

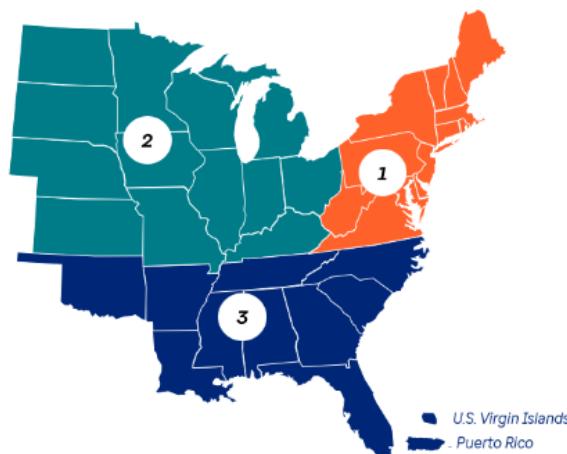
myVACCN.com

XPressClaim® Institutional Provider Guide

Overview

myVACCN.com serves providers in the VA CCN network for regions 1, 2 and 3.

Region 1	Region 2	Region 3
<ul style="list-style-type: none"> Connecticut Delaware District of Columbia Maine Maryland Massachusetts New Hampshire New Jersey New York North Carolina Pennsylvania Rhode Island Vermont Virginia West Virginia 	<ul style="list-style-type: none"> Illinois Indiana Iowa Kansas Kentucky Michigan Minnesota Missouri Nebraska North Dakota Ohio South Dakota Wisconsin 	<ul style="list-style-type: none"> Alabama Arkansas Florida Georgia Louisiana Mississippi Oklahoma Puerto Rico South Carolina Tennessee U.S. Virgin Islands



This guide explains how to use the XPressClaim (XPC) web application on myVACCN.com to submit institutional VA CCN claims (UB-04).

Important: XPC uses PGBA's Provider Information Management System (PIMS) as the source of provider data. The Tax ID Number (TIN) and assigned National Provider Identifier (NPI) must be on PIMS before the provider can use XPC. How do you get into PIMS? Join the VA CCN network!

To sign up for XPC:

1. If you are not already a member of myVACCN secure, use the "Register Now" link to create an account. The registration process includes an option to sign up for XPC.
2. If you already have a myVACCN secure account, sign in with your username and password
3. Click on the "XPressClaim" option in the top navigation menu
4. Select "Submit an XPressClaim"
5. Choose "Sign me up now!"
6. Review, sign and accept the XPC agreement
7. Confirm your acceptance for immediate access to submit claims

Already signed up. Submit a claim:

1. Sign into myVACCN.com using your unique username and password created during registration
2. Click on the "XPressClaim" claim option in the top navigation menu
3. Select "Submit an XPressClaim"

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XPressClaim Start

Select the [Enter an XPressClaim now](#) link.

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Veteran Information Claim Information myAccount Information XPressClaim Chat

Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results

XPressCLAIM*

Start your VA CCN XPressClaim SM

Here's a quick overview of the XPressClaim process:

1. Select the location where the care was provided.
2. Select the doctor who provided the care.
3. Select the patient who received the care.
4. Enter the list of services and charges for this claim.
5. Submit and make any online corrections.
6. Receive your results right away.

[Enter an XPressClaim now.](#)

Please note:

To see [XPressClaim Help](#), you'll need Adobe Reader. Download it now for free. 

So that we can update our files and keep your information current, XPressClaim may be temporarily down each night between 3 a.m. and 4 a.m. (EST) and Sundays from 5 p.m. to midnight (EST).

Location Selection

Select the location where services were provided by selecting a National Provider Identifier (NPI) link.

Search by NPI, location name, state, status or specialty to narrow the list. Click on any underlined column name in the location grid to sort by column.

Locations that they were active on PIMS within the past year (365 days) and have an assigned NPI are displayed. An NPI is not required for atypical locations.

Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results



Select the location where services were provided

To change or narrow the list, please enter the NPI, location name, state, status and/or specialty in any combination.

NPI: Location name: State: Status:
-- All States --

Specialty:

NPI	Location name	Address	City	State	ZIP	Specialty	Status	Status date
1234567890	MEMORIAL HOSPITAL EAST	123 MAIN ST	SOUTH CHARLI	WV	25309-1311	SHORT TERM GENERA	ACTIVE	01/01/2019
9876543210	MEMORIAL HOSPITAL WES	555 ANY RD	CHARLESTON	WV	25309-1365	SHORT TERM GENERA	ACTIVE	01/01/2019

A maximum of 300 locations are returned in a single search. Providers with many locations may be required to narrow the search to find a specific location. An alert will display:

Select the location where services were provided

⚠ Please note the following:

More than 300 locations were found. Please change or narrow your selection.

To change or narrow the list, please enter the NPI, location name, state, status and/or specialty in any combination.

Claim Type

The specialty of the location selected determines whether the provider is presented with a **professional claim path** or an **institutional claim path**. (Example: A Mixed Specialty Clinic would always be presented with the professional claim path.)

There are a few specialties that are presented with the option to choose between professional or institutional:

- Corporate Service Provider (CSP) Comprehensive Outpatient Rehab Facility
- CSP Home Health Agency
- Hospital Based Laboratory
- Federally Qualified Health Care Agency
- Rural Health Clinic
- Ambulatory Surgical Center
- Urgent Care
- State Vaccine Program
- Ambulance Service
- Laboratory

The screenshot shows the Optum UnitedHealthcare myVACCN XPressClaim interface. At the top, there are navigation links: Home, Print, Provider Feedback, and Logout. Below that is a banner for myVACCN by PGBA. The main menu has tabs: Veteran Information, Claim Information, myAccount Information, and XPressClaim. The XPressClaim tab is active. The URL in the browser is [Home > Submit an XPressClaim](#). The page title is "Start > Location > Provider > Veteran > Service > OHI > Results". On the right, there is a "Chat" button. The main content area is titled "Veteran Information" and asks to enter a veteran's information. It includes fields for First Name, MI, Last Name, and Veteran's date of birth. Below this, there is a section for "Veteran's" with fields for MVI ICN and SSN. To the right of these fields is a "Claim type" section with two radio buttons: "Professional" (selected) and "Institutional". A blue "Submit" button is next to the "Institutional" button. An orange arrow points from a callout box to the "Institutional" radio button. The callout box contains the text: "This option only displays for the above listed provider specialties." The "Professional" radio button is also highlighted with an orange circle.

Veteran Information

Enter the veteran's first name, middle initial (if applicable), last name, date of birth and MVI ICN or SSN. Then, click **Submit**.

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Veteran Information **Claim Information** **myAccount Information** **XPressClaim** **Chat**

[Home](#) > [Submit an XPressClaim](#)

Start > Location > Provider > **Veteran** > Service > OHI > Results

XPressClaim*

Enter the patient who received care at: LABORATORY CORP

Veteran Information

To submit a claim for a veteran, please enter the following:

First Name MI Last Name Veteran's date of birth

Veteran's

MVI ICN

SSN

Enter your facility's unique account number assigned to the patient as the "Veteran's account number." This corresponds to block 3a on the UB04 claim form and will help to identify the patient later in your system. Finish entering the veteran's information or verify that the information displayed is correct.

Start > Location > Provider > **Veteran** > Service > OHI > Results

XPressClaim*

Update the veteran's information or confirm the following is correct.

Required *

Veteran's MVI ICN: 6245069782V524196
Veteran's Social Security Number: XXXXX1651
Veteran's name: Jane Doe
Date of birth: January 1, 1985
Gender: Male Female Unknown

Veteran's account number:
Address line 1:
Address line 2:
City:
State: ~ Select ~
ZIP code:
Relationship to veteran: * Self

General Claim Information and Claim Notes

Enter the general claim information and claim note information. Some fields are pre-populated with the most common values. Click **Continue with XPressClaim**.

General claim information

Benefits assigned to provider:

Release of information: Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim

Medical record number:

Claim note information

Claim notes can be added here that apply to the entire claim.

Claim note type:

Claim note:

[Add claim note](#)

Claim Header Level Notes

To enter claim header level notes (additional information that applies to the whole claim):

1. Select the Claim note type from the drop-down menu
2. Enter the notes in the Claim note field.
3. To enter multiple notes, select the **Add claim note** link

Claim note information
Claim notes can be added here that apply to the entire claim.

1 Claim note type:

2 Claim note:

3 [Add claim note](#)

Continue with XPressClaim **Cancel this XPressClaim**

ALG - Allergies
DCP - Goals, Rehabilitation Potential, or Discharge Plans
DGN - Diagnosis Description
DME - Durable Medical Equipment (DME) and Supplies
MED - Medications
NTR - Nutritional Requirements
ODT - Orders for Disciplines and Treatments
RHB - Functional Limitations, Reason Homebound, or Both
RLH - Reasons Patient Leaves Home
RNH - Times and Reasons Patient Not at Home
SET - Unusual Home, Social Environment, or Both
SFM - Safety Measures
SPT - Supplementary Plan of Treatment
UPI - Updated Information

Claim note information
Claim notes can be added here that apply to the entire claim.

1 Claim note type:

2 Claim note:

3 [Add claim note](#)

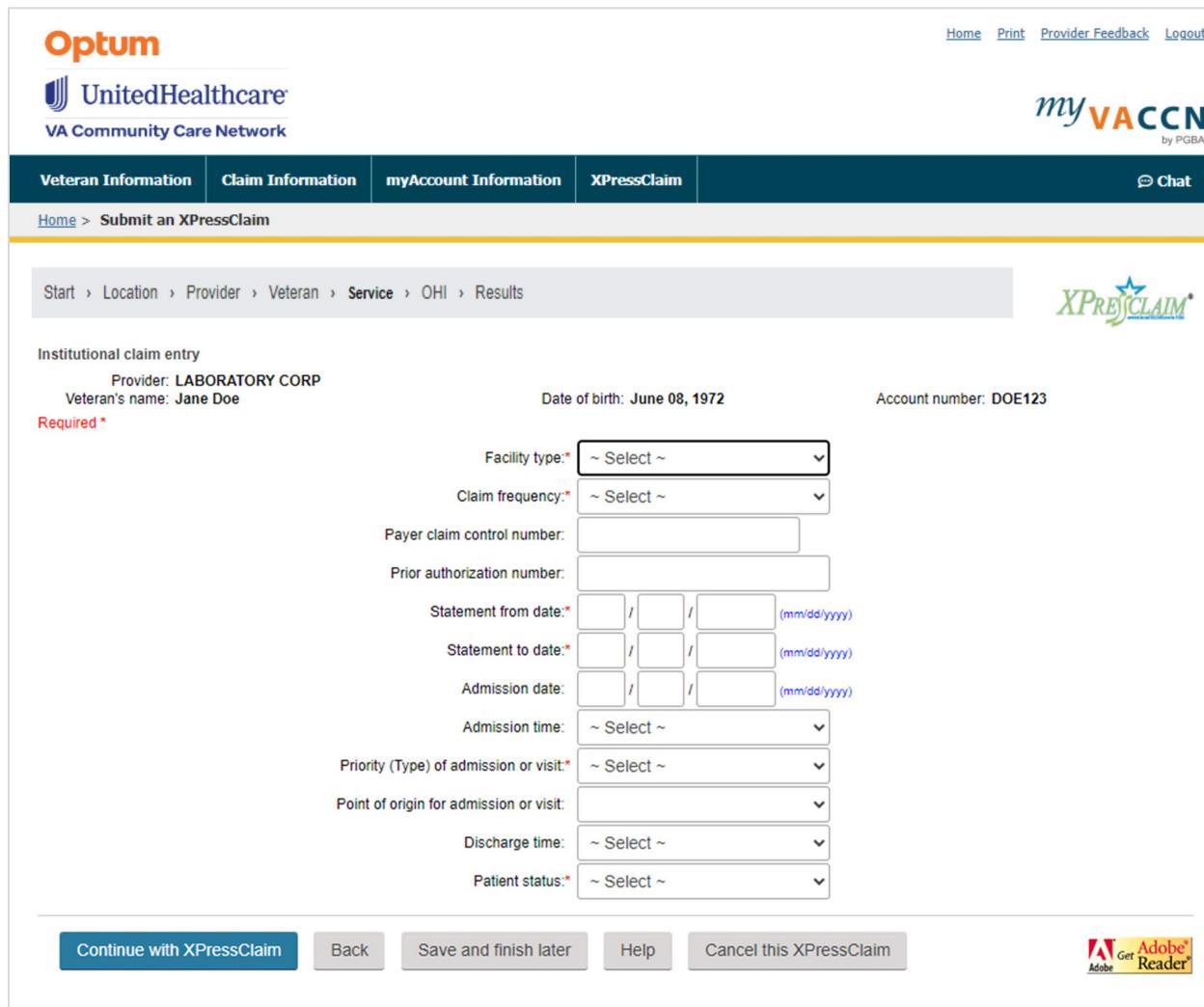
Continue with XPressClaim **Cancel this XPressClaim**

Institutional Claim Entry

Fill in the applicable institutional claim entry fields and click **Continue with XPressClaim**.

To submit a corrected or replacement claim, choose a “Claim frequency” of 7 (replacement of prior claim) and enter the original claim number in the “Payer claim control number” field.

Please note: Only one referral number is allowed per claim.



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Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results

XPressCLAIM*

Institutional claim entry

Provider: LABORATORY CORP
Veteran's name: Jane Doe

Date of birth: June 08, 1972

Account number: DOE123

Required *

Facility type: * ~ Select ~

Claim frequency: * ~ Select ~

Payer claim control number:

Prior authorization number:

Statement from date: * [] / [] / [] (mm/dd/yyyy)

Statement to date: * [] / [] / [] (mm/dd/yyyy)

Admission date: [] / [] / [] (mm/dd/yyyy)

Admission time: ~ Select ~

Priority (Type) of admission or visit: * ~ Select ~

Point of origin for admission or visit:

Discharge time: ~ Select ~

Patient status: * ~ Select ~

Continue with XPressClaim Back Save and finish later Help Cancel this XPressClaim

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Type of Bill

Current values in the **Facility type** drop-down menu:

Facility type:*

- ~ Select ~
- 11 - Hospital Inpatient (Including Medicare Part A)
- 12 - Hospital Inpatient (Medicare Part B only)
- 13 - Hospital Outpatient
- 14 - Hospital - Laboratory Services Provided to Non-patients
- 18 - Hospital - Swing Beds
- 21 - Skilled Nursing - Inpatient (Including Medicare Part A)
- 22 - Skilled Nursing - Inpatient (Medicare Part B only)
- 23 - Skilled Nursing - Outpatient
- 28 - Skilled Nursing - Swing Beds
- 32 - Home Health - Inpatient (plan of treatment under Part B only)
- 33 - Home Health - Outpatient (plan of treatment under Part A, including DME under Part A)
- 34 - Home Health - Other (for medical and surgical services not under a plan of treatment)
- 41 - Religious Non-Medical Health Care Institutions - Hospital Inpatient
- 43 - Religious Non-Medical Health Care Institutions - Outpatient Services
- 65 - Intermediate Care - Level I
- 66 - Intermediate Care - Level II
- 71 - Clinic - Rural Health
- 72 - Clinic - Hospital Based on Independent Renal Dialysis Center
- 73 - Clinic - Freestanding
- 74 - Clinic - Outpatient Rehabilitation Facility (ORF)
- 75 - Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 76 - Clinic - Community Mental Health Center
- 77 - Clinic - Federally Qualifier Health Center (FQHC)
- 79 - Clinic - Other
- 81 - Hospice (non-hospital based)
- 82 - Hospice (hospital based)
- 83 - Ambulatory Surgery Center
- 84 - Free Standing Birthing Center
- 85 - Critical Access Hospital
- 86 - Residential Facility
- 89 - Special Facility - Other

Current values in the **Claim frequency** drop-down menu:

Claim frequency:*

- ~ Select ~
- 0 - Non-Payment/Zero Claim
- 1 - Admit through Discharge Claim
- 2 - Interim - First Claim
- 3 - Interim - Continuing Claim
- 4 - Interim - Last Claim
- 5 - Late Charge(s) Only
- 7 - Replacement of Prior Claim
- 8 - Void/Cancel of Prior Claim
- 9 - Final Claim for a Home Health PPS Episode
- Q - Reconsideration Outside of Time Limit

Please note: Facility type and Claim Frequency combined make up the Type of Bill from block 4 on the UB04 claim form. (Example: Hospital Outpatient + Admit through Discharge Claim = Type of Bill 131.)

Admission Type

Current values in the **Type of admission** drop-down menu:

Priority (Type) of admission or visit:^{*}

~ Select ~
Elective
Emergency
Information Not Available
Newborn
Trauma
Urgent

Current values in the **Patient status** drop-down menu:

Patient status:^{*}

~ Select ~
01- ROUTINE DISCHARGE
02- SHORT TERM GENERAL HOSPITAL
03- SKILLED NURSING FACILITY WITH MEDICARE CERTIFICATE
04- FACILITY FOR CUSTODIAL/SUPPORTIVE CARE
05- CANCER CENTER OR CHILDREN'S HOSPITAL
06- HOME UNDER CARE OF ORGANIZED HOME HEALTH SERVICE
07- LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED CARE
09- ADMITTED AS AN INPATIENT TO THIS HOSPITAL
20- EXPIRED
21- COURT OR LAW ENFORCEMENT
30- STILL A PATIENT
40- EXPIRED AT HOME
41- EXPIRED IN A MEDICAL FACILITY
42- EXPIRED- PLACE UNKNOWN
43- FEDERAL HEALTH CARE FACILITY
50- HOSPICE - HOME
51- HOSPICE - MEDICAL FACILITY(CERTIFIED)
61- HOSPITAL-BASED MEDICARE APPROVED SWING BED
62- INPATIENT REHAB FACILITY OR REHAB DISTINCT UNIT
63- MEDICARE CERTIFIED LONG TERM CARE HOSPITAL
64- MEDICAID/NON-MEDICARE CERTIFIED NURSING FACILITY
65- PSYCHIATRIC HOSPITAL OR PSYCHIATRIC DISTINCT UNIT
66- CRITICAL ACCESS HOSPITAL
69- DISASTER ALTERNATE CARE SITE
70- ANOTHER TYPE OF INSTITUTION NOT DEFINED ELSEWHERE
81- HOME WITH PLANNED RE-ADMISSION
82- SHORT-TERM HOSPITAL WITH PLANNED RE-ADMISSION
83- SKILLED NURSING FACILITY WITH PLANNED RE-ADMISSION
84- CUSTODIAL/SUPPORTIVE CARE WITH PLANNED RE-ADMISSION
85- CANCER/CHILDRENS HOSPITAL WITH PLANNED RE-ADMISSION
86- HOME HEALTH SERVICE WITH PLANNED RE-ADMISSION
87- COURT OR LAW ENFORCEMENT WITH PLANNED RE-ADMISSION
88- FEDERAL HOSPITAL WITH PLANNED RE-ADMISSION
89- SWING BED WITH PLANNED RE-ADMISSION
90- REHABILITATION WITH PLANNED RE-ADMISSION
91- LONG TERM CARE HOSPITAL WITH PLANNED RE-ADMISSION
92- MEDICAID SKILLED NURSING FACILITY WITH PLANNED RE-ADMISSION
93- PSYCHIATRIC WITH PLANNED RE-ADMISSION
94- CRITICAL ACCESS HOSPITAL WITH PLANNED RE-ADMISSION
95- OTHER HEALTH INSTITUTION WITH PLANNED RE-ADMISSION

Diagnosis Codes

Enter the ICD10 diagnosis code(s) and applicable Present on Admission (POA) code(s).

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[Veteran Information](#) [Claim Information](#) [myAccount Information](#) [XPressClaim](#) [Chat](#)

[Home](#) > [Submit an XPressClaim](#)

Start > Location > Provider > Veteran > Service > OHI > Results 

Enter the diagnosis codes and procedure codes for this claim

Provider: LABORATORY CORP
Veteran's name: Jane Doe Date of birth: June 08, 1972 Account number: DOE123

Required *

Diagnosis codes

Principal diagnosis and Present on Admission (POA) code: *

1.

Other diagnosis and Present on Admission (POA) codes:

2. 3. 4. 5.
6. 7. 8. 9.

[Show more Other diagnosis codes](#)

Admitting diagnosis code: Diagnosis related group (DRG):

Patient's reason for visit codes:

1. 2. 3.

Attending Physician and ICD Procedure Codes

Enter the attending physician information and ICD procedure codes if applicable. When complete, select **Continue with XPressClaim**.

Attending physician information

Please note: Last name and either the Primary or Secondary ID (not both) are required when submitting attending physician information.

First name:
M.I.:
Last name:
Suffix:
Primary ID: (NPI)
Secondary ID: (Provider Commercial Number)

External cause of injury codes and present on admission (POA) codes: [\[+\]](#)

ICD procedure codes

Principal procedure code and date: (mm/dd/yyyy)
1. / / /
Other procedure codes and dates: (mm/dd/yyyy)
2. / / / 3. / / / 4. / / / 5. / / / 6. / / / 7. / / / 8. / / / 9. / / /

[Show more Other procedure codes](#)

[Continue with XPressClaim](#) [Back](#) [Save and finish later](#) [Help](#) [Cancel this XPressClaim](#)

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Condition Codes and Occurrence Codes/Dates

Enter condition codes and occurrence codes/dates if applicable. Then, select **Continue with XPressClaim**.

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Veteran Information **Claim Information** **myAccount Information** **XPressClaim** **Chat**

Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results **XPressCLAIM***

Enter the condition and occurrence codes for this claim

Provider: LABORATORY CORP
Veteran's name: Jane Doe Date of birth: June 08, 1972 Account number: DOE123

Condition codes

1. 2. 3. 4. 5. 6. 7. 8.
[Show more Condition codes](#)

Occurrence codes and dates (mm/dd/yyyy)

1. / 2. / 3. /
4. / 5. /
[Show more Occurrence codes](#)

Continue with XPressClaim **Back** **Save and finish later** **Help** **Cancel this XPressClaim** 

These fields correspond to blocks 35 – 36 on the UB04 claim form and are only used for Home Health Agency/Prospective Payment System (HHA/PPS) and Skilled Nursing Facility/Prospective Payment System (SNF/PPS) claims.

Value, Occurrence Span and Treatment Codes

Enter value codes and amounts, occurrence span codes/dates and treatment codes if applicable. Then, select **Continue with XPressClaim**.

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Veteran Information **Claim Information** **myAccount Information** **XPressClaim** **Chat**

[Home](#) > [Submit an XPressClaim](#)

Start > Location > Provider > Veteran > Service > OHI > Results 

Enter the value, occurrence span codes and treatment codes for this claim

Provider: LABORATORY CORP
Veteran's name: Jane Doe Date of birth: June 08, 1972 Account number: DOE123

Value codes and amounts

1. \$. 2. \$. 3. \$. 4. \$.
[Show more Value codes](#)

Occurrence span codes and dates (mm/dd/yyyy)

From: To: From: To:
1. / / / 2. / / /
3. / / / 4. / / /
[Show more Occurrence span codes](#)

Treatment codes

1. 2. 3. 4. 5. 6. 7. 8.
[Show more Treatment codes](#)

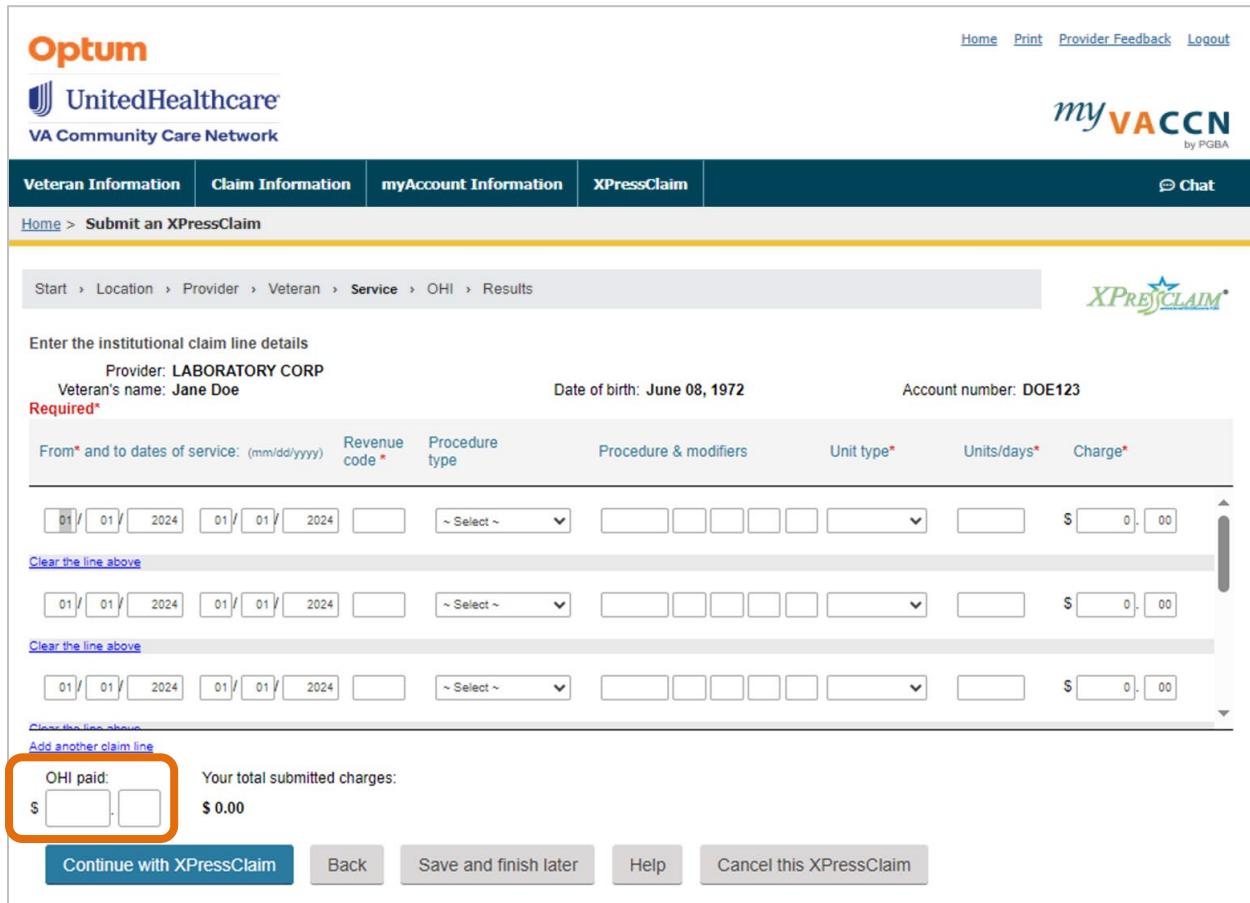
Buttons: [Continue with XPressClaim](#) [Back](#) [Save and finish later](#) [Help](#) [Cancel this XPressClaim](#)



Claim Line Details

Enter the details for each claim line and select **Continue with XPressClaim**.

IMPORTANT: Do not enter zeroes in the OHI Paid field if the patient does not have Other Health Insurance (OHI). Leave the field blank.



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Veteran Information Claim Information myAccount Information XPressClaim Chat

Home > Submit an XPressClaim

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XPRESSCLAIM*

Enter the institutional claim line details

Provider: LABORATORY CORP
Veteran's name: Jane Doe
Required*

Date of birth: June 08, 1972
Account number: DOE123

From* and to dates of service: (mm/dd/yyyy)	Revenue code*	Procedure type	Procedure & modifiers	Unit type*	Units/days*	Charge*
01/01/2024	01/01/2024	~ Select ~				\$ 0.00
01/01/2024	01/01/2024	~ Select ~				\$ 0.00
01/01/2024	01/01/2024	~ Select ~				\$ 0.00

Clear the line above
Clear the line above
Clear the line above
Add another claim line

OHI paid: Your total submitted charges:
\$ \$ 0.00

Continue with XPressClaim Back Save and finish later Help Cancel this XPressClaim

Procedure type options:

Procedure type
~ Select ~
HCPCS
HIPPS

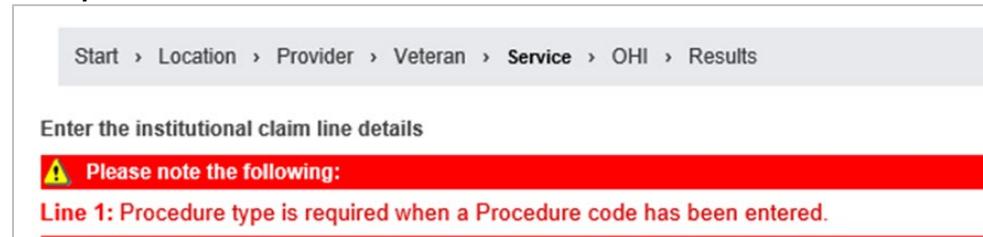
Unit type options:

Unit type*
Days
Unit

Claim Edits

Once the user selects **Continue with XPressClaim**, the system will check for errors. Edits that the user needs to correct before continuing will display at the top of the webpage.

Example:



Start > Location > Provider > Veteran > Service > OHI > Results

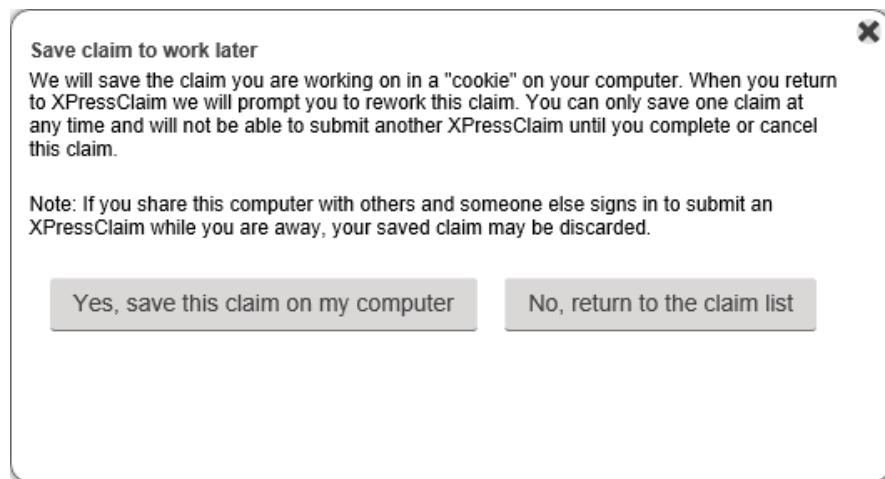
Enter the institutional claim line details

⚠ Please note the following:

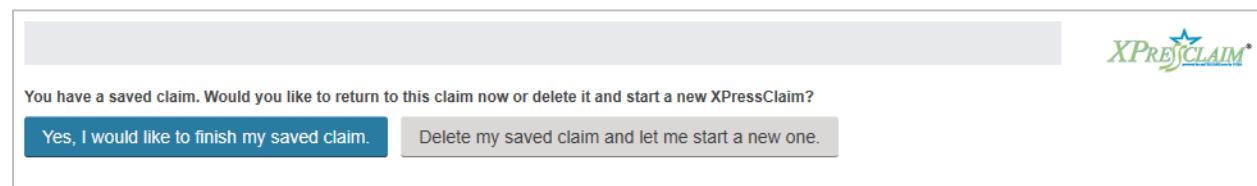
Line 1: Procedure type is required when a Procedure code has been entered.

Save Claim and Finish Later

Select the **Save and finish later** button if you need to finish entering the claim later.



When returning to XPC, an option to finish the saved claim will be presented.



Other Health Insurance (OHI)

If the patient has OHI, enter the amount paid in the OHI Paid field on the line details page. Once the **Continue with XPressClaim** button is selected, additional OHI fields will display as shown below.

1. Prior adjudication date is required. This is the date that the OHI processed the claim.
2. Claim adjustment group code: "Patient responsibility" is pre-populated as this is the most common reason for adjustments.
3. Reason code, Amount and Quantity must be entered if there is an outstanding balance owed by the patient. Reason codes can be found at: <http://www.x12.org/codes/claim-adjustment-reason-codes/>

Start > Location > Provider > Veteran > Service > OHI > Results

XPressCLAIM*

Enter other health insurance information

Please note: Completion of this page is required when VA CCN is not the primary payer.

Provider: _____ Veteran's name: _____ Date of birth: _____ Account number: _____

Required *
Please enter other health insurance information as received from the other payer, including claim adjustments. This information tells VA CCN how the claim was processed by the other payer and what needs to be considered for coverage under VA CCN.

Coordination of benefits

Please indicate how you would like to enter adjustments for the payer. The choice should be driven by how the other payer provided the adjustment information to you on their electronic (835) or paper remit.

Level of adjustments: *

Other payer paid: * \$

Remaining patient liability: \$

1 Prior adjudication date: * / /

Claim Adjustments
The most common claim adjustments are Deductible, Co-Insurance or Non-Covered. If you would like to view a list of HIPAA Claim Adjustment Reason Codes, please go to www.wpc-edi.com.

2 **1.** Claim adjustment group code:

3

Reason code:	Amount:	Quantity:
1.1:	<input type="text"/>	<input type="text"/>
1.2:	<input type="text"/>	<input type="text"/>
1.3:	<input type="text"/>	<input type="text"/>
1.4:	<input type="text"/>	<input type="text"/>
1.5:	<input type="text"/>	<input type="text"/>
1.6:	<input type="text"/>	<input type="text"/>

[Add another adjustment group](#)

Enter the Other payer information including the name of the Other Health Insurance in the Payer's name field and click the Continue with XPressClaim button.

Inpatient adjudication information: [+] Outpatient adjudication information: [+]

Other payer information

Payer's sequence: * Primary Individual relationship: * Self Patient's signature release: * Y- Yes, Provider has a Sig

Benefits assignment: * Yes Claim filing indicator: * Other Non-Federal Program

Other subscriber's claim#: * 0000000000000000 Subscriber's ID: * 0000000000000000

Secondary ID (SSN):

Subscriber's name: First name M.I. Last name* Doe Suffix OR Org name*

Address line 1: Address line 2: City: State: ~ Select ~ ZIP code: Group#:

Prior Authorization#: Referral#: Last name/Organization name:

Payer's name: * PAYER'S NAME Primary ID (NAIC): * 00000 Secondary ID: ~ Select ~

Continue with XPressClaim More Health Insurance Back Save and finish later Cancel this XPressClaim

Submit the Claim

If there is no supplemental information to add, click the **Yes, submit this claim** button.

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Veteran Information Claim Information myAccount Information XPressClaim Chat

Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results

Enter the institutional claim line details

Provider: LABORATORY
Veteran's name: Jane Doe
Required*

Date of birth: June 08, 1972
Account number: DOE123

From* and to dates of service: (mm/dd/yyyy) Revenue code* Procedure type Procedure & modifiers Unit type* Units/days* Charge*

01/01/2024 01/01/2024 Revenue code* Procedure type Procedure & modifiers Unit type* Units/days* Charge*

01/01/2024 01/01/2024 Revenue code* Procedure type Procedure & modifiers Unit type* Units/days* Charge*

Are you ready to submit this claim?
Yes, submit this claim.
No, I have supplemental claim and/or line data to enter.
No, take me back to the claim.

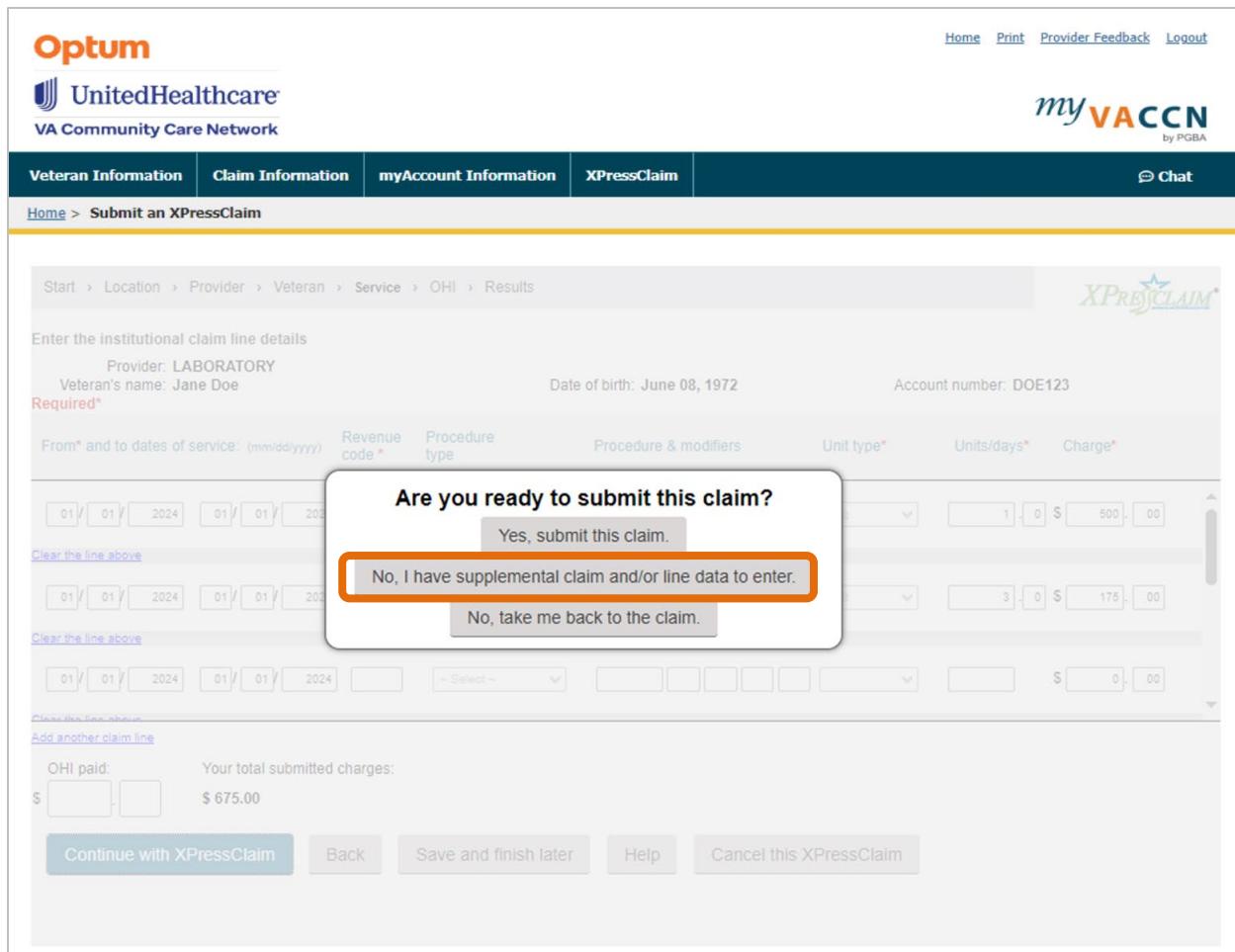
Clear the line above
Clear the line above
Clear the line above
Add another claim line

OHI paid: Your total submitted charges:
\$ 0.00 \$ 675.00

Continue with XPressClaim Back Save and finish later Help Cancel this XPressClaim

Supplemental Information

To enter supplemental information, select **No, I have supplemental claim and/or line data to enter.**



The screenshot shows the Optum XPressClaim Institutional software interface. At the top, there are navigation links: Home, Print, Provider Feedback, and Logout. Below that is a menu bar with tabs: Veteran Information, Claim Information, myAccount Information, and XPressClaim. The XPressClaim tab is active, and the sub-page is "Submit an XPressClaim". The breadcrumb navigation shows: Home > Submit an XPressClaim.

The main content area displays the "Start > Location > Provider > Veteran > Service > OHI > Results" path. On the left, there is a section for "Enter the institutional claim line details" with fields for "Provider: LABORATORY", "Veteran's name: Jane Doe", "Date of birth: June 08, 1972", and "Account number: DOE123". A "Required*" label is present.

The central part of the screen shows a table for claim lines. A modal dialog box is overlaid on the table, containing the question "Are you ready to submit this claim?". It has two buttons: "Yes, submit this claim." and "No, I have supplemental claim and/or line data to enter." The second button is highlighted with an orange border. Below the modal, another button "No, take me back to the claim." is visible.

At the bottom of the screen, there are buttons for "Continue with XPressClaim", "Back", "Save and finish later", "Help", and "Cancel this XPressClaim".

Claim Level Supplemental Information

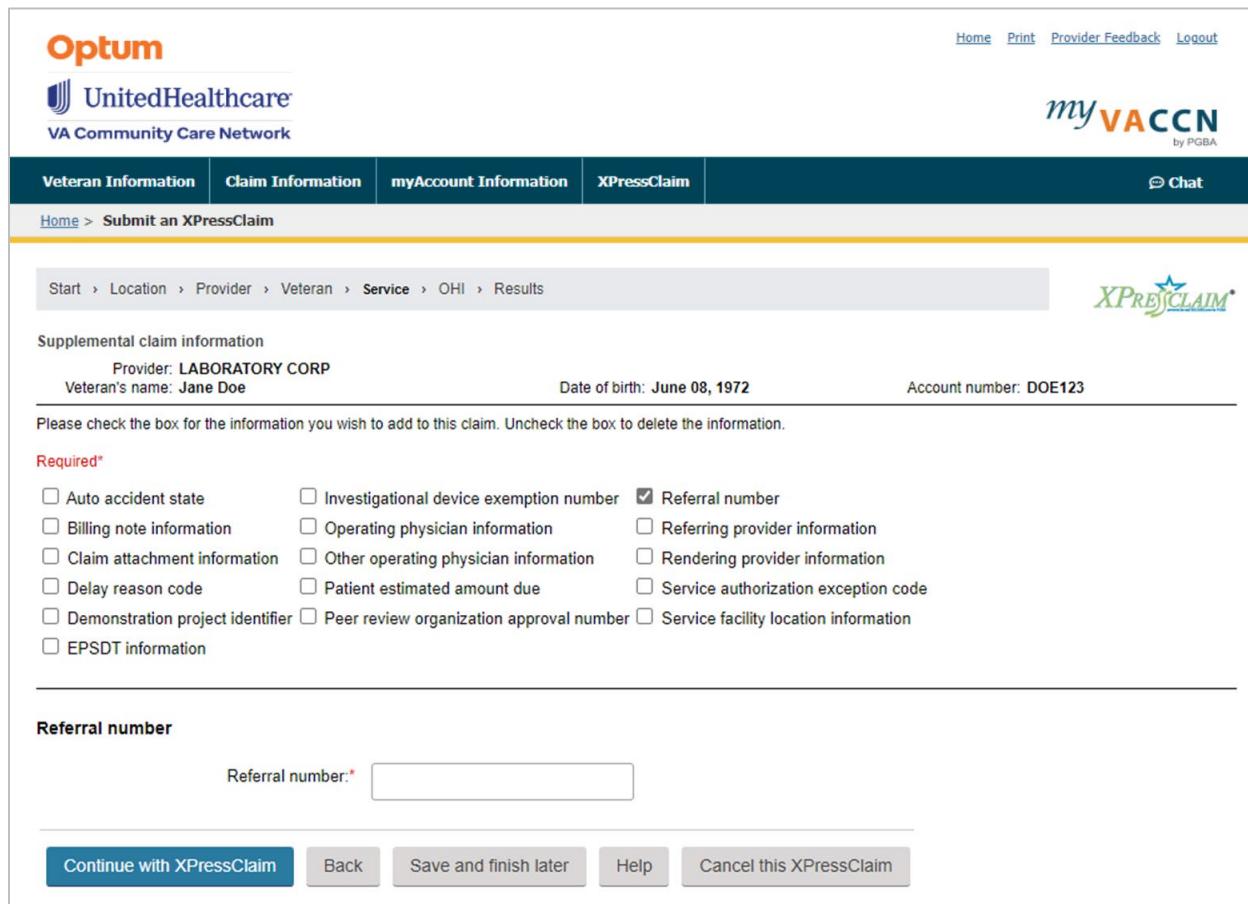
Select a checkbox from the “Supplemental claim information” page to add claim level data. The page will re-display with the fields related to the checkbox selected. Once all applicable information has been entered, click **Continue with XPressClaim**.

The screenshot shows the Optum UnitedHealthcare VA Community Care Network myVACCN XPressClaim interface. At the top, there are navigation links: Home, Print, Provider Feedback, and Logout. Below that is a menu bar with tabs: Veteran Information, Claim Information, myAccount Information, XPressClaim, and Chat. The current page is 'Submit an XPressClaim'. The breadcrumb navigation shows: Home > Submit an XPressClaim. The main content area is titled 'Supplemental claim information'. It displays provider information: Provider: LABORATORY CORP, Veteran's name: Jane Doe, Date of birth: June 08, 1972, and Account number: DOE123. A note below says, 'Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.' A 'Required*' label is followed by a list of checkboxes for various claim details. At the bottom, there are buttons for 'Continue with XPressClaim', 'Back', 'Save and finish later', 'Help', and 'Cancel this XPressClaim'.

Referral Numbers

The most common supplemental data entered at the header level includes the referral number.

The VA referral number (Example: VA0000000000, UC0000000000) should be entered in the Referral number field. Only one referral number is allowed per claim.

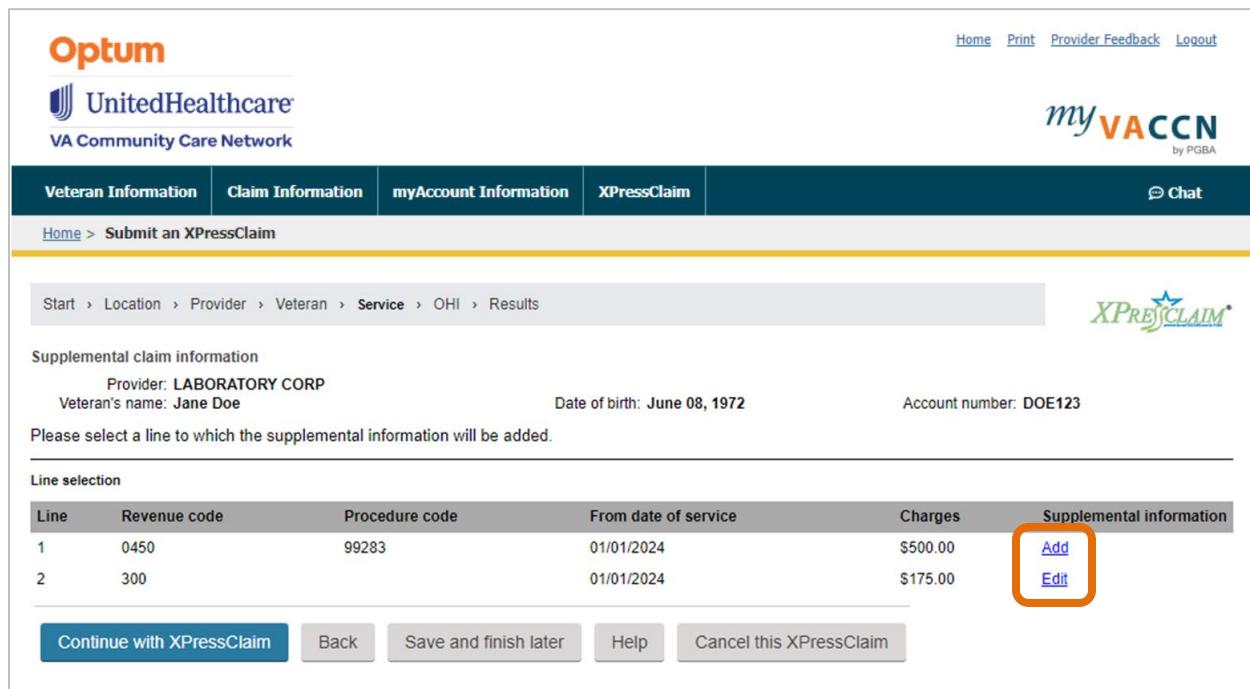


The screenshot shows the Optum XPressClaim interface. At the top, there are navigation links: Home, Print, Provider Feedback, and Logout. Below that is a logo for myVACCN by PGBA. The main menu includes Veteran Information, Claim Information, myAccount Information, and XPressClaim. A Chat link is also present. The current page is 'Submit an XPressClaim'. The breadcrumb navigation shows: Start > Location > Provider > Veteran > Service > OHI > Results. On the right, there is a 'XPressCLAIM' logo. The main content area displays 'Supplemental claim information' and details for a provider: Provider: LABORATORY CORP, Veteran's name: Jane Doe, Date of birth: June 08, 1972, and Account number: DOE123. A note says 'Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.' Below this is a section titled 'Required*' with a list of checkboxes for various claim details. The 'Referral number' section follows, with a text input field labeled 'Referral number: *'. At the bottom, there are four buttons: 'Continue with XPressClaim' (highlighted in blue), 'Back', 'Save and finish later', and 'Cancel this XPressClaim'.

Line Level Supplemental Information

Once **Continue with XPressClaim** is selected, the user is presented with the option to enter line level supplemental data.

Select a line by clicking the [Edit](#) or [Add](#) link.



Optum
UnitedHealthcare
VA Community Care Network

myVACCN by PGBA

Veteran Information Claim Information myAccount Information XPressClaim Chat

Home > Submit an XPressClaim

Start > Location > Provider > Veteran > Service > OHI > Results

XPressCLAIM*

Supplemental claim information

Provider: LABORATORY CORP
Veteran's name: Jane Doe
Date of birth: June 08, 1972
Account number: DOE123

Please select a line to which the supplemental information will be added.

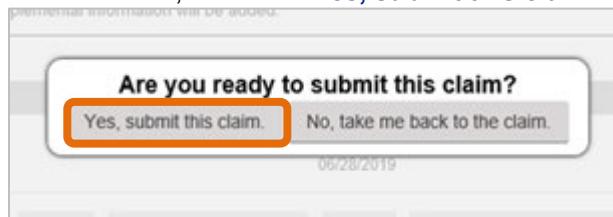
Line	Revenue code	Procedure code	From date of service	Charges	Supplemental information
1	0450	99283	01/01/2024	\$500.00	Add Edit
2	300		01/01/2024	\$175.00	

Continue with XPressClaim Back Save and finish later Help Cancel this XPressClaim

The “Supplemental line information” page will be displayed for the line selected. Select the desired checkboxes, enter the corresponding information and click **Continue with XPressClaim**.

The screenshot shows the XPressClaim interface for Optum UnitedHealthcare. The top navigation bar includes links for Home, Print, Provider Feedback, and Logout. The main menu has tabs for Veteran Information, Claim Information, myAccount Information, XPressClaim, and Chat. The current page is 'Submit an XPressClaim'. The breadcrumb navigation shows: Home > Submit an XPressClaim. The main content area displays a navigation bar with links: Start > Location > Provider > Veteran > Service > OHI > Results. To the right is the 'my VACCN by PGBA' logo. Below this is the 'XPressCLAIM' logo. The page title is 'Supplemental line information'. It shows provider details: Provider: LABORATORY CORP, Veteran's name: Jane Doe, Date of birth: June 08, 1972, Account number: DOE123. A table row for 'Claim Line: 1' is shown with columns: Provider ID: 123456789, Revenue code: 0450, Procedure code: 99283, Date of service: 01/01/2024, and Charges: \$500.00. A note below the table says: 'Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.' A 'Required*' label is followed by a list of checkboxes: Facility tax amount, Line item control number, Line supplemental information, Non-covered charge, Operating physician information, Other operating physician information, Procedure code description, Referring provider information, Rendering provider information, and Service tax amount. At the bottom are buttons for Continue with XPressClaim, Back, Save and finish later, Help, and Cancel this XPressClaim.

When finished, select the **Yes, submit this claim** button.



XPressClaim Submission Confirmation – In-Process Claim

If the claim has edits that need to be resolved internally by a claims associate, the XPC submission confirmation page will be returned with the claim number and a message to check status later.

XPressClaim submission confirmation

Veteran's Social Security Number: XXXXX8111
Veteran's name: JANE DOE

Claim number: F179X0001

There are additional edits we must resolve, but we will process this claim on a priority basis.
Please check the status of your claim at a later time.

Submit an XPressClaim for another VACCN patient:

[At the same location](#)

[At another location](#)

XPressClaim Submission Confirmation – Finalized Claim

If the claim processes immediately, the Finalized XPC page will be returned with a link to the patient summary receipt.

Your finalized XPressClaim

[Print a summary receipt to give your patient](#) (Only available now--this page is not saved and won't be available again.)

Veteran's Social Security Number: XXXXX8111
Veteran's name: JANE DOE

Claim number: K001X0000

Submit an XPressClaim for another VACCN patient:

[At the same location](#)

[At another location](#)

Patient Summary Receipt

Patient Summary Receipt

Date Completed: JANUARY 1, 2024

Veteran's SSN: XXXXX0338
Veteran's Name: DOE JANE
123 MAIN ST
DUDLEY, NC 28333

Location: HOSPITAL SOUTH
999 HWY 9
CITY ST 99999

Claim Number: K001X0000
Claim Status: Complete



Dates of Service:	01/01/2024 through 01/01/2024
Total Billed:	\$ 4201.00
VA Allowed Amount:	\$ 4201.00
Non-Covered Amount:	\$ 0.00
Other Health Insurance Allowed Amount:	\$ 0.00
Other Health Insurance Paid Amount:	\$ 0.00
Penalty Amount:	\$ 0.00
Amount Paid to HOSPITAL SOUTH	\$ 4201.00
Total Amount Paid:	\$ 4201.00

Patient Liability Summary

Patient's Deductible:	\$ 0.00
Patient's Cost-Share:	\$ 0.00
Patient's Copay:	\$ 0.00

Date of Service	Services Provided	Amount Billed	VA Allowed	Remarks
01/01/2024	0110	\$ 4201.00	\$ 4201.00	
		\$ 4201.00	\$ 4201.00	

Claim Number: K001X0000

This is not an official Explanation of Benefits (EOB).

Please note: In rare cases, some payment values may change between this receipt and the official EOB.

[Print this receipt](#)

[Close](#)