



Please return completed form by mail or email to:
Humana Healthy Horizons in Louisiana
 Attention: Reconsideration/Appeal
 P.O. Box 14601
 Lexington, KY 40512-4601
LAMedicaidProviderRelations@humana.com

Humana Healthy Horizons in Louisiana Provider Claim Reconsideration and Appeal Form

Please complete the information below in its entirety and mail with supporting documentation and a copy of your claim to the address listed in the header. Please use one form per member. **To determine if your issue is a claim reconsideration or appeal, please see criteria below.**

Please note: Providers have 365 days from the date of service to submit a claim and 180 days from the remittance advice to submit a reconsideration request.

Member information	
Member name:	Date of billed claim:
Member ID:	Patient account No.:
Humana Healthy Horizons Claim ID:	

Provider information	
Provider name:	Tax ID number:
Practice name:	NPI:
Street address:	Fax number:
City/State/ZIP code:	Provider phone:
Contact name:	Contact phone:

Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana Inc.

Please indicate the reason for resubmission and all pertinent details regarding your claim below:

Claims reconsideration/descriptions
Itemized bill <ul style="list-style-type: none">• All claims associated with an itemized bill must break out each rev code to verify charges. It also should match charges listed on the UB-04 form to the itemized bill.
Duplicate claim <ul style="list-style-type: none">• Request a review for a claim whose original reason for denial was “duplicate.”• Provide documentation as to why the claim or service is not a duplicate, such as medical records showing two services were performed.
Corrected claim <ul style="list-style-type: none">• The corrected claim must be clearly identified as a corrected claim by writing or stamping “corrected” claim.
Coordination of benefits <ul style="list-style-type: none">• Attach Explanation of Benefits (EOB) or letter from primary carrier and forward to the claims department identifying as a corrected claim.
Proof of timely filing <ul style="list-style-type: none">• Please provide the second level of acceptance report for electronically submitted claims.• Refer to the Proof of Timely Filing Requirements section in the Humana Healthy Horizons provider manual.
Claim/coding edit <p>Please refer to the Humana Healthy Horizons in Louisiana Provider Manual website at https://assets.humana.com/is/content/humana/FINAL_357802LA1123_Provider_Manualpdf for more information regarding claim/code editing.</p>
Payment dispute <p>Network providers may file a payment dispute verbally or in writing directly to Humana Healthy Horizons to resolve billing, payment and other administrative disputes.</p>



For more information, please refer to Chapter VII, Complaints and Appeals section, of the Humana Healthy Horizons® in Louisiana Provider Manual, located on our website at https://assets.humana.com/is/content/humana/FINAL_357802LA1123_Provider_Manualpdf.