

# Appeal submission process FAQs

## What can be appealed?

Certain benefit-related decisions made by Defense Health Agency (DHA) or by Humana Military have the right to an appeal. This includes prior authorization (medical necessity and non-covered service) and charges denied (claims) because the service is not covered by TRICARE or is not medically necessary. Humana Military processes these appeals.

The appeals process varies depending on whether the denial of benefits involves a medical necessity determination or a factual determination. The initial written decision letter, which may be an Explanation of Benefit (EOB), Provider TRICARE Remittance or a denial determination letter will explain the appeals process. If a denial of payment is appealable, the TRICARE provider remittance advice will identify the denial as appealable and provide instructions.

**Note:** TRICARE appeals are managed by Humana Military

## Who can appeal?

- TRICARE beneficiary (including minors)
- Parent or legal guardian of the beneficiary
- Non-network participating provider of services (Cannot submit an expedited appeal)
- A provider that has been denied approval as an authorized TRICARE provider or who has been terminated, excluded, suspended or otherwise sanctioned
- Legally appointed representatives may appeal

Appeals submitted by anyone other than the above will not be accepted unless he or she is appointed as a representative by power of attorney or by submitting an Appointment of Representative for an appeal.

## What is included in an appeal submission?

- A letter of intent describing the reason for the appeal
- Beneficiary's name, address and telephone number
- Sponsor's SSN
- Beneficiary's DOB
- Beneficiary's or appealing party's signature (see below)
- Copy of the previous denial determination notice
- Any other appropriate supporting documents

## What are the timelines to request an appeal?

Submit the appeal to Humana Military within the time below:

- **Medical Necessity Appeal:** Services or care were denied as not being appropriate, reasonable and adequate. Medical Necessity appeals can be Expedited or Non-Expedited:
- **Expedited appeal:** Beneficiary or an appointed representative must file an appeal within three calendar days after receipt of the initial denial.
- **Non-expedited appeal:** A proper appealing party must file an appeal no later than 90 days of the initial denial determination letter or EOB.
- **Factual appeal:** Services/Procedures not covered by TRICARE- Must file an appeal within 90 days of the initial denial determination letter or the EOB.

## What if the beneficiary is choosing to appoint a representative to appeal on their behalf?

As described above, the beneficiary will need to complete the [Appointment of Representative \(AOR\) form](#) and ensure it is submitted with the appeal documentation.

## How is an appeal submitted?

The quickest and preferred method to submit an appeal is online: [Appeals](#)

You may also fax or mail your required appeal documents to:

**Mail:**  
Humana Military Appeals  
PO Box 740044  
Louisville, KY 40201-7444

**Fax:**  
(877) 850-1046

## References

[TRICARE Operations Manual \(TOM\), Ch. 12](#)

## Customer service phone:

(800) 444-5445

Mon - Fri, 8AM - 6PM ET