

Medicare Advantage (MA)

Full and Partial Networks Private Fee-for-service (PFFS)

Electronic claims filing

Humana's MA Full and Partial Networks PFFS plans

Humana's MA full and partial networks PFFS claims can be filed electronically through various clearinghouses. Our preferred clearinghouses are Availity and Waystar/ZirMed. For Availity and Waystar/ZirMed, the payer ID for claims is **61101**, and the payer ID for encounters is **61102**. Some clearinghouses might charge a service fee. Please contact your clearinghouse for more information.

Paper claims filing

Humana's MA Full and Partial Networks PFFS plans

Please submit your claims electronically whenever possible. Humana receives submissions through Availity at no charge to the healthcare provider; however, you can continue submitting transactions to your existing clearinghouse. These Humana claims will be forwarded to Availity if the clearinghouse is listed for forwarding.

Submit paper claims to:

**Humana's MA Full and Partial Networks PFFS plans
c/o Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601**

Humana's MA full and partial networks PFFS plans allow payment for covered services at contracted rates – minus the patient's cost share, which typically is a copayment. To facilitate efficient and accurate claims processing, please:

- Include your provider tax identification number, Medicare ID, National Provider Identifier and taxonomy number. Facilities should use the subunit identifier with their facility ID.
- Consider using dedicated Medicare billing staff and/or Medicare editing software.
- Include any documentation that would be required on a Medicare claim.

Admission preauthorization

Inpatient admissions for Humana Network PFFS plans are not subject to prior authorization requirements; however, notifications are requested for any admission to a hospital or skilled nursing facility. This notification helps the patient use case management and Humana disease management programs upon discharge. Please call **1-800-523-0023** for admission notification.

The claims and Customer Care telephone number is 1-800-4HUMANA (1-800-448-6262).

For copies of benefit summaries for any Humana MA plan, visit our website at **Humana.com**. Do the following:

- Click on "Shop for plans."
- Click on "Shop Medicare Advantage Plans."
- Enter the patient's ZIP code and click "Shop plans."
- Find the patient's plan and click "View Details."
- Scroll to the "Plan documents" box, find "Summary of Benefits" and click the language version you prefer.

Humana
HUMANA GOLD CHOICE (PFFS)
A Medicare Health Plan with Prescription Drug Coverage

CARD ISSUED: MM/DD/YYYY

MEMBER NAME
Member ID: HXXXXXXXXX
Plan (80840) 9140461101
RxBIN: XXXXXX
RxPCN: XXXXXXXX
RxGRP: XXXXX

Copayments
OFFICE VISIT: \$XX
SPECIALIST: \$XX
HOSPITAL EMERGENCY: \$XX

Network: Full

MedicareRx
Prescription Drug Coverage
CMS XXXXX XXX

Depending on the PFFS plan, "Full" or "Partial" will follow "Network."