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What's New

Read key updates for health care providers and their staff members.

New Humana Claim Numbers Will Be 15 Digits

All new Humana claims now are assigned a 15-digit claim number.

Claim numbers

Humana Updates Preauthorization Requirements for Therapy Services

[Physician-initiated patient transfers](#)

Humana will no longer require preauthorization for outpatient physical, speech and occupational therapy services, effective Dec. 18, 2017.

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Therapy services

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Humana Announces Changes to 2018 Formularies

Beginning Jan. 1, 2018, certain drugs will have new limitations or will require utilization management — e.g., prior authorization (PA) requirements, step therapy (ST) modifications and nonformulary (NF) changes — under the Humana commercial and Medicare formularies for the 2018 plan year.

[Health care reform](#)

Formulary Changes

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Preauthorization and Notification Lists Updated for 2018

On Jan. 22, 2018, Humana will update [preauthorization and notification lists](#) for all commercial fully insured plans, Medicare Advantage (MA) plans, dual Medicare-Medicaid plans and Medicaid plans.

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Humana Continues Code Editing Software and Policy Updates For Professional (Nonfacility) and Facility Claims

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Humana will continue to update its claims payment systems as part of an ongoing effort to improve them and better align with CMS guidelines and industry standards.

Code Edit Updates

Save Lives with Flu Vaccinations

Flu and flu-related pneumonia combined are the seventh leading cause of death among adults 65 years of age or older.

Flu vaccinations

Pneumonia Vaccines Protect All Ages

According to the Centers for Disease Control and Prevention (CDC), pneumococcal pneumonia is the leading cause of vaccine-preventable deaths in the United States.

Pneumonia vaccines

Note New Process to Update Humana Provider Demographic Information

When health care professionals need to update their demographic information, they are asked to submit a request to a regional contact.

[Medicare and Medicaid information](#)

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Demographic changes

Electronic Claims Experience Streamlined

Submitting claims to Humana via electronic data interchange (EDI) is more streamlined, thanks to Availity improvements.

Availity claims

Humana updates dispute process and limitations

When a charge for a service is denied after a medical necessity review, an in-network physician or health care provider may dispute that denial in writing with relevant documentation.

Claim disputes

Commercial Preauthorization and Notification List Updated

When a charge for a service is denied after a medical necessity review, an in-network physician or health care provider may dispute that denial in writing with relevant documentation.

Commercial PAL

Hospitals Need to Note Important Medicare Advantage Reimbursement Information

Reimbursement of an inpatient claim depends on several different factors.

Hospital rebilling

Receive Immediate Preauthorization Determinations Online

Physicians are encouraged to use a new preauthorization submission tool on [Availity.com](https://www.availity.com).

Preauthorization

Learn More about Nondiscrimination Notice Requirements

Some health care professionals may be required to post information about nondiscrimination and accessibility requirements.

Nondiscrimination notice

Find Guidelines for Patient Transfer Requests

Learn more about guidelines for patient transfer requests from primary care physicians (PCPs), physician groups or independent practice associations (IPAs) acting on behalf of a PCP.

Updates Affect Payments for Medicare Members' Basic Radiology Claims

Patients with Humana Medicare coverage need to pay a copayment for basic radiology services, when applicable.

Radiology

Action Required to Maintain Access to Humana's Secure Online Tools

As Humana phases out its secure online portal, physicians and other health care professionals will need to access online tools for working with Humana on the Availity Web Portal.

Secure web

New Medicare Outpatient Observation Notice (MOON) requirement effective March 8, 2017

Effective March 8, 2017, hospitals and CAHs are responsible to provide the written MOON and a verbal explanation of the notice to all Original Medicare and MA beneficiaries who receive outpatient observation services for more than 24 hours.

Assistant Surgeon Reimbursement Updated

Humana's reimbursement policy for a physician acting as an assistant surgeon has changed for Humana commercial plans.

Reimbursement

Humana Policies Affect Health Care Professionals and Their Patients

Humana creates operating policies and procedures to help maintain a high level of service to its members and network physicians and other health care professionals.

Policies

Find Policies on Prior Authorization, Quantity Limits and Step Therapy

Humana strives to make the prescription process as easy as possible for physicians, health care professionals and their patients. Some prescriptions, however, require more attention than others.

Sign Up with Availity to Make Working with Humana Online Easier than Ever

Availity

Compliance Requirements for Health Care Providers

The Centers for Medicare & Medicaid Services (CMS) and Humana's Medicaid contracts mandate that all Humana-contracted entities, including those contracted with Humana subsidiaries, complete compliance requirements.

Compliance requirements for health care providers

Simplifying Clinical Quality For Everyone

Humana has simplified our clinical quality measures to a more manageable number that impact patient health.

Clinical quality



Access resources

View clinical guidelines, quality-related materials, drug utilization review information and more.

[Clinical resources](#) →



Addressing fraud, waste and abuse

Learn how to detect and prevent fraud, waste and abuse with free training materials, tools and resources from Humana.

[Learn more about Humana's commitment](#) →



Humana's YourPractice

This bimonthly publication provides updates that make it easier for you to do business with Humana.

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