



Humana claim-payment inquiry resolution guide

To simplify claim-payment inquiries, Humana has worked to clarify its process and to ensure you have the support you need.

- See the page below for information about making claim-payment inquiries and submitting appeals or disputes.
- See Page 3 for Humana's Provider Payment Integrity (PPI) team's inquiry and escalation processes.
- See Page 5 for submitting code-edit questions and accessing code-edit simulations online.
- See Page 6 for additional points of contact.

Definitions

- An appeal is a formal request to change an adverse determination. When a provider is submitting an appeal on behalf of a member, an [Appointment of Representative form](#) is required.
- A claim-payment inquiry is made when a provider has a question regarding how a claim processed.
- A dispute can be requested when a provider disagrees with Humana's payment amount, payment denial or nonpayment of a claim.

**In cases where Centers for Medicare & Medicaid Services (CMS), state Medicaid programs or state mandates use definition(s) that differ from those provided above, Humana will defer to their definition(s).*

How to make a claim-payment inquiry or submit an appeal or dispute

Online:

Appeals and disputes for finalized Humana Medicare Advantage, Medicaid or commercial claims can be submitted through Availity's secure provider portal, Availity Essentials™. To get started:

1. Sign in to [Availity Essentials](#).
2. Use the Claim Status tool to locate the claim you want to appeal or dispute, and then select the Dispute Claim button on the claim details screen. This adds the claim to your Appeals worklist but does not submit it to Humana.
3. You can submit the appeal or dispute to Humana immediately or wait until later and submit it from your Appeals worklist.
4. To access your Appeals worklist at any time, go to "Claims & Payments," then select "Appeals."

Additional details can be found at [Manage claim appeals and disputes online](#).

- Availity Essentials resources:
 - For training, visit [Humana.com/ProviderWebinars](https://www.humana.com/ProviderWebinars).

- Find helpful resources on how to use Availity tools and features by signing in to Availity Essentials and using the Help & Training menu located on the main navigation bar.
- Find help with technical website issues by calling Availity Client Services at 800-AVAILITY (282-4548), Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

Mail:

You can submit claim disputes via mail to:

Humana Correspondence
P.O. Box 14601
Lexington, KY 40512-4601

Please be sure to include:

1. The healthcare provider's name and Tax Identification Number (TIN).
2. The member's Humana ID number and relationship to the patient.
3. The date of service, claim number and name of the provider.
4. The charge amount, actual payment amount, expected payment amount and a description of the basis for the contestation.
5. Contact information for Humana's response.

Phone claim-payment inquiry:

Call Humana's provider call center at 800-448-6262. Our representatives are trained to answer many of your claim questions and can initiate contact with other Humana departments when further review or research is needed.

For Medicare specific claims, see chart below:

Individual Medicare Medical (Provider Queue)

Medical (Provider Queue)	External
Authorizations	800-457-4708
Benefits and Eligibility - Individual Medicare	800-457-4708
Claims - Individual Medicare	800-457-4708
Puerto Rico (English)	800-611-1474
Puerto Rico (Spanish)	800-611-1474

For Medicaid specific claims, refer to this chart for the appropriate state: [Contact Information for Humana Providers | Humana](#).

- Note the reference number issued to you by the provider call center representative, as it will be needed in the future.
- If your issue is still outstanding and has not been adequately addressed by the call center representative, you have the option to speak to a provider call center supervisor. Based on availability, you will be connected to a supervisor, or a supervisor will contact you within

48 hours of your request.

- In some situations, the call center representative will route your issue to an internal team at Humana. If this occurs, you will receive a letter or updated explanation of remittance from the Humana department that completes the additional review/research.

Participating providers – Escalation

Most inquiries receive a response in 30 to 45 days. Please allow us time to properly research and resolve your inquiry before contacting us again.

Coding Denial Escalations and Inquiries

Escalations around Code Editing disputes and code edit denials should be submitted through Availity's secure provider portal, Availity Essentials.

1. Sign in to [Availity Essentials \(opens in new window\)](#) .
2. Use the **Claim Status tool** to locate the claim you want to appeal or dispute, and then select the **Dispute Claim** button on the claim details screen. This adds the claim to your **Appeals worklist** but does not submit it to Humana.
3. You can submit the appeal or dispute to Humana immediately or wait until later and submit it from your Appeals worklist.
4. To access your Appeals worklist at any time, go to "Claims & Payments," then select "Appeals."

All Other Escalations

If you are a participating provider and disagree with our determination after we respond to your initial online, mail or phone submission, you can escalate your concern. Send a secure email to HumanaProviderServices@humana.com. Include the [Claim Escalation Form \(opens in new window\)](#) with all necessary fields completed. List all reference number(s), interaction number(s) or invoice number(s) associated with previous attempt(s) to resolve the inquiry.

Look for an “Acknowledgment of Submission” email with a tracking number within 5 business days of your submission. You will receive a follow-up email every 21 days thereafter.

Nonparticipating providers

Nonparticipating providers can find details on how to appeal determinations on [Medical Claim Payment Reconsiderations and Appeals](#).

Humana PPI general inquiries and escalation process

Follow any written instructions you receive for disputes on medical record reviews. For all other PPI inquiries about overpayment-related items or escalated concerns, follow the instructions below. Additional guidance can be found at [Humana.com/PPI](https://www.humana.com/PPI).

For initial PPI inquiries, you can contact us:

Online:

- If you have questions or disagree regarding an overpayment, you can manage inquiries electronically with the online overpayment application on Availity Essentials at www.availity.com under “Claims & Payments.”
- To submit medical records requested by Humana’s PPI team, submit through Availity Essentials. Sign in to [Availity Essentials](#) and select the Humana tile under Payer Spaces. Select “Medical Records Management” under the Applications tab to launch the tool.
- You also can submit records through the mail or by fax to:
Humana Medical Records Management
P.O. Box 14465
Lexington, KY 40512-4465

Fax: 866-305-6655

For overnight medical record submissions:
Humana Inc.
Attn: MRM Unit Humana SBU
2432 Fortune Drive, Suite 200
Lexington, KY 40509-4265
- Learn about getting started with Availity by visiting [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService).

Phone:

- Call 800-438-7885, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, and a representative will be available to answer your questions.

When contacting us, please have the following information available:

- Patient name and date of birth
- Humana member or subscriber ID number and date of birth
- Date(s) of service
- Claim number

- Healthcare provider's name
- Provider's TIN
- Recovery identification number
- Reason for your inquiry
- Contact person's name, email, mailing address, phone number and best time to call

Escalation process

If you are dissatisfied with our response or believe it fails to resolve your concerns, you may escalate your PPI inquiry by sending a secure email (see instructions above) to HelpPPI@Humana.com.

Please note: The subject line of your email must contain the reference number(s) associated with previous resolution attempt(s). The email body must include the following:

- Patient name and date of birth
- Humana member or subscriber ID number and date of birth
- Date(s) of service
- Claim number
- Healthcare provider's name
- Provider's TIN
- Recovery Identification number
- Reason for your inquiry
- Contact person's name, email, mailing address, phone number and best time to call
- The charge amount, actual payment amount and expected payment amount
- A description of the basis for the dispute

The escalations team will research your question and respond within 3 to 7 business days.

Submit code-edit questions and access simulations online

Healthcare providers can use Humana tools on Availity Essentials to submit specific questions about code editing or run a code-edit simulation. These tools can help you avoid unnecessary delays or understand how a claim was processed.

Please note that to use these tools, you will need to register at www.availity.com.

To submit code-edit questions

1. Sign in to [Availity Essentials](#) and select “Payer Spaces,” then “Humana.”
2. Select “Research Procedure Code Edits” from the list of applications.
3. Use the application to submit your procedure code-edit question.

Additional points of contact

Nonparticipating healthcare providers submitting appeals

Nonparticipating healthcare providers can submit appeals via the following methods:

Medicare

Submit via [Availity Essentials](#) as described in the online instructions above, or you can submit by mail to:
Humana Grievances and Appeals
P.O. Box 14165
Lexington, KY 40512-4165

Medicare expedited fax

800-949-2961*

Note: Medicare appeals from nonparticipating healthcare providers must include a signed [Waiver of Liability form](#) holding the enrollee harmless (regardless of the appeal's outcome).

Medicaid/dual Medicare-Medicaid

Submit via [Availity Essentials](#) as described in the online instructions above, or you may submit by mail to:
Humana Grievances and Appeals
P.O. Box 14546
Lexington, KY 40512-4546

Medicaid/duals expedited fax

855-336-6220*

Commercial

Submit via [Availity Essentials](#) as described in the online instructions above, or you may submit by mail to:
Humana Grievances and Appeals
P.O. Box 14546
Lexington, KY 40512-4546

Commercial standard fax

888-556-2128

Commercial expedited fax

920-339-2112*

*An expedited appeal can be requested if you believe that waiting for a decision under the standard time frame could seriously jeopardize the life or health of the member or their ability to regain maximum function, or if waiting would cause the member to have severe pain that cannot be adequately managed without the requested care or treatment.

To dispute medical record review findings

Include a completed copy of the [Humana PPI Medical Record Review Dispute Request Form](#). Please mail or fax to:

Humana Provider Payment Integrity Disputes
P.O. Box 14279
Lexington, KY 40512-4279

Fax: 888-815-8912

*Note: If your medical record review findings letter indicates a different address for submittal, use the address listed in your findings letter.

To send a check in response to an overpayment request letter

Please use the address below to send Humana a check in response to an overpayment request letter. In addition to the check, please enclose a copy of the PPI overpayment chart included with the refund request letter.

Humana
P.O. Box 931655
Atlanta, GA 31193-1655