data directly within the segments and elements of the 837 claim record. When submitting in this manner, the PWK segment should not be used to indicate an attachment is available at the provider office per HIPAA Implementation Guide rules.

According to the Minnesota Uniform Companion Guides, until December 15, 2009, other insurance information may be submitted by attachment, using Report Type EB and Report Transmission Code FX or BM.

EPNI only accepts Report Type EB when accompanied by Transmission Code FX or BM. 837 transactions with other insurance information that are submitted with Report Type EB and transmission code AA will be rejected regardless of whether the other insurance information is contained within the 837 transaction.

Definitions of the codes indicated above are available in the HIPAA Implementation Guides from Washington Publishing.

Submitting claims with attachments

At this time, only the AUC Attachment cover sheet should be used when faxing attachment information. EPNI has incorrectly received multiple cover sheets from providers for faxing requests.

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¹National Electronic Data Interchange Transaction Set Implementation Guide, Members of the X12N by Washington Publishing Company, May 2000, p. 174.

Please follow these guidelines when submitting claims with attachments:

- The EPNI Provider Inquiry/Appeal Form should be used only when submitting adjustments (replacement or cancel claims), or asking for a status check from EPNI until October 19, 2009. Fax the completed form to EPNI at **651-662-2745**.
- The AUC Uniform Appeal Form should be used for submission of any appeals. Appeals do not request changes in coding on claims.
- Some providers are creating their own AUC cover sheet, (missing the AUC logo and layout differences). EPNI has automated the indexing of the AUC Attachment cover sheet. This automation requires that the actual form be used that is available on the AUC website or attachments will not be matched properly to the related claims resulting in rejections. Providers **must** use the original AUC cover sheet, which can be found at the following website: www.health.state.mn.us/auc/attachments.htm
- Sending one cover sheet with two Attachment control numbers for two different claims is not permitted per the HIPAA and MN requirements. Providers must submit one cover sheet per type of claim attachment. Providers also cannot submit attachments for different claims under the same cover sheet. Each field on the Attachment cover sheet is intended for entering one claim number or one attachment control number.
- The correct fax number for claim attachments is **1-800-793-6928**.
- Faxing new claims with an AUC coversheet is not an acceptable form of Electronic Claims Submission. An AUC coversheet can only be used to send, by fax or by mail, attachments to claims submitted electronically on a HIPAA 837 transaction.

Submission of unlisted and NOC codes

EPNI requires narrative descriptions for all unlisted and NOC codes. The HIPAA 837 Transaction has a NTE segment which allows for a narrative of up to 80 characters per line on professional claims and 80 characters in total for institutional claims. If the narrative is longer than 80 characters, the narrative should be submitted as an attachment following the attachment instructions found on the AUC website.

Questions?

If you have questions, please contact provider service at **(651) 662-5200** or **1-800-262-0820**.