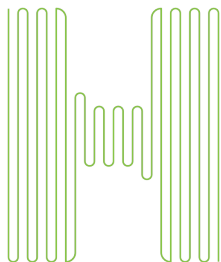


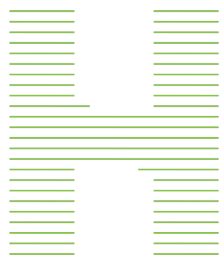
# Manage claim appeals and disputes online

Try the Appeals function on Availity Essentials



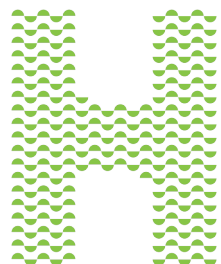
With this function, healthcare providers can:

- **Submit appeal and dispute requests for finalized Humana Medicare, Medicaid or commercial claims** in a streamlined online process.
  - Claim details are automatically populated, making the submission process faster and easier than ever.
- **Upload supporting documentation** for new and pending online requests.
- **Check the status** of claim appeals and dispute requests submitted on Availity Essentials and review your original submission details.
- **View high-level determinations** for online requests that Humana has processed, along with the reason for the determination and, in some cases, view acknowledgement and resolution letters.



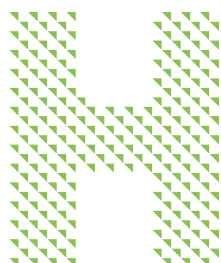
## Getting started

1. Sign in to Availity Essentials (registration required).
2. If you don't have access to the Claim Status tool, contact your organization's Availity administrator.
3. Use the **Claim Status** tool to locate the claim you want to appeal or dispute, 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.
4. Submit the appeal or dispute to Humana immediately or, if you wish, wait until later and submit it from your Appeals worklist.
5. To access your Appeals worklist at any time – either to complete a submission or to check the status of prior requests – from the Availity Essentials menu, go to **Claims & Payments**, and select **Appeals**.



## Want help with online tools?

- Working with Humana online: visit [Humana.com/ProviderSelfService](https://www.humana.com/ProviderSelfService)
- Humana training opportunities: visit [Humana.com/ProviderWebinars](https://www.humana.com/ProviderWebinars)
- Registration assistance or help with portal tools: call Availity Client Services at **800-AVAILITY (282-4548)**, Monday – Friday, 8 a.m. – 8 p.m., Eastern time, excluding holidays.



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This function is for appealing or disputing finalized claims only. It cannot be used for preauthorization-related appeals that do not involve a submitted claim, or for disputes related to overpayments and Provider Payment Integrity (PPI). Please do not resubmit claim appeals and disputes previously sent by mail; duplicate submissions may delay processing.