



Corrected claims, requests for information and claim disputes

There are times when it becomes necessary to send Humana a corrected claim to address omissions or errors of an original claim. There may also be times Humana requests more information from you to process a claim. This document is compiled to share solutions to common concerns, so that Humana receives the necessary information to process your claims in the most efficient way.

Dental corrected claim

A corrected claim replaces a previously submitted claim and includes a change in information that could impact how the claim is processed if it were to be considered. A corrected claim is not viewed as a disagreement about Humana's adjudication of the original claim, and Humana does not view a corrected claim as a dispute. Some reasons a corrected claim may be needed include (not an all-inclusive list):

- Incorrect ADA code
- Incorrect provider
- Incorrect charge amount
- Incorrect patient

Example of when a corrected claim is needed:

1. **Dentist** submits a claim or estimate for service.
2. **Dentist** later realizes the claim was sent with the wrong provider.
3. **Dentist** sends Humana a new claim with the correct provider and indicates it is a replacement of the prior claim.

Result: **Humana** receives the new claim and processes the correction. The original claim with the incorrect provider is adjusted with the corrected information.

When the approach above is not taken (and the corrected information is sent to Humana as a new claim), the claim can become flagged as a duplicate of the original. This impacts Humana's ability to receive the new, corrected information for the previously submitted claim and may cause delays in processing. The original claim with the incorrect provider would remain finalized, and the information about the correct provider would not reach the correct area. Please note:

- The **clearinghouse** could reject the claim as a duplicate.
- Only adding comments in the remarks section of an electronic claim does not prevent it from becoming flagged as a duplicate. It must be selected as a replacement of the prior claim.

Ways to submit corrected claims:

Corrected electronic claim: To correct an electronic claim, it is a requirement to select the appropriate reason in the drop-down menu of the claim form to indicate either “Replacement of Prior Claim” or “Void/Cancel of Prior Claim.”

- Select the indicator for **Replacement of Prior Claim**.
 - If using your own clearinghouse, please choose the appropriate indicator (consult your practice management software for where to select this option).
 - If submitting through your clearinghouse, our payer IDs are:
 - Humana Dental payer ID: 73288
 - CompBenefits payer ID: CX021
 - In Availity on the dental claim form, look for the section labeled “Ancillary Claim/Treatment Information.” In the “Frequency Type” field, select the appropriate frequency type in the drop-down menu:
 - #7 - Replacement of Prior Claim (a)
- OR**
- #8 – Void/Cancel of Prior Claim (a)

Corrected paper claim: To correct a paper claim, simply write “Corrected Claim” across it to indicate a corrected claim. It is required that the word “corrected” is written on the paper claim form.

- Please include the corrected information on the claim.
- Mail the paper claim to the address on the back of the patient’s Humana Dental ID card.

Requests for information

Occasionally Humana may request you provide more information. Some reasons for this request include (not an all-inclusive list):

- The treatment or procedure codes require specific information to process a claim or estimate, such as radiographs, narratives or a patient's prior history.
- Humana received a claim missing key information, such as treatment dates or tooth number(s).

Below are some tips on how to submit information to Humana so claims are processed in the most efficient way. It's important to note a claim cannot be reprocessed until all required information is received, even if information for some of the claim services is received.

If Humana requests more information from you:

The best way to respond is by following the instructions in the letter you received and send in the requested information. If the letter includes a form, fill it out and return it to the address listed.

- **DO NOT** submit a new claim in place of the existing claim. This can delay the process and cause duplication.
- **DO NOT** submit partial information to Humana as a new claim when some services have been paid. Please send Humana the requested/required information, but you should not eliminate services that are already paid on the original claim.



Information Humana is allowed to accept by phone:

If you have received a letter requesting more information for a claim you submitted, there are certain types of information Humana can accept by phone. Below are a few examples (not an all-inclusive list):

- Dates for tooth extraction
- Prior placement dates
- Initial or replacement information (if requested)



Information Humana cannot accept by phone:

If you have received a letter requesting more information for a claim you submitted, there are certain types of information that must be sent in writing and cannot be accepted by phone. Below are examples of claim information that must be submitted in writing (not an all-inclusive list):

- Tooth number or surface changes (from what was originally submitted)
- Periodontal charting

Example of when a claim is missing key information:

1. **Dentist** submits a claim or estimate for a service that requires radiographs or narratives.
2. **Humana** receives the claim but cannot process it without the required information for the service (please download the [Humana claim attachment guidelines](#)).
3. **Dentist** sends the requested information by following the instructions in the letter.

Result: **Humana** receives the information and processes the claim without further delays.

When Humana asks for missing information and the instructions in the letter are not followed, it can result in delays in resolving your claim.

- If the information is submitted to Humana as a new claim with the missing information but all the rest of the data is the same (e.g., patient, date of service, ADA codes, tooth numbers), it can become flagged as a duplicate, resulting in the missing information never being received by Humana. In this scenario, the original claim remains pending and is not resolved.
- The **clearinghouse** could reject the claim as a duplicate.

Dental claim disputes

A claim dispute is a disagreement with a claim determination after a claim has been finalized. You should send Humana what you disagree with and why, including any supporting documentation (**DO NOT** submit a new claim). Please begin the dispute process by sending a letter to the address provided on the patient's Humana Dental ID card.

Minimum requirements to submit a claim dispute:

- Patient's name and Humana Dental ID number
- Date of service
- Charge amount or claim number.
- Provider name and Tax Identification Number of provider who rendered service.
- Detailed explanation of dispute and any relevant dental records or additional information you feel would be helpful in resolving the dispute.



Additional Resources

We appreciate the care you give our members. The links below contain information about tools and resources to help support you in their care:

- [Humana claim attachment guidelines](#)
- [Submit claims online via DentalXChange](#)
- [How to access and interpret information provided on remittances](#)
- [Dental Provider Video Library](#)
- [Dental tools and resources for providers](#)