

Doing Business with HealthPartners

A Guide to Resources Available on the Provider Portal

Table of Contents

Introduction to Provider Portal

Provider Resource Materials and FAQs	03
Registering on the Provider Portal	04
Registration Notes	05
Homepage	06
Applications	07

How to Keep Information Current for the Directory and Claims Payments

Provider Data Profiles	09
------------------------	----

How to Find Answers to Claims Questions

Claims Submissions	11
Claims Questions	13
Claims Payment	14
Remittance Inquiry	15
Claims Estimator - <i>Obtain real time payment estimations</i>	16
Claims Status Inquiry - <i>Check the status of submitted claims</i>	17
Clear Claims Connection - <i>Check coding edits</i>	19

How to Check Eligibility, Benefits, and Authorization Requirements

Eligibility Inquiry - <i>Find member-specific benefits, estimation tools, & visit limits</i>	22
Prior Authorization Process	27
Verify Prior Authorization Requirements	28
Request Prior Authorization	29
Medical Coverage Criteria & Pharmacy Policies	31

General FAQs and Helpful Resources

Provider Portal Help	33
Who are my HealthPartners contacts?	34

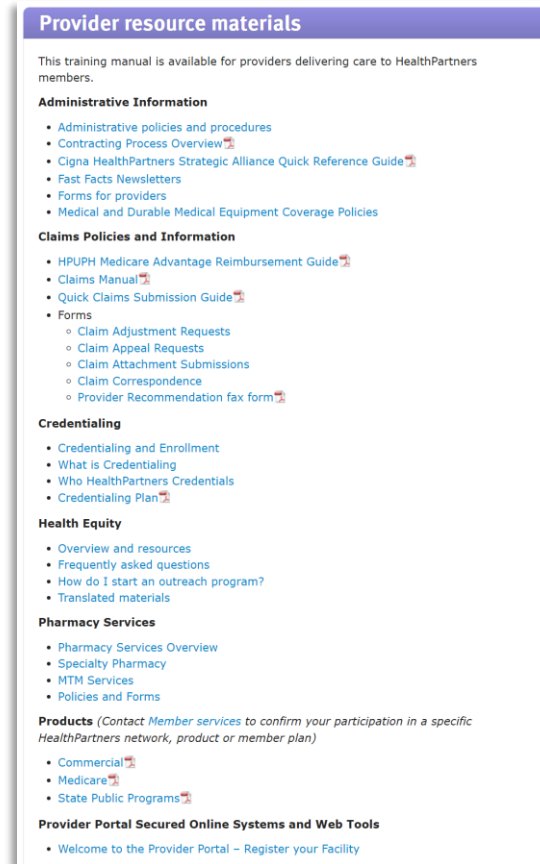
Provider Resource Materials and FAQs

Visit [Healthpartners.com/providermanual](https://www.healthpartners.com/providermanual) for our **Provider resource materials**, including:

- Administrative Information
- Claim Policies
- Credentialing
- Health Equity
- Pharmacy Services
- HealthPartners Products

Visit <https://www.healthpartners.com/provider-public/provider-faqs/> for our Provider Portal **Frequently Asked Questions** page.

Be sure to bookmark the **Provider resource materials** section!



Provider resource materials

This training manual is available for providers delivering care to HealthPartners members.

Administrative Information

- Administrative policies and procedures
- Contracting Process Overview
- Cigna HealthPartners Strategic Alliance Quick Reference Guide
- Fast Facts Newsletters
- Forms for providers
- Medical and Durable Medical Equipment Coverage Policies

Claims Policies and Information

- HPUPH Medicare Advantage Reimbursement Guide
- Claims Manual
- Quick Claims Submission Guide
- Forms
 - Claim Adjustment Requests
 - Claim Appeal Requests
 - Claim Attachment Submissions
 - Claim Correspondence
 - Provider Recommendation fax form

Credentialing

- Credentialing and Enrollment
- What is Credentialing
- Who HealthPartners Credentials
- Credentialing Plan

Health Equity

- Overview and resources
- Frequently asked questions
- How do I start an outreach program?
- Translated materials

Pharmacy Services

- Pharmacy Services Overview
- Specialty Pharmacy
- MTM Services
- Policies and Forms

Products (Contact [Member services](#) to confirm your participation in a specific HealthPartners network, product or member plan)

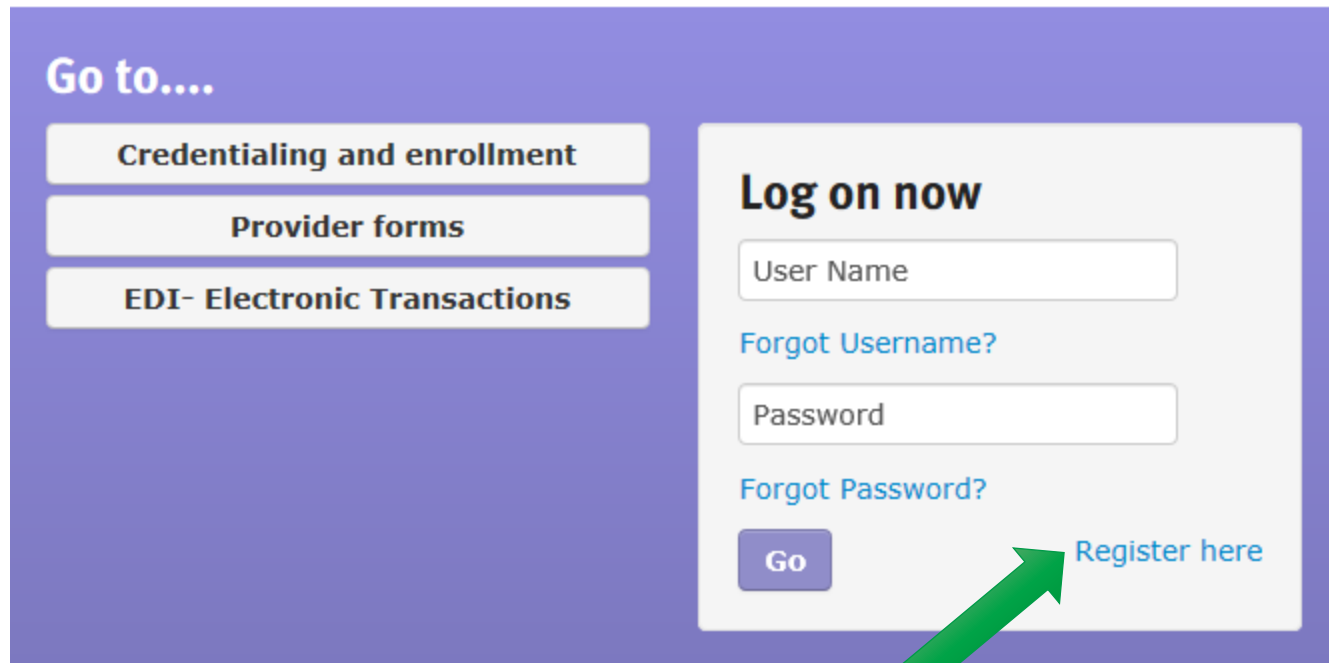
- Commercial
- Medicare
- State Public Programs

Provider Portal Secured Online Systems and Web Tools

- Welcome to the Provider Portal – Register your Facility

How do I sign up for access to the portal?

1. Go to the Provider Portal at <https://www.healthpartners.com/provider-public/>
2. From the home page, click the “register here” link



The screenshot shows the HealthPartners Provider Portal home page. On the left, under the heading "Go to...", there are three buttons: "Credentialing and enrollment", "Provider forms", and "EDI- Electronic Transactions". On the right, under the heading "Log on now", there are two input fields: "User Name" and "Password". Below the "User Name" field is a link "Forgot Username?". Below the "Password" field is a link "Forgot Password?". At the bottom of the "Log on now" section, there is a "Go" button and a "Register here" link. A green arrow points from the bottom right towards the "Register here" link.

Helpful Registration Notes

You will have three options to initiate registration:

1. Register with Vendor # if a check has already been issued
2. Tax ID/NPI if a check has already been issued
3. Register with US Mail

Keep in mind:

- The first person to register will become the delegate.
- If your organization is already registered, your site delegates will display for contact to obtain an account.



Identify organization Your contact information Create your account

Identify your organization

- Register with Vendor # Register with Tax ID/NPI Register with US Mail

By Vendor

Register with a HealthPartners check issued to your organization, to get access instantly

* Provider type
Select

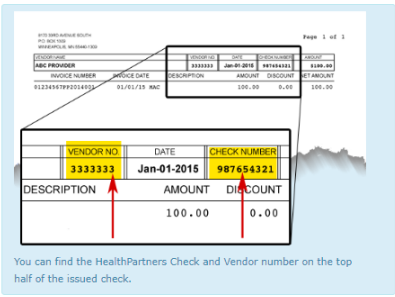
If you do not see your type, choose Specialty Care/Other.

* Tax ID #

* Vendor #

* Check/EFT #
|_____

* ZIP

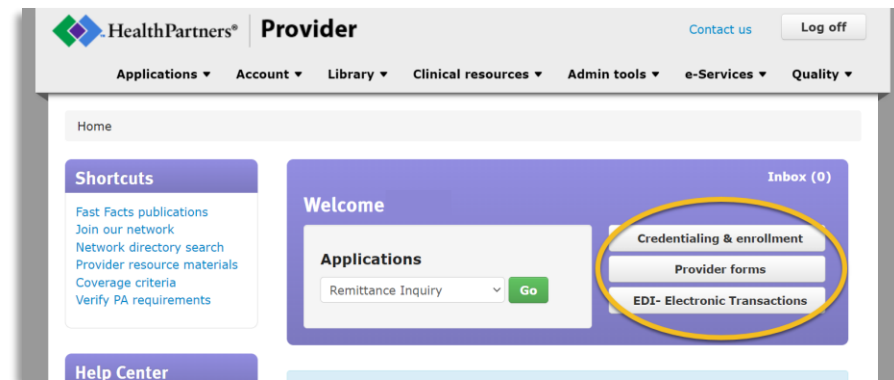


You can find the HealthPartners Check and Vendor number on the top half of the issued check.

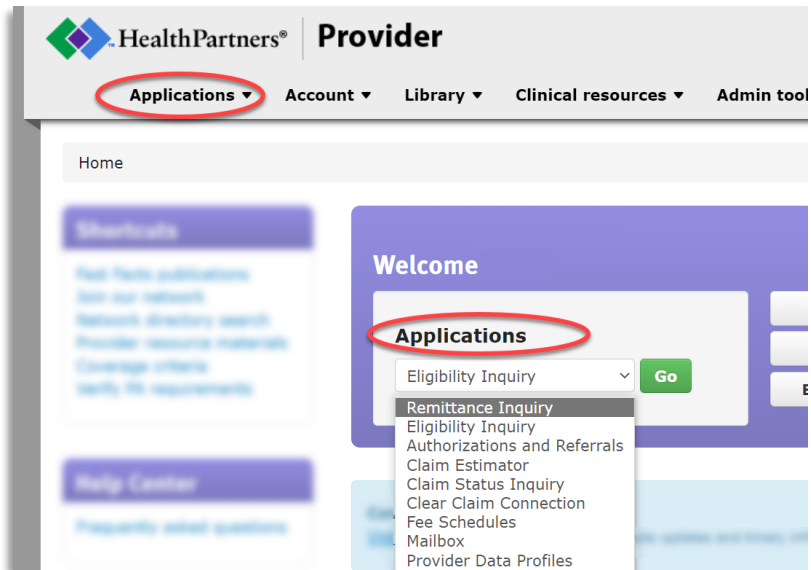
Homepage

Once logged into the Provider Portal, the homepage offers easy access to:

- **Credentialing & enrollment**
 - Information on the credentialing process and requirements
- **Provider forms**
 - Claim attachments and appeals
 - Medical Administration forms
 - Prior Authorization forms
 - Pharmacy forms
- **EDI - Electronic Transactions**
 - e-Services and resources



Applications



Once registered, you will have access to a variety of Applications such as those shown to the left.

These will allow you to check your patients' specific benefits, submit prior authorization requests, check on the status of claims and much more!

How to: Keep Information Current for the Directory and Claims Payments

Provider Data Profiles

Use the **Provider Data Profiles** application to help patients find you and ensure directory accuracy!

On the homepage, go to Applications and select Provider Data Profiles to manage demographic details for your organization.

You can edit the following:

- Addresses
 - Physical, Mailing, Referral, Remit
- Practitioner lists
 - Add practitioners to your locations
 - Practitioner must be already actively credentialed or enrolled with HealthPartners
 - Term practitioners from your locations
- Phone numbers
- Hours
- Services
- Contacts

The screenshot displays the 'Provider Data Profiles' application interface. At the top, there is a header with 'Provider Data Profiles' and a 'Help ?' link. Below the header, the 'Contracting Entity details' section is visible, including fields for 'Contracting Entity legal name' (Stillwater Medical Group), 'Tax ID', 'Contracting Entity DBA name' (Stillwater Medical Group), 'Website address' (www.stillwatermedicalgroup.com), and 'Address' (1500 Curve Crest Blvd, Stillwater, MN 55082). An 'Edit' button is present below the address. Below this, there are tabs for 'Locations', 'Practitioners', and 'Contacts', with 'Locations' selected. An 'Add location' button is also visible. At the bottom, a table shows a list of locations with columns for 'Location name', 'Address', 'City', and 'Type'. The table contains five entries, and a search bar is located above it.

Location name	Address	City	Type
HealthPartners Clinic Somerset	700 Rivard St	Somerset	Clinic
HealthPartners Clinic Stillwater	1500 Curve Crest Blvd W	Stillwater	Clinic
HealthPartners Clinic Stillwater Lakeview Campus	921 Greeley St S	Stillwater	Clinic
HealthPartners Urgent Care Stillwater	1500 Curve Crest Blvd W	Stillwater	Clinic
Lakeview Hospital - Hospitalist	927 Churchill St W	Stillwater	Hospital

How to: Find Answers to Claims Questions

Claims Submissions

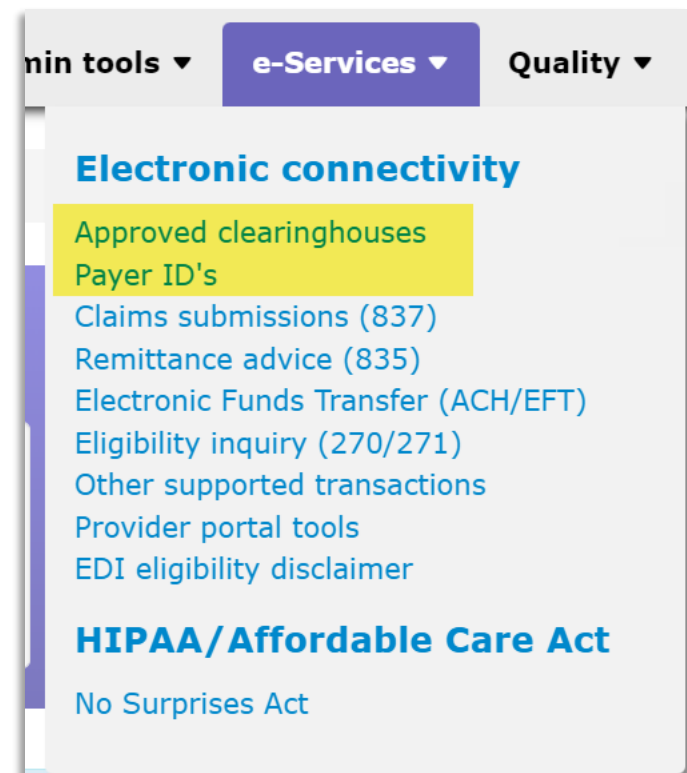
For help with claims submissions, visit our e-Services tab on the homepage.

- This can also be found at Healthpartners.com/eservices
- Or, Healthpartners.com/electronicconnectivity

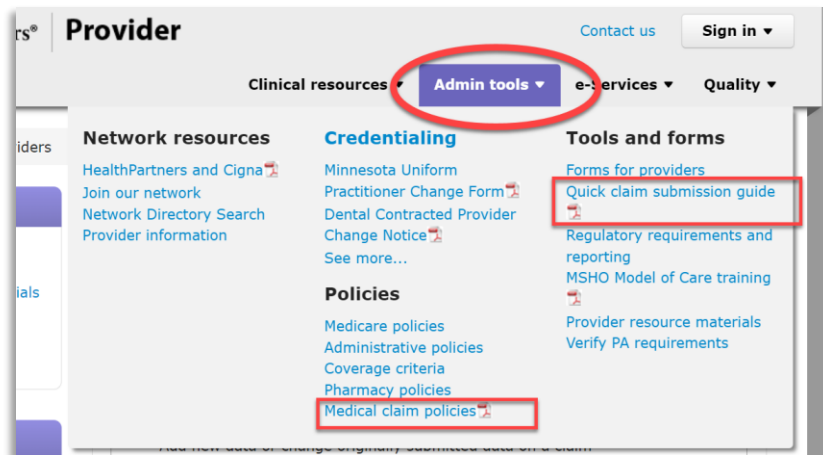
These resources include information on:

- Clearinghouses
- Payer IDs

Note: Electronic claim submission is normally our required method.



Claims Submissions, cont.

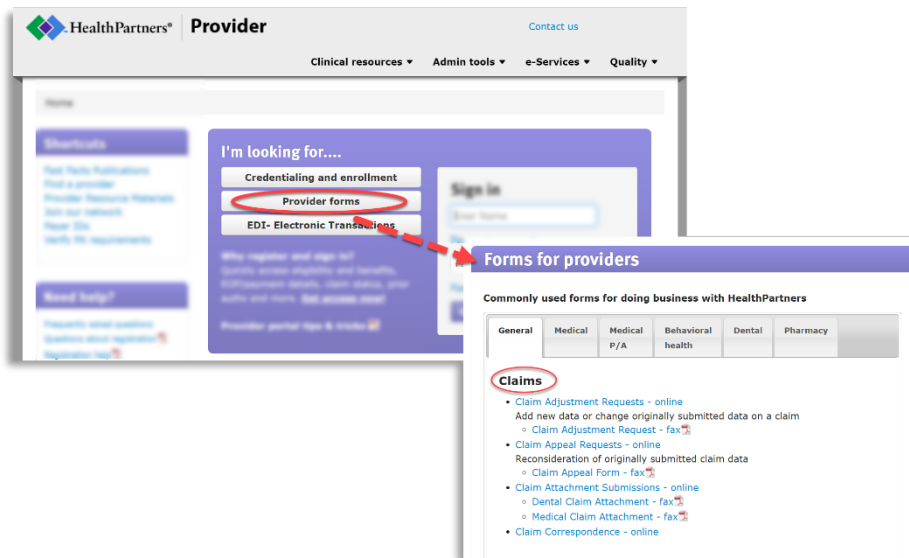


For additional resources on claims submissions, visit our Admin tools tab on the homepage.

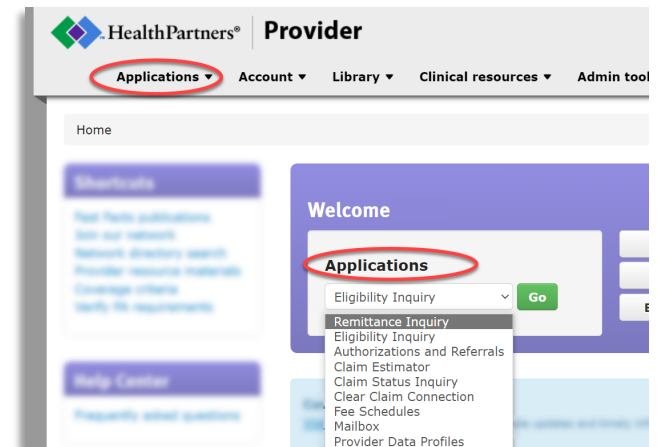
- Under 'Tools and forms,' see the **Quick claim submission guide**
- Under 'Policies,' see **Medical claim policies**

Claims Questions

- To request an adjustment or appeal for submitted claims, go to 'Provider forms' on the homepage.
- The General tab has a Claims section that includes resources for:
 - Adjustment Requests
 - Appeal Requests
 - Claim Correspondence



Use the **Applications** section of the Provider Portal to check the **status of a claim, find remits, and more!**



Claims Payment

On the homepage, go to the e-Services tab and select ACH/EFT (Electronic Funds Transfer) for more information on enrolling in automatic payments.

The screenshot shows the HealthPartners Provider homepage. The navigation bar includes 'Clinical resources', 'Admin tools', 'e-Services' (highlighted with a red circle), and 'Quality'. The main content area is titled 'EFT enrollment' and contains sections for 'Shortcuts', 'Help Center', and 'EFT enrollment'.

EFT enrollment

Enroll in automatic payments

Authorizing Electronic Funds Transfer (or EFT) as your payment method will speed payment delivery by depositing payments directly to your bank account, allowing quicker access to funds paid to you. HealthPartners strongly encourages EFT as your payment method so you have your access to your payments as soon as possible.

To be eligible to receive EFT payments, the following criteria must be met:

- Your organization has submitted claims to HealthPartners and you have received at least one payment.
- You are an authorized requester for your organization.
- You have a provider portal account. *Don't have an account?*
 - Contact your site delegate to get access
 - OR register here:
 - Third party & billing service registration
 - Health care provider registration
 - Help me decide how to register

How to obtain access to manage your EFT data:

- Log into your portal account.
- Contact [Provider EDI Support](#) to request access to the EFT application.
- Once approved you will receive an email notifications with instructions.

On the homepage, go to the e-Services tab and select Clearinghouses

The screenshot shows the HealthPartners Provider homepage with the 'e-Services' menu highlighted. The main content area is titled 'Approved clearinghouses' and contains sections for 'Shortcuts', 'Help Center', and 'Approved clearinghouses'.

Approved clearinghouses

HealthPartners has relationships with the intermediaries listed below to provide clearinghouse functions for all providers. Providers are required to contact these intermediaries directly to enroll for electronic transactions to HealthPartners.

Providers may perform the following electronic transactions through HealthPartners approved clearinghouses.

- Submit claims electronically (837)
- Receive electronic remittance advice (835)
- Verify patient eligibility and coverage (270/271)
- Check the status of a claim (276/277)

Clearinghouse	Payer ID*	Claim			
		Claims (837)	Remittance (835)	Eligibility (270/271)	Status (276/277)
Availity		X	X	X	
Smart Data Solutions(formerly ClaimLynx)		X	X	X	
Change Healthcare (formerly Emdeon)		X	X	X	X
Change Healthcare		X	X	X	X

Remittance Inquiry

On the homepage, go to Applications and select Remittance Inquiry to review the explanation of payment for processed claims.

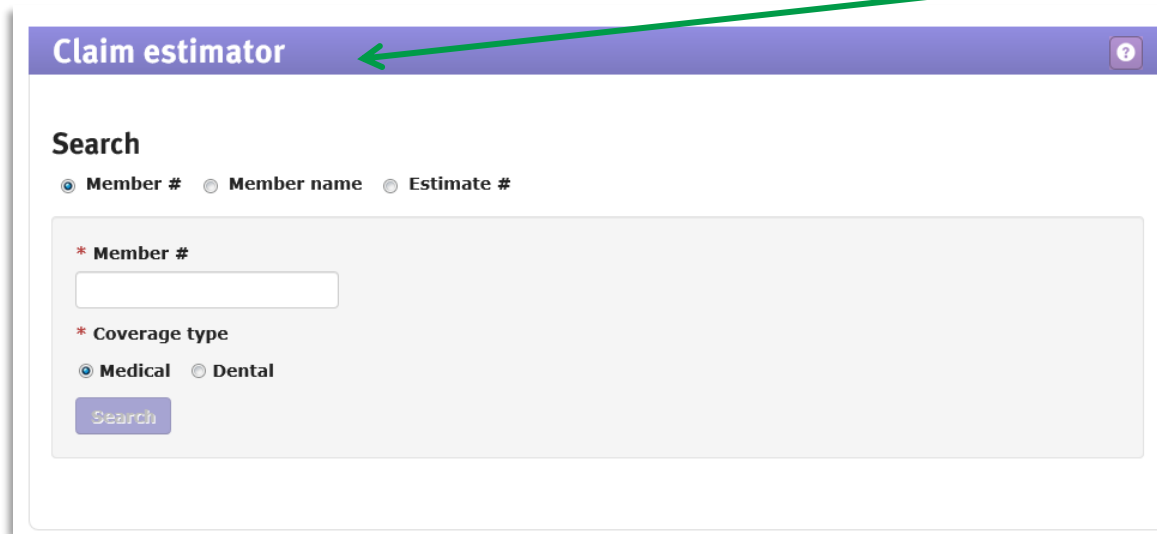
- **Check/EFT #**
 - Use to look up specific claim data corresponding to a remittance check
- **Provider info**
 - Use to view all claims paid within set date range
- **Claim #**
 - Use if you have the claim number in question

The screenshot shows the 'Remittance Inquiry' application interface. At the top, there is a purple header with the text 'Remittance Inquiry'. Below the header, there are two tabs: 'Search' (which is active) and 'Notifications'. Under the 'Search' tab, there is a section titled 'Search by' with three radio button options: 'Check/EFT #' (which is selected), 'Provider info', and 'Claim #'. Below these options is a text input field with the label '*Check/EFT #' and a blue 'Search' button. To the left of the 'Search' button is a 'Clear' link. At the bottom of the form, there is a note: 'Use the criteria above to conduct a search, and your results will display here.'

Claim Estimator

On the homepage, go to Applications and select Claim Estimator to calculate real time claim payment estimations based on the member's policy/product and provider contractual terms.

You will need to click the **I understand** button to continue onto the next screen.

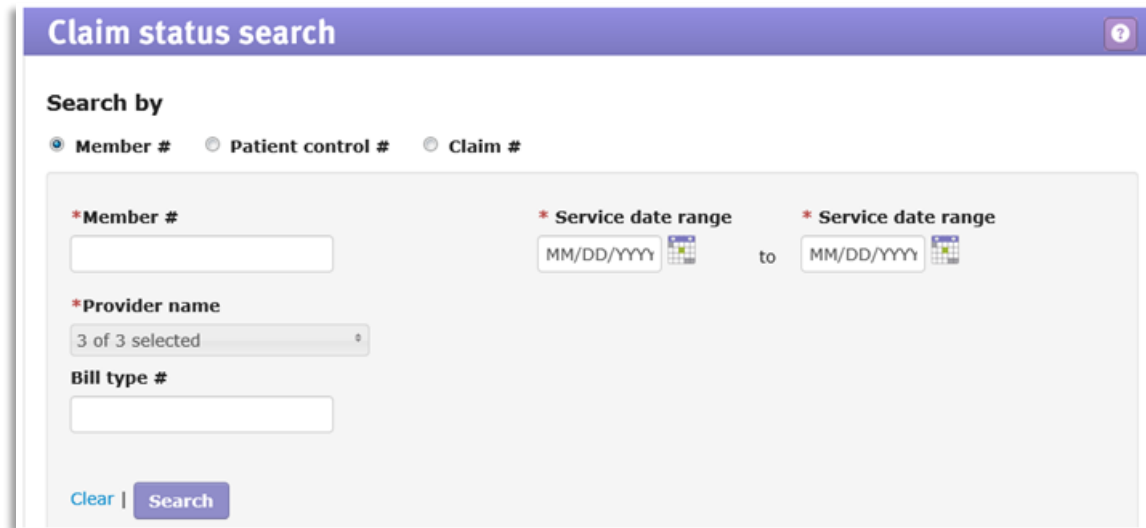


The screenshot shows a web form titled "Claim estimator" in a purple header bar. Below the header, there is a "Search" section with three radio buttons: "Member #", "Member name", and "Estimate #". The "Member #" radio button is selected. Below these options is a text input field for the member number. Underneath is the "Coverage type" section with two radio buttons: "Medical" (selected) and "Dental". At the bottom of the form is a "Search" button. A green arrow points from the "I understand" button in the text above to the "I understand" button in the form's header.

*Estimates are not a guarantee of payment or coverage.

Claim Status Inquiry

On the homepage, go to Applications and select Claim Status Inquiry to check the status of the claims that have been submitted to HealthPartners



The screenshot shows a web interface titled "Claim status search" with a help icon in the top right corner. Below the title is a "Search by" section with three radio buttons: "Member #" (selected), "Patient control #", and "Claim #". The main search area contains several fields: a text input for "*Member #", two date range inputs for "* Service date range" (each with a calendar icon), a dropdown menu for "*Provider name" showing "3 of 3 selected", and a text input for "Bill type #". At the bottom left, there is a "Clear" link and a "Search" button.

Claim Status Inquiry, cont.

- After entering your search terms in Claim Status Inquiry, you can click “View Selected” and will see a detail page with information related to the claim’s status.
- Additionally, if you click “More actions,” you can easily submit requests for appeals and adjustments as well as add attachments or correspond with Claims Customer Service

The screenshot shows a web interface for a 'Claim status inquiry'. At the top right, there is a 'Help ?' link. Below the header, there is a 'More actions' dropdown menu, which is circled in red. A red arrow points from this menu to a secondary window that lists various actions under two categories: 'Submit online' and 'Mail or fax'. The 'Submit online' section includes links for 'Submit claim appeal request', 'Submit claim adjustment request', 'Submit claim correspondence', 'Submit claim attachment', and 'Submit inquiry for this claim'. The 'Mail or fax' section includes links for 'Claim adjustment request form', 'Claim appeal form', 'Dental claim attachment fax form', and 'Medical claim attachment fax form'. The main page content includes fields for 'Claim #' and 'Payer reference #', a 'Check eligibility' link, and sections for 'Summary' and 'Claim information' with various data points like Name, Member #, Dob, Gender, Claim #, Provider name, Claim amount, Claim service dates, Patient control #, Bill type, Payer reference #, Adjudication date, Status category, Status date, Status code, Product, Payment amount, Payment method, EFT date, and EFT #.

Clear Claim Connection

On the homepage, go to Applications and select Clear Claim Connection to:

- Check prospective coding and supporting Clinical Edit Clarifications for services before submitting claims
- Proactively determine appropriate code or code combinations for services provided to ensure accurate billing
- Retrospectively assess Clinical Edit Clarifications on a denied claim for billed services

The screenshot shows the 'Clear Claim Connection' web application interface. At the top, there is a navigation bar with the HealthPartners logo, the page title 'Clear Claim Connection', and a 'Sign Out' link. Below this is a secondary navigation bar with links for 'McKesson Edit Development', 'Glossary', 'About', and 'HealthPartners Help'. The main content area is titled 'CLAIM ENTRY' and contains several form fields and a table.

Required fields are preceded by an asterisk (*)

Claim Type *

Line Of Business *

Gender * Male Female

Date of Birth *

ICD Code Set * ICD9 ICD10

Diagnosis Codes 1 2 3 4

For quick entry, use your Down Arrow key after you enter a procedure code. Qty will default to 1, Billed Amount will default to 100, Date of Service From and To will default to today's date, and Place of Service will default to 11 (Office). Tabbing through these same fields will give you the same defaults.

LINE	PROCEDURE *	MOD1	MOD2	MOD3	MOD4	QTY *	BILLED AMT. *	DOS FROM *	DOS TO *	PLACE OF SERVICE *	PROVIDER STATE *	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add More Procedures >>](#)

Clear Claim Connection, cont.

CLAIM ENTRY

Clear

Review Audit Results

Required fields are preceded by an asterisk (*)

Claim Type *

Line Of Business *

Gender * Male Female

Date of Birth *

ICD Code Set * ICD9 ICD10

Diagnosis Codes 1 2 3 4

Clear Claim Connection will not provide payment information but only how claims could process in relation to specific claim edits, modifiers billed and clinical policies. See Terms and Conditions.

For quick entry, use your Down Arrow key after you enter a procedure code. Qty will default to 1, Billed Amount will default to 100, Date of Service From and To will default to today's date, and Place of Service will default to 11 (Office). Tabbing through these same fields will give you the same defaults.

LINE	PROCEDURE *	MOD1	MOD2	MOD3	MOD4	QTY. *	BILLED AMT. *	DOS FROM *	DOS TO *	PLACE OF SERVICE *	PROVIDER STATE *	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4
1	90837					1	150.00	01/01/2022	01/01/2022	11 (Office)	Minnes				
2								///	///						
3								///	///						

AUDIT RESULTS

Current Claim

The results displayed do not guarantee how the claim will be processed.

Claim Type * Professional

Line Of Business * OTHER

Gender * Male

Date of Birth * 01/01/2020

ICD Code Set * ICD10

Diagnosis Codes 1 F32.0 2 3 4

A recommendation of "Allow" or "Disallow" will be returned with the Audit results.

Click on recommendation of "Disallow" or "Review" to obtain clinical edit clarification.

LINE	PROCEDURE *	DESCRIPTION	MOD1	MOD2	MOD3	MOD4	QTY. *	BILLED AMT. *	DOS FROM *	DOS TO *	PLACE OF SERVICE *	PROVIDER STATE *	LINE DIAG. 1	LINE DIAG. 2	LINE DIAG. 3	LINE DIAG. 4	RVU	PAY %	RECOMMENDATION
1	90837	PSYTX W PT 60 MINUTES					1	150.00	01/01/2022	01/01/2022	11 (Office)	Minnesota					n/a		ALLOW

How to: Check Eligibility, Benefits, and Authorization Requirements

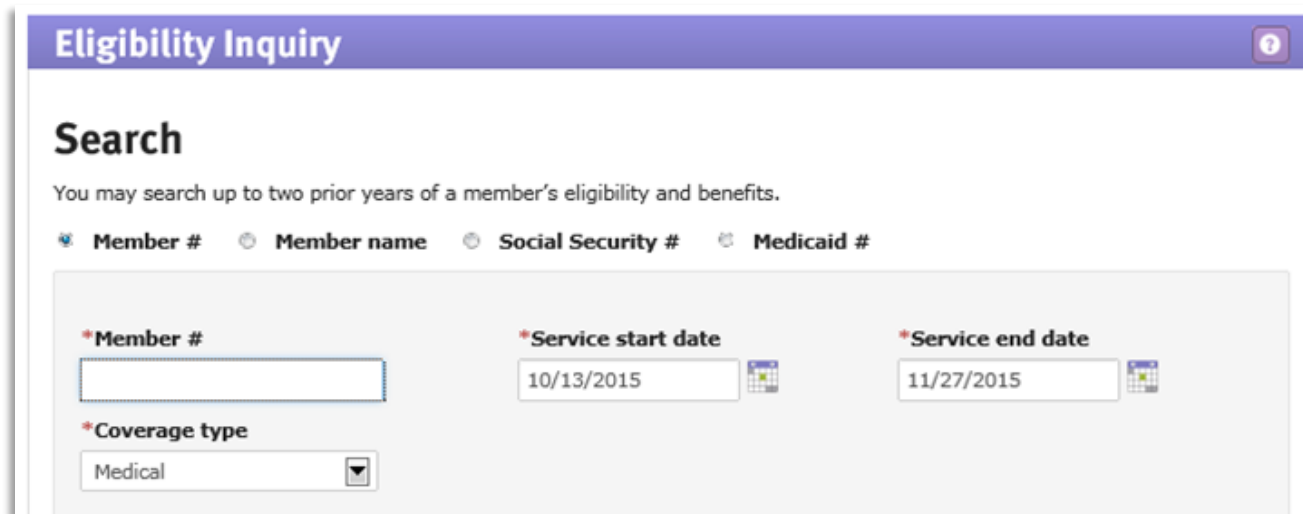
Eligibility Inquiry

On the homepage, go to Applications and select Eligibility Inquiry to:

- Review member deductible and out-of-pocket statuses
- Determine copay or coinsurance amounts
- Find visit limits

Search options:

- **Member #**
 - Use if HealthPartners member ID # is known
- **Member name**
 - Must have full name and DOB
- **Social Security #**
- **Medicaid #**
- **Facility and Practitioner(if applicable)**



The screenshot shows a web interface for an "Eligibility Inquiry" search. At the top, there is a purple header with the text "Eligibility Inquiry" and a help icon. Below the header, the word "Search" is prominently displayed. A sub-header states, "You may search up to two prior years of a member's eligibility and benefits." There are four radio buttons for search criteria: "Member #", "Member name", "Social Security #", and "Medicaid #". The "Member #", "Service start date", and "Service end date" fields are marked with an asterisk. The "Member #" field is empty. The "Service start date" field contains "10/13/2015" and has a calendar icon. The "Service end date" field contains "11/27/2015" and has a calendar icon. The "Coverage type" field is a dropdown menu with "Medical" selected.

Eligibility Inquiry, cont.

- Once you locate your patient, scroll to the search results to view:
 - Member detail
 - Other insurance on file
 - Coverage details

Coverage details

Type of coverage	Medical	Relationship	Self
Group #	0000	Package code	0000
Benefit record start date	01/01/2000	Benefit record end date	01/01/2000
Coverage start date	01/01/2000	Coverage end date	-

Care type
Product
Administrative group
Clinic assignment

Insured type	Self	RxBIN	0000
Licensing state	MI	RxPCN	0000
Is ERISA	Y		

[View policyholder information](#)
[View additional benefits](#)
[View coverage criteria](#)
[View member's formulary](#)

More benefit information and detailed explanations are available via “View additional benefits”.

Eligibility Inquiry, cont.

- Scroll further down for benefits that apply to common types of services.
 - This benefit information is broken out by Network levels (in-network vs. out-of-network, tiered in-network levels, etc.)
- Hover over underlined purple letters for additional information.

① Indicates more benefit information is available Get an estimate

Benefit name	In Network Level 1	In Network Health Mgmt	In Network Walk in Clinic	In Network Other Walk in Clinic	Out of Network Level
Individual OOP Max	\$2875.00 <u>CY</u>	\$2875.00 <u>CY</u>	\$2875.00 <u>CY</u>	\$2875.00 <u>CY</u>	\$5750.00 <u>CY</u>
Individual Deductible	\$1375.00 <u>CY</u>	\$1375.00 <u>CY</u>	\$1375.00 <u>CY</u>	\$1375.00 <u>CY</u>	\$2650.00 <u>CY</u>
Family OOP Max	\$5750.00 <u>CY</u>	\$5750.00 <u>CY</u>	\$5750.00 <u>CY</u>	\$5750.00 <u>CY</u>	\$11500.00 <u>CY</u>
Family Deductible	\$2750.00 <u>CY</u>	\$2750.00 <u>CY</u>	\$2750.00 <u>CY</u>	\$2750.00 <u>CY</u>	\$5250.00 <u>CY</u>
Office Visit	Deductible applies for this service <u>DO</u>	20% <u>DO</u>	20% <u>DO</u>	20% <u>DO</u>	30% <u>DO</u>

Eligibility Inquiry - Visit Limits

- Find more detailed information about benefit limits and messages by clicking “i” icons next to a specific benefit.
 - If a limit exists, this will display a window with the number of visits allowed and currently remaining for the member.
- In general, visit limits are more likely to apply to Out-of-Network services rather than In-Network services, but plans may vary.

The screenshot shows a table of services with an expanded window for 'Physical Therapy - Office'. The window displays the following information:

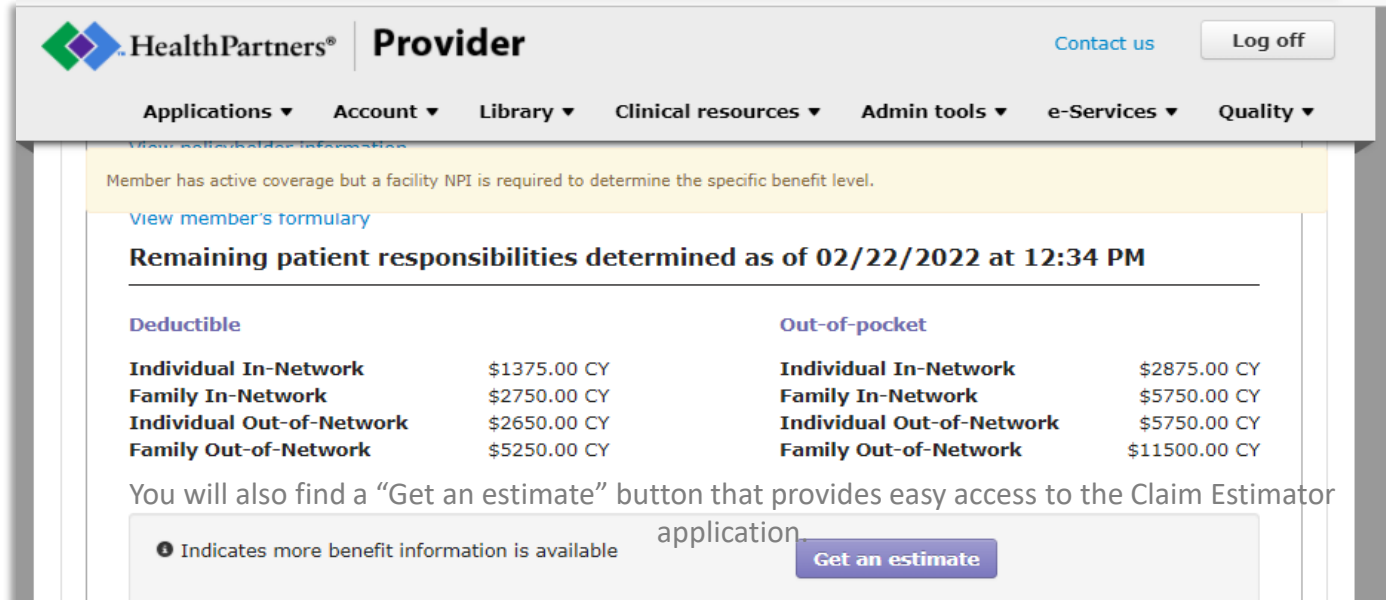
- Additional Benefit information**
- Physical Therapy - Office**
- Out of Network Level**
- PT - Office Visit Limit 20 Visits**
Annual visit limits are combined for OT, PT - Outpatient, PT - Office
- PT - Office Remaining Visits 20 Visits**
Annual remaining visits are combined for OT, PT - Outpatient, PT - Office
- Close** button

The table below shows the following data:

Service	20%	N/A	N/A	N/A	30%
Physical Therapy - Office	D O				D O
Physical Therapy - Outpatient	D O				D O

Eligibility Inquiry, cont.

- Member demographic details can be used for verification purposes. Continue down page for more coverage details.
- *Please note: if HealthPartners has other insurance carrier on file it will display the insurer name. The system does not determine order of benefits.*



The screenshot displays the HealthPartners Provider portal interface. At the top, the HealthPartners logo is on the left, and 'Provider' is in the center. To the right are 'Contact us' and 'Log off' links. Below the header is a navigation menu with items: Applications, Account, Library, Clinical resources, Admin tools, e-Services, and Quality. The main content area shows a message: 'Member has active coverage but a facility NPI is required to determine the specific benefit level.' Below this is a link to 'View member's formulary'. The section is titled 'Remaining patient responsibilities determined as of 02/22/2022 at 12:34 PM'. It contains two tables: 'Deductible' and 'Out-of-pocket'. The 'Deductible' table lists Individual In-Network (\$1375.00 CY), Family In-Network (\$2750.00 CY), Individual Out-of-Network (\$2650.00 CY), and Family Out-of-Network (\$5250.00 CY). The 'Out-of-pocket' table lists Individual In-Network (\$2875.00 CY), Family In-Network (\$5750.00 CY), Individual Out-of-Network (\$5750.00 CY), and Family Out-of-Network (\$11500.00 CY). Below the tables is a note: 'You will also find a "Get an estimate" button that provides easy access to the Claim Estimator application.' At the bottom left, there is a note: 'Indicates more benefit information is available' with a small icon. A 'Get an estimate' button is located at the bottom right of the content area.

Deductible		Out-of-pocket	
Individual In-Network	\$1375.00 CY	Individual In-Network	\$2875.00 CY
Family In-Network	\$2750.00 CY	Family In-Network	\$5750.00 CY
Individual Out-of-Network	\$2650.00 CY	Individual Out-of-Network	\$5750.00 CY
Family Out-of-Network	\$5250.00 CY	Family Out-of-Network	\$11500.00 CY

Prior Authorization Process

To review the HealthPartners prior authorization process, visit our **Admin tools** tab on the homepage.

- Go to the **Policies** section and select “Administrative policies”
- The next page will display an alphabetical list of HealthPartners administrative policies, including policies on the Prior Authorization Review Process.

The screenshot shows the HealthPartners Provider portal. At the top, there is a navigation bar with the HealthPartners logo, the word "Provider", and links for "Contact us" and "Sign in". Below this, there are several tabs: "Clinical resources", "Admin tools", "Services", and "Quality". The "Admin tools" tab is highlighted with a red oval. Underneath, there are three main sections: "Network resources", "Credentialing", and "Tools and forms". The "Policies" section is also visible, with "Administrative policies" highlighted by a red oval. A red dashed arrow points from "Administrative policies" down to a list of policies. The first two items in the list are highlighted with a red box: "53. Prior Authorization Review Process for Commercial Products" and "54. Prior Authorization Review Process for Medicare & Medicaid Products".

Verify Prior Authorization Requirements

To verify whether a service requires prior authorization, go to the **Shortcuts** box on the homepage and click “Verify PA requirements” or visit HealthPartners.com/verifyparequirements

- Currently, the tool does **not** support prior authorization requirements for pharmacy or genetic testing. Additionally, the tool is not a guarantee of coverage. See Disclaimer for full details.
- The tool allows you to search by CPT/HCPCS code

HealthPartners® **Provider**

Home

Shortcuts

- Fast Facts Publications
- Find a provider
- Provider Resource Materials
- Join our network
- Payer IDs
- Verify PA requirements**

I'm looking for

- Credentialing and
- Provider
- EDI- Electronic

Why register and sign up?
Quickly access eligibility, EOP/payment details, auths and more. [Get more](#)

Provider portal tips

Need help?

- Frequently asked questions
- Questions about registration
- Registration help

HealthPartners® **Provider**

[Home](#) / [Verify prior authorization requirements](#) [Help](#)

Is a Prior Authorization (PA) required?

Results as of 05/04/2022

Codes	PA required?
93228 REMOTE 30 DAY ECG REV/REPORT	Yes See Cardiac event monitoring

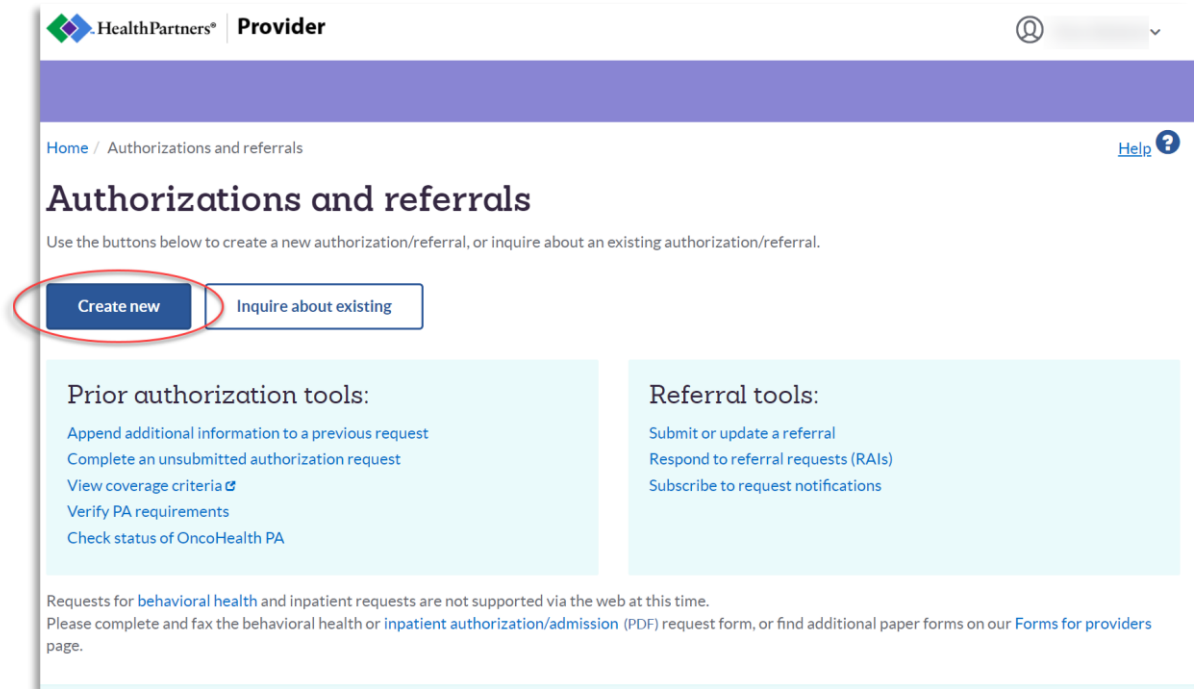
This is not a guarantee of coverage. Also check our policy criteria and the member's benefit plan to confirm eligibility or limitations of benefits or coverage. HealthPartners' Prior Authorization procedures and service items are typically consistent across products. Where differences exist, this tool reflects Commercial coverage status. Information in this application may change. This application does not support Prior Authorization requirements for pharmacy or genetic testing.

[Clear search results](#) [Create a PA](#)

Requesting Prior Authorizations

On the homepage, go to Applications and select Referrals and Authorizations to create a Prior Authorization or Referral.

- Use the Create New button to create a new prior authorization request
 - You will be prompted to enter patient's member ID, provider and clinician information, anticipated service details, and necessary clinical documentation
- This feature will also allow primary care providers to enter referrals to specialty care for patients enrolled in primary care clinic assignment plans

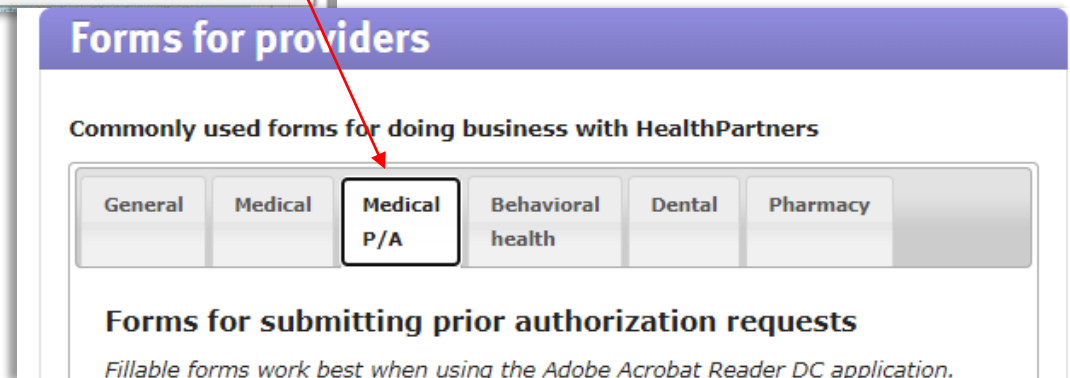


The screenshot shows the HealthPartners Provider portal interface. At the top, the logo and 'Provider' label are visible. Below the navigation bar, the breadcrumb trail reads 'Home / Authorizations and referrals'. The main heading is 'Authorizations and referrals', followed by a sub-heading: 'Use the buttons below to create a new authorization/referral, or inquire about an existing authorization/referral.' Two buttons are present: 'Create new' (highlighted with a red circle) and 'Inquire about existing'. Below these are two columns of tools: 'Prior authorization tools' (including links for appending information, completing requests, viewing criteria, verifying requirements, and checking status) and 'Referral tools' (including links for submitting referrals, responding to requests, and subscribing to notifications). A footer note states that behavioral health and inpatient requests are not supported via the web and provides instructions for paper forms.

Requesting Prior Authorizations, cont.

Alternately, visit our **Admin tools** tab on the homepage.

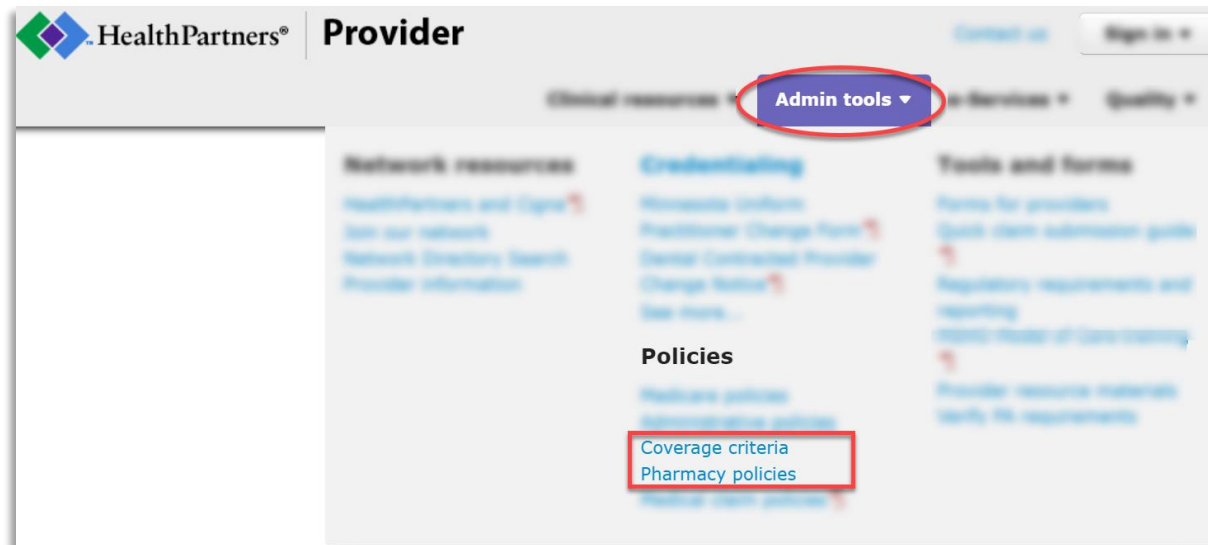
- Under the **Tools and Forms** section, go to:
“Forms for providers” → You can review the appropriate form needed under Medical P/A



Medical Coverage Criteria & Pharmacy Policies

To review medical coverage criteria and pharmacy policies, visit our **Admin tools** tab on the homepage.

- Under the **Policies** section, go to either:
 - “Coverage criteria” (medical policies)
 - “Pharmacy policies”



General FAQs and Helpful Resources

Provider Portal Help

If you need assistance when using an application, look in the upper right corner for the “Help ?” option.

- This is available while in applications, such as Eligibility Inquiry, Claim Status, or Claim Estimator.
- It is not an accessible option outside of applications.



If you have questions about an application with the Provider Portal, go to “Contact us” in the upper right corner and select from the options in the blue banner.



Who are my HealthPartners contacts?

- Select a topic to reveal more information and gather more contacts.

HealthPartners® **Provider** [Contact us](#) [Sign in](#) ▼

[Clinical resources](#) ▼ [Admin tools](#) ▼ [e-Services](#) ▼ [Quality](#) ▼

[Home](#) / [Contact us](#)

Contact us

Website support:

- [Questions about how an application works](#)
- [Add or change my organization's delegate](#)
- [Technical issues with the website](#)

Select a subject below for contact information.

- ▶ **Claims**
- ▶ **Coverage and benefits**
- ▶ **Contracting and Payer Relations**
- ▶ **Credentialing**
- ▶ **Dental administration and contracting**
- ▶ **Medical management**
- ▶ **Behavioral health**
- ▶ **Quality measurement and improvement**
- ▶ **Pharmacy administration**
- ▶ **e-Services**

Thank you for serving our
members!