



Electronic claims submission

Via provider self-service on
[HumanaMilitary.com](https://www.humana.com/military)

Humana
Military



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

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

TEST

Humana Military | **TRICARE**



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

Angiography
Lab, EKG, Echo, Stress test
Cardiology, outpatient surg.
[View More](#)

Referrals and Authorizations

[Enter new request for referral or authorization, including hospital admission](#)
[Check or update existing referral or authorization by patient or auth/order number](#)
[Check or update existing referral or authorization by provider](#)
Looking for a specific authorization? Search here!

Auth/Order #
 [→ Search](#)

Claims

Visit [Provider Access Claims Center](#) to see your claims and related notifications, and to sign up to receive email alerts when new notifications arrive.

TRICARE Patient Profile

Includes Eligibility, Referrals and Claims

TRICARE ID Date of Birth OR Auth/Order # [Clear](#)

OR [Clear](#)

[→ View](#) [→ Clear All](#) [Show Extra Profile Fields](#)

Code Lookup

Code Type Procedure Diagnosis
Search Type Code Text
Search Input [→ Search](#)

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 action boxes: 'Need to submit a claim?' with a 'Click here to get started' link, and 'Setup email alerts' with a 'Click here to opt in to getting emailed when new notifications arrive.' link. Below these are search filters for 'Provider' (060250773 - The William W Backus Hospital) and 'Location' (The William W Backus Hospital, 326 Washington St, Norwich, CT 06360), with a 'Search' button. The main content area has two tabs: 'Claims Summary' (active) and 'Notifications'. A note states: 'Note: The initial search shows claims from the past 30 days. You can filter the list by clicking the 'show filters' link below.' Below the note is a 'show filters' link and a note: '*sort the list by clicking the column headers'. A table with the following columns is displayed: Claim number, Patient name, Date of service, Processed date, Provider name, Billed amount, and Claim status.

Step 4: Select a patient

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

Close window X

Submit a new claim

? Submit a new claim tutorial



Search for a patient

-or-

[Enter a patient that is not on DEERS \(less than a year\)](#)

Recent patients

No results found

Step 5: 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

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

No results found

Step 5: Select a patient

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

Close window 

Submit a new claim

Submit a new claim tutorial



	Drewett CHAPEL	1230 N LBJ DR APT 527 SAN MARCOS, TX 78666 USA	 Edit patient address  Go back and change patient
Selected patient	Date of birth: 01/04/1966 Gender: Male		



Institutional inpatient claim type – Step 6: Enter claim data

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

Clean form

Patient account number (optional)

Institutional claim form type
 Inpatient
 Outpatient

Claim header information

Admitting diagnosis *

Principal diagnosis *

Present on admission (POA) ^:

Other diagnosis

Principal procedure

Additional procedures

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](#) [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

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

[Clear file](#)

[← 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

Provider ID: 060250773063600000
 Phone:
 Tax ID: 060250773
 NPI on file:

Patient

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

Bill type: 111 - Hospital-Inpatient (Including Medicare PartA)-Admit through Discharge
 Admission type: 3 - ELECTIVE
 Admission source: 1 - PHYSICIAN REFERRAL (NORMAL DELIVERY FOR NEWBORNS)
 Admission date: 12/01/2017
 Statement covers: 12/01/2017 - 12/04/2017

Payment information

Assignment of benefits: Yes
 Patient paid: \$0.00
 Patient status: 01 - DISCHARGED TO HOME OR SELF CARE (ROUTINE DISCHARGE)

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

PROPRIETARY TO HUMANA MILITARY – NOT TO BE DISCLOSED





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”

Patient account number (optional)

Institutional claim form type
 Inpatient
 Outpatient

Claim header information

Principal diagnosis *

Other diagnosis

Condition codes
 Yes No

Payment information

Claim items

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 *

 Q

National drug code

Billed amount *

CPT/HCPCS

 Q

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: t8209xs

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 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](#)

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

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 inpatient 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 inpatient 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

[+ 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 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

[Clear file](#)

[← Back to claim header information](#)

Non-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: 63047734836604G001 Phone: Tax ID: 630477348 NPI on file:	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		

Previous

Next

PROPRIETARY TO HUMANA MILITARY – NOT TO BE DISCLOSED





Non-institutional inpatient 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](#)

Select a patient Enter claim data Review and submit 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](#)

Humana

Military

