

Electronic claims submission

Via provider self-service on
HumanaMilitary.com

August 2020

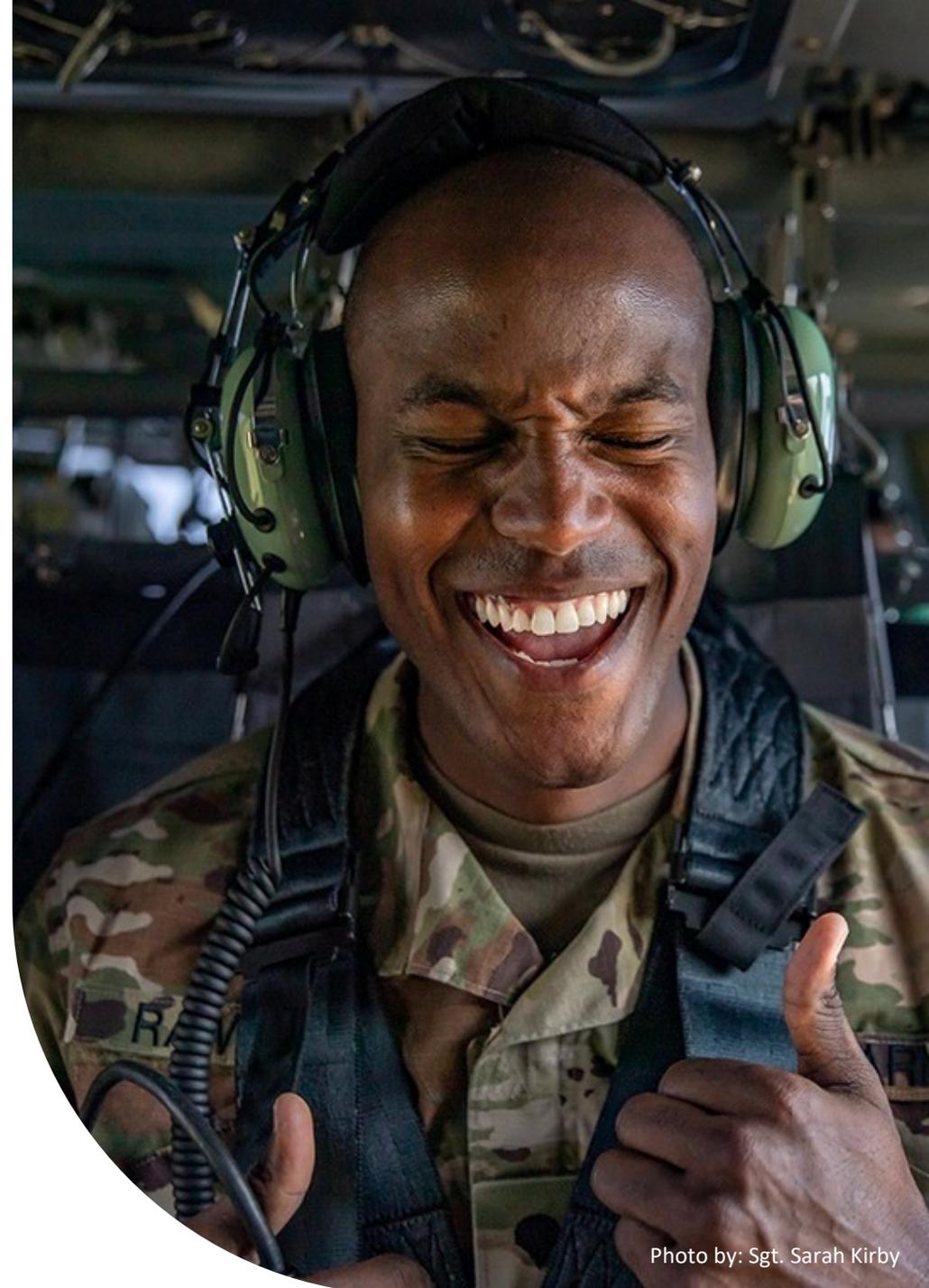


Photo by: Sgt. Sarah Kirby

Step 1: Log in to provider self-service on HumanaMilitary.com

- Enter your User ID and Password
- Click “Log in” to enter

Humana Military | TRICARE® TEST

Home icon

Self-service log in

User ID* [Forgot User ID →](#)

Password* [Forgot Password →](#)

[Log in](#) [Register for an account →](#)

Consent Notification

You can access Humana Military Automated Information System. By using this system you consent to the terms of the Privacy Act Statement.

Privacy Act Statment

AUTHORITY: 10 U.S.C. 1079 and 1086; 38 U.S.C. Chapter 17; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended.
PURPOSE: To obtain information from individuals to validate their eligibility as health care providers and staff, grant access to the Humana Military website, and provide provider services available through Humana Military to validated individuals, including physician referrals, healthcare authorizations, claims payment, assignment of beneficiaries to physicians, and informational contact with validated beneficiaries.

Step 2: View “Provider Access Claims Center”

- Click on the “Provider Access Claims Center” Link near the bottom of the page

The screenshot displays a web interface with three main sections:

- Referrals and Authorizations:** A green header with a "Hide" link. It contains three action items: "Enter new request for referral or authorization, including hospital admission", "Check or update existing referral or authorization by patient or auth/order number", and "Check or update existing referral or authorization by provider". A handwritten note says "Looking for a specific authorization? Search here!". Below is a search box for "Auth/Order #" with a "Search" button.
- TRICARE Patient Profile:** A green header with a "Hide" link. It includes "Eligibility, Referrals and Claims" and fields for "TRICARE ID", "Date of Birth", and "Auth/Order #". Each field has a "Clear" button. There are "View" and "Clear All" buttons, and a "Show Extra Profile Fields" link.
- Claims:** A green header with a "Hide" link. It contains the text: "Visit [Provider Access Claims Center](#) to see your claims and related notifications, and to sign up to receive email alerts when new notifications arrive."

Step 3: Enter “Provider Access Claims Center”

- Click on the “Click here to get started” link under “Need to submit a claim?”

The screenshot shows the 'Provider Self-Service: Provider Access Claims Center' interface. At the top, there is a green header with a home icon and an email icon. Below the header, there are two main sections: 'Need to submit a claim?' and 'Setup email alerts'. The 'Need to submit a claim?' section contains a link to get started and a link for a tutorial. The 'Setup email alerts' section contains a link to opt in for notifications. Below these sections, there are two dropdown menus for 'Provider:' (with 'Hospital' selected) and 'Location:' (with '60' selected), followed by a 'Search' button. The main content area is divided into two tabs: 'Claims Summary' (active) and 'Notifications'. Under 'Claims Summary', there is a note about the search results showing claims from the past 30 days and a 'show filters' link. Below the note is a table with the following columns: Claim number, Patient name, Date of service, Processed date, Provider name, Billed amount, and Claim status. A note at the bottom right of the table says '*sort the list by clicking the column headers'.

Provider Self-Service: Provider Access Claims Center

Need to submit a claim?
Click here to get started.
Need help submitting a claim? Click here for a tutorial.

Setup email alerts
Click here to opt in to getting emailed when new notifications arrive.

Provider: Hospital Location: 60 Search

Claims Summary Notifications

Note: The initial search shows claims from the **past 30 days**. You can filter the list by clicking the 'show filters' link below.

show filters *sort the list by clicking the column headers

Claim number	Patient name	Date of service	Processed date	Provider name	Billed amount	Claim status
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Step 4: Select a patient

- Select a patient by entering the DBN or sponsor SSN (This is shared functionality for all claim types)

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Close window X

Submit a new claim

[Submit a new claim tutorial](#)

- 1** Select a patient
- 2 Enter claim data
- 3 Review and submit
- 4 Confirmation

Search for a patient -or- [Enter a patient that is not on DEERS \(less than a year\)](#) Recent patients

No results found

Step 4: Select a patient

- Select the patient from the list presented and click the “Next” button (This is shared functionality for all claim types)

Submit a new claim ? Submit a new claim tutorial

1 Select a patient 2 Enter claim data 3 Review and submit 4 Confirmation

Search for a patient -or- [Enter a patient that is not on DEERS \(less than a year\)](#) Recent patients

SSN

No results found

	Name	Date of birth	Gender
<input checked="" type="radio"/>	Drewett CHAPEL	01/04/1966	M
<input type="radio"/>	Perfecto CHAPEL	07/09/1969	F
<input type="radio"/>	Trent CHAPEL	06/03/1975	M
<input type="radio"/>	Bernardo CHAPEL	09/03/1946	F
<input type="radio"/>	Joani Strein	04/15/1969	F
<input type="radio"/>	Geromo CHAPEL	12/26/2007	F

Step 4: Select a patient

- This is the top of the next screen where the patient has been selected

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Close window X

Submit a new claim

[Submit a new claim tutorial](#)

- Select a patient
- Enter claim data
- Review and submit
- Confirmation

Selected patient

Drewett CHAPEL
Date of birth: 01/04/1966
Gender: Male

1230 N LBJ DR APT 527
SAN MARCOS, TX
78666
USA

[Edit patient address](#)
[Go back and change patient](#)

Institutional inpatient claim type – Step 6: Enter claim data

- **Note:** See slide 16 for outpatient claims and slide 21 for Non-institutional outpatient

Enter optional patient account number and the following:

- Admitting diagnosis
- Principal diagnosis
- Present on Admission (POA)
- Other diagnosis if applicable
- Principal procedure if applicable
- Additional procedures codes if applicable
- **Note:** All fields marked with an * are required to be completed

The screenshot shows a web form for entering institutional inpatient claim data. At the top right, there is a search bar with a magnifying glass icon and the text "Executes search of codes by description". Below this is a "Clean form" button. The form is divided into several sections:

- Patient account number (optional):** A text input field.
- Institutional claim form type:** Radio buttons for "Inpatient" (selected) and "Outpatient".
- Claim header information:** A horizontal line separating the header from the main data entry fields.
- Admitting diagnosis *:** A text input field with a magnifying glass icon.
- Principal diagnosis *:** A text input field with a magnifying glass icon.
- Present on admission (POA) *:** A dropdown menu with "Please select" and a downward arrow.
- Other diagnosis:** A text input field with a magnifying glass icon and a green "+ Add" button.
- Principal procedure:** A text input field with a magnifying glass icon.
- Additional procedures:** A text input field with a magnifying glass icon and a green "+ Add" button.

Institutional inpatient claim type – Step 6: Enter claim data

If necessary, click “Yes” next to the type of code and enter:

- Condition codes
- Value codes
- Occurrence codes and Date
- Occurrence span and Dates

Click “Continue to admission details”

Condition codes
 Yes No

Value codes ⓘ
 Yes No

Code **Amount**

Occurrence codes
 Yes No

Code **Date**

Occurrence span **Start** **End**

Institutional inpatient claim type – Step 6: Enter claim data (admission details)

Enter:

- Bill type
- TAC Number
- Admission type
- Admission source
- Admission date
- Statement covers dates (all required)
- Attending physician ID
- Other physician ID if applicable

Click “Continue to payment information”

Admission details

Bill type *

TAC Number *

Admission type *

Admission source *

Admission date *

Statement covers *

Attending physician ID (Individual National Identifier or NPI)

Other physician ID

[← Back to claim header information](#)

Institutional inpatient claim type – Step 6: Enter claim data (payment info)

Enter payment information including:

- Assignment of benefits
- Patient paid amount
- OHI
- Billed currency (if no OHI)
- Patient status
- Additional information (if necessary)

Click “Continue to claim items”

Payment information

Assignment of benefits * 

Yes No

Patient paid *

Patient has other health insurance (in USD) Yes No

 The patient has other health insurance (OHI).

Other health insurance allowed *	Other health insurance paid *	Other health insurance payment reason
<input type="text" value="00.00"/>	<input type="text" value="00.00"/>	<input style="border: 1px solid #ccc;" type="text" value="Please select"/>

Patient status *

Additional information

Yes No

Characters remaining: 80

[← Back to admission details](#) Continue to claim items

Institutional inpatient claim type – Step 6: Enter claim data (claim items)

Enter:

- Revenue code
- Billed amount
- CPT/HCPCS code
- Units
- Additional information (if necessary)

Click “Add claim item” to add the claim line. Enter Additional lines if necessary.

Attach files if necessary (see next slide) or click “Next” to proceed to Claim summary

Claim items

Revenue code *  Billed amount *

CPT/HCPCS 

Units *

Additional information
 Yes No

[+ Add claim item](#)

Revenue code	CPT / HCPCS	Billed amount	Units	Additional information	
0100 - All inclusive Room and Board plus ancillary		400.00	1		 

Total billed amount: \$400.00

Attachments
Upload scans, pictures, screenshots or documents of claim forms, receipts, invoices or any other documentation needed to support your inquiry.

Institutional inpatient claim type – Step 6: Enter claim data (attachments)

You may upload various documents in support of the claim:

- Click the “Accepted file types” link to determine the file formats that can be uploaded
- Click the “Browse” button
- Find the document within your system
- Click the “Add a new file” button to attach the file to the record

Click the “Next” button to proceed to the Claim summary

Attachments
Upload scans, pictures, screenshots or documents of claim forms, receipts, invoices or any other documentation needed to support your inquiry.

Accepted file types 8 MB Max

[← Back to claim header information](#)

Institutional inpatient claim type – Step 7: Review and submit

Review the information submitted for accuracy:

- Go back and make edits as necessary
- Click “Next” when everything is correct

Claim summary

Location	Patient
Provider ID: 060250773063600000 Phone: Tax ID: 060250773 NPI on file:	Drewett CHAPEL Birthday: 01/04/1966 Gender: Male Address: 1230 N LBJ DR APT 527, SAN MARCOS, TX 78666 USA

Claim information

Claim header

ICD version indicator:	ICD-10	
Admitting diagnosis:	R900	
Principal diagnosis:	T8201XS	Present on admission

Admission details	Payment information
Bill type: 111 - Hospital-Inpatient (Including Medicare PartA)-Admit through Discharge	Assignment of benefits: Yes
Admission type: 3 - ELECTIVE	Patient paid: \$0.00
Admission source: 1 - PHYSICIAN REFERRAL (NORMAL DELIVERY FOR NEWBORNS)	Patient status: 01 - DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)
Admission date: 12/01/2017	
Statement covers: 12/01/2017 - 12/04/2017	

Claim items

Revenue code	CPT / HCPCS	Billed amount	Units	Additional information
0100 - All inclusive Room and Board plus ancillary		2,000.00	3	

Total billed amount: \$2,000.00

[Previous](#) [Next](#)

Institutional inpatient claim type – Step 8: Confirmation

Receive acknowledgement the claim was successfully submitted and the claim number is provided. You can then either submit another claim for the same patient, different patient or different location. You can also navigate back to the dashboard from this page if you are finished submitting claims.

Submit a new claim [Submit a new claim tutorial](#)

Select a patient Enter claim data Review and submit Confirmation

You have successfully completed your claim submission

Claim Number	20173404999997
Claim status	In-Process
Total billed amount	\$2,000.00

You can submit another claim for:

[Same patient](#) [Different patient](#)

-or-

[Go back to provider dashboard](#)

Institutional outpatient claim type – Step 6: Enter claim data

Please note that steps 1 – 5 are the same for all claim types

Enter:

- Optional patient account number
- Institutional claim form type
- Principal diagnosis
- Other diagnosis if necessary
- Condition codes if necessary

Click “Continue to payment information”

The screenshot shows a web form for entering claim data. At the top left, there is a text input field for 'Patient account number (optional)'. To its right, under 'Institutional claim form type', there are two radio buttons: 'Inpatient' and 'Outpatient', with 'Outpatient' selected. Below this is a section header 'Claim header information' followed by a horizontal line. Underneath, there is a 'Principal diagnosis *' field with a search icon. Below that is an 'Other diagnosis' field with a search icon and a '+ Add' button. Further down is a 'Condition codes' section with radio buttons for 'Yes' and 'No', where 'No' is selected. On the right side of the form, there is a large purple button with a downward arrow and the text 'Continue to payment information'. Below this is another section header 'Payment information' followed by a horizontal line. Underneath is a 'Claim items' section with a horizontal line. At the bottom of the form, there are two buttons: a grey 'Previous' button on the left and a purple 'Next' button on the right.

Institutional outpatient claim type – Step 6: Enter claim data (payment info)

Enter:

- Assignment of benefits
- Patient paid amount
- OHI
- Currency
- Bill type
- Statement dates
- Patient status
- Any additional information

Click “Continue to claim items”

Payment information

Assignment of benefits * 

Yes No

Patient paid *

Patient has other health insurance (in USD) Yes No

Billed currency *



Bill type *:



Statement covers *

Patient status *



Additional information

Yes No

[← Back to claim header information](#) [Continue to claim items](#)

Institutional outpatient claim type – Step 6: Enter claim data (claim items)

Enter:

- Revenue code
- National drug code
- Billed amount
- CPT/HCPCS and Modifier
- Units
- Date(s) of service
- Any additional information

Click “Add claim item” to add the claim line. Enter additional lines if necessary.

Click “Next” to proceed to Claim summary

Claim items

Revenue code *

National drug code

Billed amount *

CPT/HCPCS

Modifier

Units *

Date of service *

Additional information

Yes No

+ Add claim item

Date of service	Revenue code	CPT / HCPCS	National drug code	Modifier	Billed amount	Units	Additional information	
12/01/2017 - 12/04/2017	0510 - General Classification	99213			400.00	3		

Total billed amount: \$400.00

Institutional outpatient claim type – Step 7: Review and submit

Review the information submitted for accuracy:

- Go back and make edits as necessary
- Click “Next” when everything is correct

Claim summary

Location	Patient
Provider ID: 060250773063600000	Drewett CHAPEL
Phone:	Birthdate: 01/04/1966
Tax ID: 060250773	Gender: Male
NPI on file:	Address: 1230 N LBJ DR APT 527, SAN MARCOS, TX 78666 USA

Claim information

Claim header

ICD version indicator: ICD-10
Principal diagnosis: I8209xs

Payment information

Assignment of benefits: Yes
Bill type: 231 - Skilled Nursing Outpatient Admit Through discharge Claim
Statement covers: 12/01/2017 - 12/04/2017
Patient paid: \$0.00
Patient status: 01 - DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)

Claim items

Date of service	Revenue code	CPT / HCPCS	National drug code	Modifier	Billed amount	Units	Additional information
12/01/2017 - 12/04/2017	0510 - General Classification	99213			400.00	3	

Total billed amount: \$400.00

[Previous](#) [Next](#)

Institutional outpatient claim type – Step 8: Confirmation

Receive acknowledgement the claim was successfully submitted and the claim number is provided. You can then either submit another claim for the same patient, different patient or different location. You can also navigate back to the dashboard from this page if you are finished submitting claims.

Submit a new claim [Submit a new claim tutorial](#)

You have successfully completed your claim submission

	Claim Number	20173404999992
	Claim status	In-Process
	Total billed amount	\$400.00

You can submit another claim for:

[Same patient](#) [Different patient](#)

-or-

[Go back to provider dashboard](#)

Non-institutional outpatient claim type – Step 6: Enter claim data (claim header information)

Please note that steps 1 – 5 are the same for all claim types

Enter:

- Optional patient account number
- Principal diagnosis
- Other diagnosis if applicable
- Assignment of benefits
- OHI amounts & reason for payment if applicable
- Patient paid amount

Click “Continue to claim items”

Patient account number (optional)

Claim header information

Principal diagnosis *

Other diagnosis

Assignment of benefits * 
 Yes No

Patient has other health insurance (in USD) Yes No

 The patient has other health insurance (OHI).

Other health insurance allowed * Other health insurance paid * Other health insurance payment reason

Patient paid *

Non-institutional outpatient claim type – Step 6: Enter claim data (claim items)

Enter:

- National drug code if applicable
- Billed amount
- CPT/HCPCS code and modifier
- Anesthesia
- Units
- Dates of service
- Place of service
- Service location ZIP Code
- Provider name

Click “Add claim item” to add the claim line. Enter Additional lines if necessary.

Click “Next” to proceed to Claim Summary

Claim header information

Claim items

National drug code Billed amount *

CPT/HCPCS Modifier

Anesthesia

Yes No

Units * Date of service *

Place of service * Service location zip code Provider name

Additional information

Yes No

Date of service	CPT / HCPCS	National drug code	Modifier	Billed amount	Anesthesia / Units	Place of service	Zip code	Provider	Additional information	
11/01/2017 - 11/01/2017	99213			200.00	1 Units	03 - School		MOLOKHIA,EHAB,A,MD		<input type="button" value="🗑"/>

Total billed amount: \$200.00

Non-institutional outpatient claim type – Step 6: Enter claim data (attachments)

You may upload various documents in support of the claim:

- Click the “Accepted file types” link to determine the file formats that can be uploaded
- Click the “Browse” button
- Find the document within your system
- Click the “Add a new file” button to attach the file to the record

Click the “Next” button to proceed to the Claim summary

Attachments
Upload scans, pictures, screenshots or documents of claim forms, receipts, invoices or any other documentation needed to support your inquiry.

Accepted file types 8 MB Max

[Clear file](#)

[← Back to claim header information](#)

Non-institutional outpatient claim type – Step 7: Review and submit

Review the information submitted for accuracy:

- Go back and make edits as necessary
- Click “Next” when everything is correct

Claim summary

Location	Patient
Provider ID: 63047734836604G001	Trent CHAPEL
Phone:	Birthdate: 06/03/1975
Tax ID: 630477348	Gender: Male
NPI on file:	Address: 1234 Main Street, Louisville, KY 40201 USA

Claim information

Claim header

ICD version indicator: ICD-10

Principal diagnosis: R009 - Unspecified abnormalities of heart beat

Patient paid: \$10.00

Claim items

Date of service	CPT / HCPCS	National drug code	Modifier	Billed amount	Anesthesia / Units	Place of service	Zip code	Provider	Additional information
11/01/2017 - 11/01/2017	99213			200.00	1 Units	03 - School		MOLOKHIA,EHAB,A,MD	

Total billed amount: \$200.00

Non-institutional outpatient claim type – Step 7: Confirmation

Receive acknowledgement the claim was successfully submitted and the claim number is provided. You can then either submit another claim for the same patient, different patient or different location. You can also navigate back to the dashboard from this page if you are finished submitting claims.

Submit a new claim [Submit a new claim tutorial](#)

1 Select a patient 2 Enter claim data 3 Review and submit 4 Confirmation

You have successfully completed your claim submission

Claim Number	20173314999997
Claim status	In-Process
Total billed amount	\$200.00

You can submit another claim for:

[Same patient](#) [Different patient](#)

-or-

[Go back to provider dashboard](#)

Thank you

