

Reconsideration FAQs

What is a claim reconsideration?

Participating providers may request that a claim be reconsidered.

Note: TRICARE claims reconsiderations are managed by PGBA.

When and why would a provider request an administrative review?

Providers can submit a request for an administrative review when there are concerns about how a claim is processed.

Some common reasons why a provider may submit a request for administrative review:

- Charges denied due to requested info not received
- Coding, cost-share and deductible issues
- Eligibility denials
- Other Health Insurance (OHI) issues
- Penalties for no authorization
- Third Party Liability (TPL) issues
- Timely filing limit denials
- Wrong procedure codes

What are the timelines to submit a reconsideration?

Submit the reconsideration to PGBA within the below timeframe:

- Requests for reconsideration must be filed within 90 calendar days after the date of the initial denial determination

What information will I need in order to submit a reconsideration/review request?

- Beneficiary's name, address and telephone number
- Sponsor's SSN
- Beneficiary's DOB
- Beneficiary's or appealing party's signature
- Copy of the previous denial determination notice
- Any other appropriate supporting documents

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

How is a reconsideration submitted?

The preferred methods of submitting documentation to file a reconsideration is by fax or mail to PGBA:

Fax:
(877) 489-0015

Mail:
Humana Military Claims – Attn: Reconsideration Request
PO Box 202146
Florence, SC 29502-2146
Customer service phone:
(800) 444-5445
Mon - Fri, 8AM – 7PM ET