Electronic claims submission

Via provider self-service on HumanaMilitary.com

August 2020
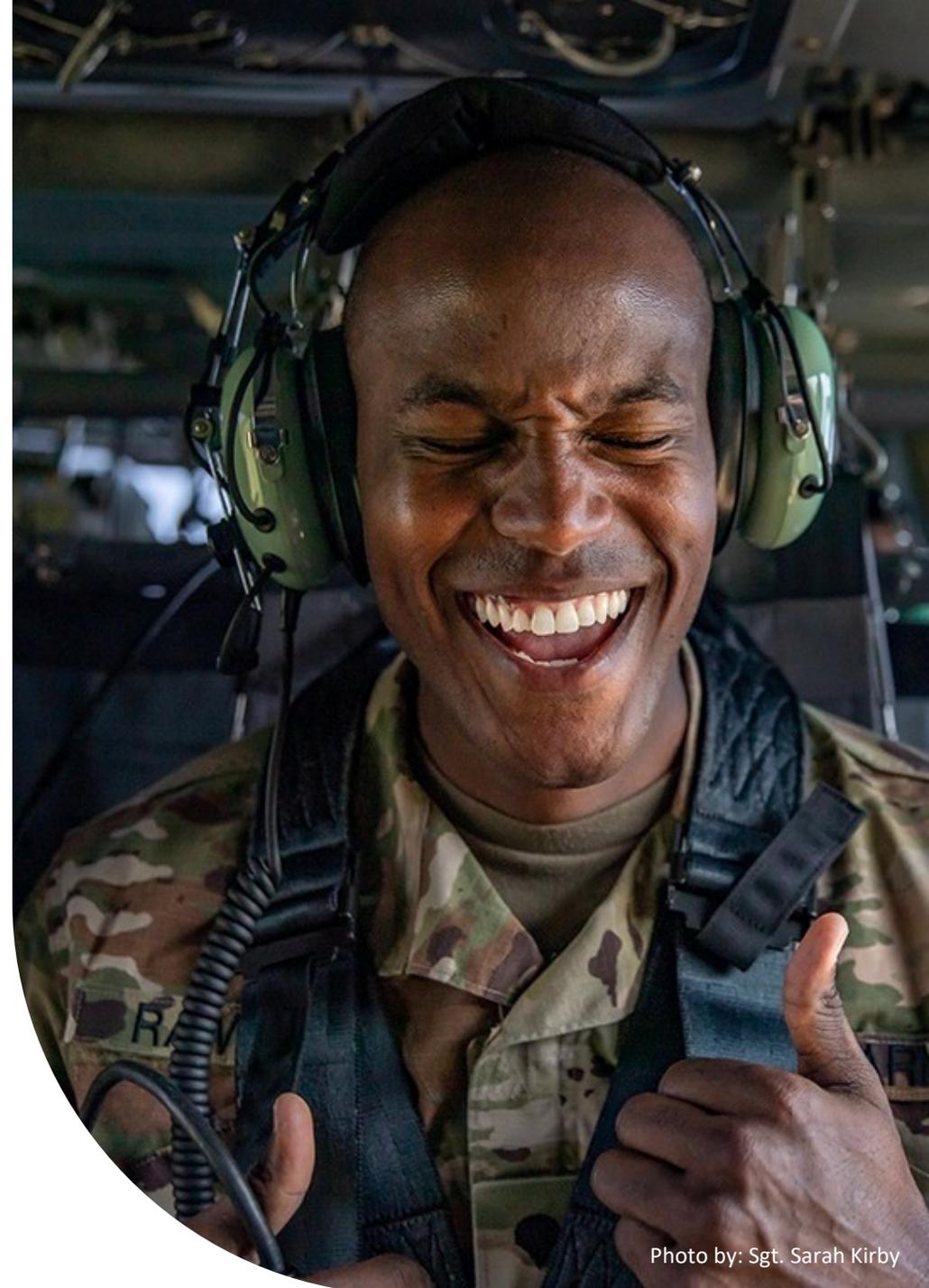
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Military

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

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

Step 2: View "Provider Access Claims Center"

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

Step 3: Enter "Provider Access Claims Center"

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

Step 4: Select a patient

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

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)

Step 4: Select a patient

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

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

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"

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 *:

Please select

TAC Number *

Admission type *:

Please select

Admission source *:

Please select

Admission date *

mm/dd/yyyy

Statement covers *

mm/dd/yyyy   mm/dd/yyyy

Attending physician ID (Individual National Identifier or NPI)

Other physician ID

← Back to claim header information   ⌄ Continue to payment 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 *

| 100.00 |

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**

| 00.00 | | 00.00 | | Please select ▾ |

Patient status *

| Please select ▾ |

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

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

Browse...   Clear file

Add a new file

← Back to claim header information

Previous   Next

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

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.

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"

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 *

00.00

Patient has other health insurance (in USD)   ○ Yes ◉ No

Billed currency *

USD

Bill type *:

Please select

Statement covers *

mm/dd/yyyy   mm/dd/yyyy

Patient status *

Please select

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 ***
00.00

CPT/HCPCS   **Modifier**

Units *   **Date of service ***
mm/dd/yyyy   mm/dd/yyyy

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:

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Institutional outpatient claim type – Step 8: Confirmation

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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

+ Add

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**

00.00   00.00   Please select

Patient paid *

00.00

▼ Continue to claim items

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 *

[   ]   [00.00   ]

CPT/HCPCS   Modifier

[   ] [🔍]   [ ][ ][ ][ ]

Anesthesia
○ Yes ● No

Units *   Date of service *

[   ]   [mm/dd/yyyy] [📅] [mm/dd/yyyy] [📅]

Place of service *   Service location zip code   Provider name

[Please select   ▼]   [   ]   [MOLOKHIA,EHAB,A,MD ▼]

Additional information
○ Yes ● No

[+ Add claim item]

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 6: Enter claim data (attachments)

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- Click the "Add a new file" button to attach the file to the record

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Accepted file types 8 MB Max

Browse... | Clear file

Add a new file

← Back to claim header information

Previous | Next

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

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Claim summary

Location

Provider ID: 63047734836604G001

Phone:

Tax ID: 630477348

NPI on file:

Patient

Trent CHAPEL

Birthday: 06/03/1975

Gender: Male

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.

Thank you