

# Assisted living facility provider billing guidance

This document is intended to be a helpful tool for you, the healthcare provider, in understanding how to bill Humana Healthy Horizons™ in Florida, and guidance that will support you in having faster and more accurately processed claims payments.

## Coding requirements

- (CMS-1500/HCFA) Professional Claim Form is required
  - **Monthly Code Billing Rules**
    - T2030 Code, with one unit and one date of service needed; for example:
      - ▶ 1/1/20 – 1/1/20  
T2030, 1 unit
    - Submit the full monthly rate in the billed charges field  
The billed charges field for a HCFA (CMS 1500) form is field 24F for a paper claim, and Loop 2400, Segment SV102 for an electronic claim.
  - **Daily Code Billing Rules**
    - T2031 Code, with date-of-service range and matching units of service; for example:
      - ▶ 1/1/20 – 1/28/20  
T2031, 28 units
    - Submit the full amount (units multiplied by daily rate) in the billed charges field
- Please only bill **one month per claim**

## Patient responsibility

There will be no patient responsibility unless Humana Healthy Horizons in Florida calls you about patient responsibility changes.

Humana Healthy Horizons in Florida will not implement these changes retroactively unless they are financially beneficial to you, the healthcare provider.

## Authorizations

**None needed** for participating provider claim payments.

## Provider information requirements

The claim must be billed with provider information as it appears on the Agency For Health Care Administration (AHCA) Provider Master List (PML).

- To review details of how you are registered or enrolled with AHCA, please refer to the PML on: [Registration | Florida Medicaid Web Portal \(flmmis.com\)](https://flmmis.com)

## Claims submissions

You can submit claims electronically or via paper. To learn more about how claims can be submitted electronically through Availity, call **800-282-4548** or visit [Availity.com](https://www.availity.com). The payer ID for long-term care is 61115.

### Submit paper claims to:

Humana Claims Office  
P.O. Box 14732  
Lexington, KY 40512-4732



## Questions or concerns

Please call our provider call center at **888-998-7735**.