



# Claim Quick Reference Guide

## Claim submission timelines

Claims, including corrected claims, must be submitted within 365 days of the date of service. We do not pay claims with incomplete, incorrect or unclear information. Encounter data, as applicable, must be submitted to Humana Healthy Horizons® in Louisiana within 30 days of the date of service. When Medicare is the primary insurer, providers shall submit claims to Humana Healthy Horizons within 180 calendar days of Medicare’s Explanation of Benefits (EOB) of payment or denial.

## Claim process by coverage

Medical and behavioral health	
Humana payer IDs	Claims: 61101 Encounters: 61102
Electronic claims	Submitted directly at no cost online at Availity Essentials™ (www.availity.com)
Filing paper claims by mail	Humana Claims Office P.O. Box 14601 Lexington, KY 40512-4601
Filing paper encounters by mail	Humana Claims Office P.O. Box 14605 Lexington, KY 40512-4605

## Clearinghouses

The following are some of the many clearinghouses offering services to healthcare providers. Some clearinghouses and vendors charge a service fee. Contact the clearinghouse for more information.

Clearinghouse	Website
Availity Essentials	www.availity.com
Optum®	https://business.optum.com/en/?src=chc
SSI Group	thessigroup.com
TriZetto®	www.trizettoprovider.com
Waystar®	www.waystar.com

## Common claim submission errors and how to avoid them

Humana Healthy Horizons may reject claims because of missing or incomplete information. Common rejection or denial reasons include:

- Patient not found
- Subscriber not found
- Patient birth date on claim not matching that found in the database
- Missing or incorrect information
  - Incorrect National Provider Identifier (NPI)/ZIP code/taxonomy
  - Missing NPI/ZIP code/taxonomy
  - Encounters with \$0 value
- Invalid Healthcare Common Procedure Coding System (HCPCS) code
- No authorization found

### Ways to avoid these errors include:

- Confirming received and submitted patient information is complete and accurate
- Ensuring all required claim form fields are complete and accurate
- Ensuring billed amounts have a dollar value
- Confirming provider information is accurate (information registered with the Louisiana Department of Health)
- Obtaining proper authorization for rendered services