

Claims Payment Disputes Quick Start Guide

For participating providers, if you disagree with a previous medical or dental claim determination from Author by Humana, you can request a first-level claim dispute. If you are unsatisfied with the outcome of the first-level claim dispute review, you can submit a request for a second-level claim dispute.

To submit a first or second-level claim dispute, call an Author by Humana Provider Navigator at 1-833-502-2013, 8 AM – 5 PM ET, Monday through Friday. For additional intake methods and needed information, see the chart below.

PLEASE NOTE: This information applies to participating providers for all medical and dental claims submitted for services rendered to patients with Humana Medicare Advantage plans that include service from Author by Humana. For more information about non-participating appeals and vendor disputes, see page 2 below. For more information about Part D Redetermination requests, click [here](#).

Dispute Type	Intake Methods	Information Needed	Timeframe
First-Level Claim Dispute	<ol style="list-style-type: none"> 1. Call the Provider Navigator line 2. Fax to: 1-949-579-2964 3. Mail to: Author Claims PO Box 253 Sidney, NE 69162 	<ul style="list-style-type: none"> - Patient Name - Member ID Number - Servicing Provider Name - Servicing Provider Tax ID - Provider Contact Information - Claim Number - Date of Service 	<ul style="list-style-type: none"> - Payment Amount with Proposed Correct Payment Amount - Brief Explanation of Dispute - Supporting Medical Documentation <p>18 months from original claim determination.</p> <p>Please allow 30 days for the dispute request to be reviewed by the Author by Humana team.</p>

Dispute Type	Intake Methods	Information Needed	Timeframe
Second-Level Claim Dispute	<ol style="list-style-type: none"> 1. Call the Provider Navigator line 2. Fax to: 1-949-579-2964 3. Mail to: Author Claims PO Box 253 Sidney, NE 69162 4. Securely email completed form to: ProviderDisputes@authorbyhumana.com <p>Standard email is not secure and may expose information to unauthorized parties. Click here to begin a secure email.</p>	<ul style="list-style-type: none"> - Patient Name - Member ID Number - Servicing Provider Name - Servicing Provider Tax ID - Provider Contact Information - Claim Number - Date of Service - Payment Amount with Proposed Correct Payment Amount - Specific Code(s) in Question (Diagnosis, CPT, Modifier, HCPCS, Revenue) - Description of Grounds for Contestation - Any New or Additional Information 	<p>18 months from first-level claim determination.</p> <p>Please allow 30 days for the dispute request to be reviewed by the Author by Humana team.</p>
Vendor Disputes	See page nine of the Author by Humana Provider Manual Appendix for more information.		
Non-participating providers may appeal a denied claim on behalf of a patient or themselves.	See the Grievance & Medical Appeal Quick Start Guide for more information.		