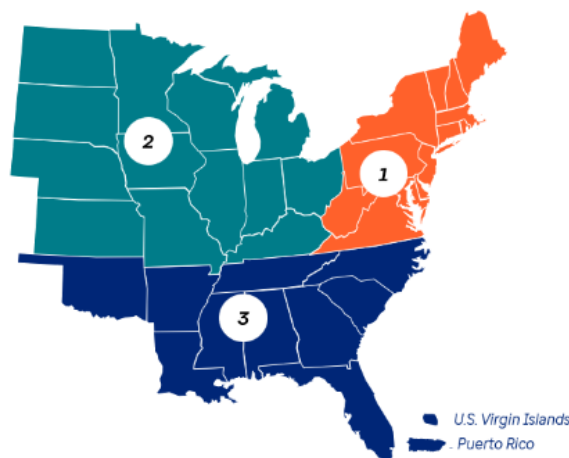


# myVACCN.com XPressClaim® Institutional Provider Guide

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



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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[Start](#) > [Location](#) > [Provider](#) > [Veteran](#) > [Service](#) > [OHI](#) > [Results](#)




Start your VA CCN XPressClaim<sup>SM</sup>

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:

Specialty:

<u>NPI</u>	<u>Location name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP</u>	<u>Specialty</u>	<u>Status</u>	<u>Status date</u>
<a href="#">1234567890</a>	MEMORIAL HOSPITAL EAST	123 MAIN ST	SOUTH CHARL	WV	25309-1311	SHORT TERM GENERA	ACTIVE	01/01/2019
<a href="#">9876543210</a>	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.**

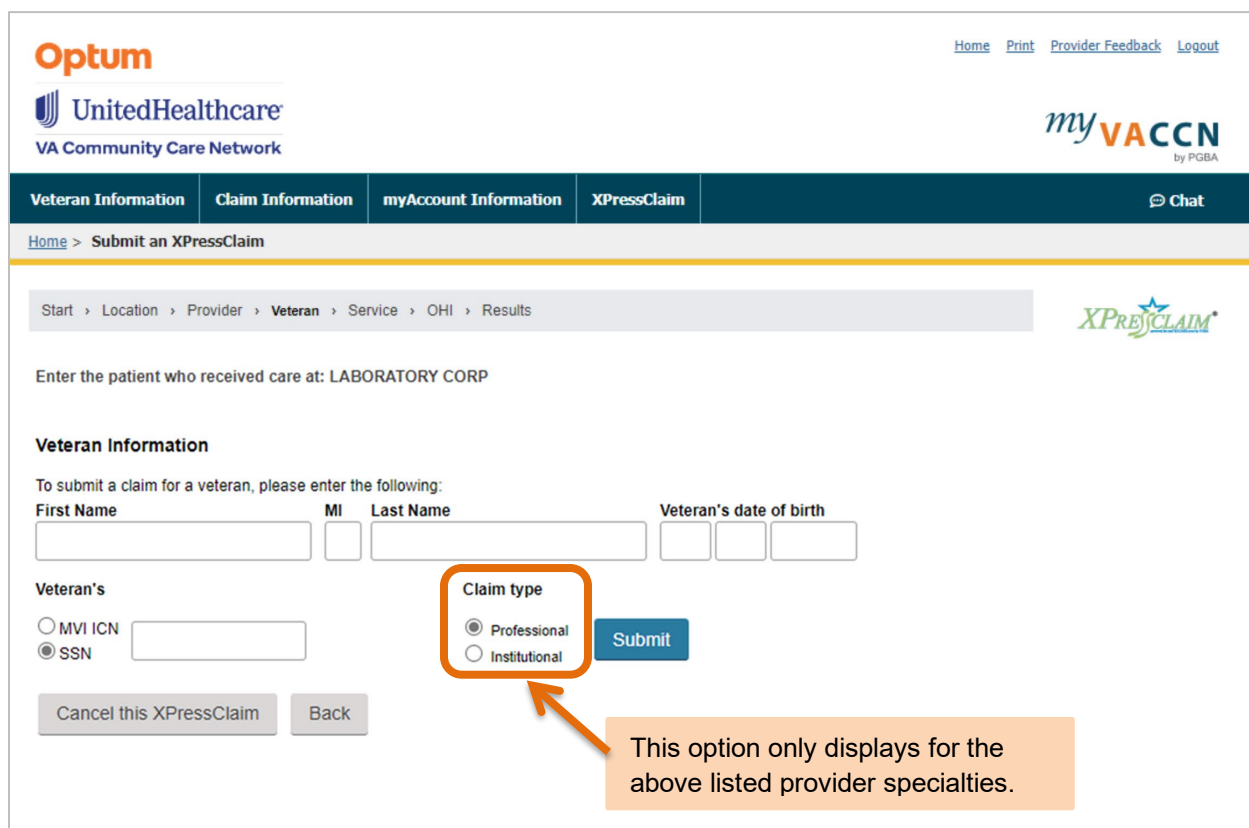
To change or narrow the list, please enter the NPI, location name, state, status and/or specialty in any combination.

## 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 XPressClaim web application interface. At the top, there are logos for Optum, UnitedHealthcare, and myVACCN by PGBA. A navigation bar includes links for Home, Print, Provider Feedback, and Logout. Below this is a menu with tabs for Veteran Information, Claim Information, myAccount Information, and XPressClaim. The XPressClaim tab is active, and a breadcrumb trail shows the path: Home > Submit an XPressClaim.

The main content area displays a progress bar with steps: Start > Location > Provider > **Veteran** > Service > OHI > Results. Below the progress bar, it says "Enter the patient who received care at: LABORATORY CORP".

The "Veteran Information" section prompts the user to enter the following information:

- First Name: [Text input field]
- MI: [Text input field]
- Last Name: [Text input field]
- Veteran's date of birth: [Three text input fields for MM/YY]



Below this, the "Veteran's" section has two radio button options: MVI ICN (unselected) and SSN (selected). There is a text input field next to the SSN option.

The "Claim type" section has two radio button options: Professional (selected) and Institutional (unselected). The "Institutional" option is highlighted with an orange box. An orange arrow points from this box to a text box that says: "This option only displays for the above listed provider specialties."

At the bottom, there are two buttons: "Cancel this XPressClaim" and "Back". A "Submit" button is also visible next to the "Claim type" options.


## 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

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

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



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


Submit

Cancel this XPressClaim

Back

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



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.\*

Yes

Release of information.\*

☐ Informed Consent to Release Medical Information for Conditions or Diagnoses Regulated by Federal Statutes

☒ 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](#)

Continue with XPressClaim


Cancel this XPressClaim

## 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: 

Claim note:

[Continue with XPressClaim](#) [Cancel this XPressClaim](#)

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

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



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



## 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](#)

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[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.

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


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*Printed copies of this document are uncontrolled and may be obsolete. It is the responsibility of the user to ensure any printed copy is the same revision as the online version.*

## Condition Codes and Occurrence Codes/Dates

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

  
  
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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.

6.

[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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[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:

1.   /      /

2.   /      /

3.   /      /

4.   /      /

[Show more Occurrence span codes](#)

**Treatment codes**

1.

2.

3.

4.

5.

6.

7.

8.

[Show more Treatment codes](#)


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.

Optum

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

XPRESSCLAIM

Enter the institutional claim line details

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

Required\*

From* and to dates of service: (mm/dd/yyyy)	Revenue code *	Procedure type	Procedure & modifiers	Unit type*	Units/days*	Charge*
01/01/202401/01/2024		~ Select ~				\$ 0.00
Clear the line above						
01/01/202401/01/2024		~ Select ~				\$ 0.00
Clear the line above						
01/01/202401/01/2024		~ Select ~				\$ 0.00
Clear the line above						

Add another claim line

OHI paid:  
\$

Your total submitted charges:  
\$ 0.00

Continue with XPressClaimBackSave and finish laterHelpCancel 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.

Save claim to work later


We will save the claim you are working on in a "cookie" on your computer. When you return to XPressClaim we will prompt you to rework this claim. You can only save one claim at any time and will not be able to submit another XPressClaim until you complete or cancel this claim.

Note: If you share this computer with others and someone else signs in to submit an XPressClaim while you are away, your saved claim may be discarded.

Yes, save this claim on my computer

No, return to the claim list

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



You have a saved claim. Would you like to return to this claim now or delete it and start a new XPressClaim?

Yes, I would like to finish my saved claim.


Delete my saved claim and let me start a new one.

# 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



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: \*

Claim Adjustments Only

Other payer paid: \*

\$

25

00

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](http://www.wpc-edi.com).

2

Claim adjustment group code:

1. Patient responsibility

3

Reason code:	Amount:	Quantity:
1.1:	\$	
1.2:	\$	
1.3:	\$	
1.4:	\$	
1.5:	\$	
1.6:	\$	

[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: <a href="#">[+]</a>	
Outpatient adjudication information: <a href="#">[+]</a>	
Other payer information	
Payer's sequence: *	Primary <input type="button" value="v"/>
Individual relationship: *	Self <input type="button" value="v"/>
Patient's signature release: *	Y- Yes, Provider has a Sign <input type="button" value="v"/>
Benefits assignment: *	Yes <input type="button" value="v"/>
Claim filing indicator: *	Other Non-Federal Program <input type="button" value="v"/>
Other subscriber's claim#:	0000000000000000
Subscriber's ID: *	0000000000000000
Secondary ID (SSN):	
Subscriber's name:	First name <input type="text"/> M.I. <input type="text"/> Last name* <input type="text"/> Suffix <input type="text"/> OR Org name* <input type="text"/>
Address line 1:	<input type="text"/>
Address line 2:	<input type="text"/>
City:	<input type="text"/>
State:	~ Select ~ <input type="button" value="v"/>
ZIP code:	<input type="text"/> - <input type="text"/>
Group name:	<input type="text"/>
Prior Authorization#:	<input type="text"/>
Referral#:	<input type="text"/>
Last name (Organization name)	
Payer's name: *	PAYER'S NAME <input type="button" value="v"/>
Primary ID (NAIC): *	00000 <input type="button" value="v"/>
Secondary type:	~ Select ~ <input type="button" value="v"/>
Secondary ID:	<input type="text"/>
<div>Continue with XPressClaim More Health Insurance Back Save and finish later Cancel this XPressClaim</div>	

# Submit the Claim

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

The screenshot shows the XPressClaim Institutional submission interface. At the top, there are logos for Optum, UnitedHealthcare, and myVACCN by PGBA. A navigation bar includes links for Home, Print, Provider Feedback, and Logout. Below this is a menu with tabs for Veteran Information, Claim Information, myAccount Information, and XPressClaim. The main header indicates the user is on the 'Submit an XPressClaim' page.

The main content area displays the 'Enter the institutional claim line details' section. It includes fields for Provider (LABORATORY), Veteran's name (Jane Doe), Date of birth (June 08, 1972), and Account number (DOE123). A table for claim lines is visible, with columns for From\* and to dates of service, Revenue code, Procedure type, Procedure & modifiers, Unit type, Units/days, and Charge. The first row shows a date range from 01/01/2024 to 01/01/2024, revenue code 01, procedure type 01, unit type 1, units/days 1, and a charge of \$500.00. Below the table, there are buttons for 'Continue with XPressClaim', 'Back', 'Save and finish later', 'Help', and 'Cancel this XPressClaim'.

A modal dialog box is overlaid on the screen, asking 'Are you ready to submit this claim?'. It contains three buttons: 'Yes, submit this claim.' (highlighted with an orange border), 'No, I have supplemental claim and/or line data to enter.', and 'No, take me back to the claim.'

# Supplemental Information

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



The screenshot displays the XPressClaim web application interface. At the top, there are logos for Optum, UnitedHealthcare, and myVACCN by PGBA. A navigation bar includes links for Home, Print, Provider Feedback, and Logout. Below this is a menu with tabs for Veteran Information, Claim Information, myAccount Information, and XPressClaim. The XPressClaim tab is active, and a breadcrumb trail shows the path: Home > Submit an XPressClaim.

The main content area shows the 'Enter the institutional claim line details' section. It includes fields for Provider (LABORATORY), Veteran's name (Jane Doe), Date of birth (June 08, 1972), and Account number (DOE123). A table for claim lines is visible, with columns for From\* and to dates of service, Revenue code, Procedure type, Procedure & modifiers, Unit type, Units/days, and Charge. A modal dialog box is overlaid on the table, asking 'Are you ready to submit this claim?'. The dialog has three buttons: 'Yes, submit this claim.', 'No, I have supplemental claim and/or line data to enter.' (which is highlighted with an orange border), and 'No, take me back to the claim.'.


At the bottom of the form, there are fields for 'OHI paid' and 'Your total submitted charges' (\$ 675.00). A row of buttons at the bottom includes '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**.

  
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by PGBA

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

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

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



Supplemental claim information

Provider: **LABORATORY CORP**

Veteran's name: **Jane Doe**

Date of birth: **June 08, 1972**

Account number: **DOE123**

Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.

Required\*

☐ Auto accident state

☐ Investigational device exemption number

☐ Referral number

☐ Billing note information

☐ Operating physician information

☐ Referring provider information

☐ Claim attachment information

☐ Other operating physician information

☐ Rendering provider information

☐ Delay reason code

☐ Patient estimated amount due

☐ Service authorization exception code

☐ Demonstration project identifier

☐ Peer review organization approval number

☐ Service facility location information



☐ EPSDT information

**Continue with XPressClaim** **Back** **Save and finish later** **Help** **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.



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[Start](#) > [Location](#) > [Provider](#) > [Veteran](#) > [Service](#) > [OHI](#) > [Results](#)



Supplemental claim information

Provider: LABORATORY CORP

Veteran's name: Jane Doe

Date of birth: June 08, 1972

Account number: DOE123

Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.

Required\*

☐ Auto accident state

☐ Investigational device exemption number

☒ Referral number

☐ Billing note information

☐ Operating physician information

☐ Referring provider information

☐ Claim attachment information

☐ Other operating physician information

☐ Rendering provider information

☐ Delay reason code

☐ Patient estimated amount due

☐ Service authorization exception code

☐ Demonstration project identifier

☐ Peer review organization approval number

☐ Service facility location information

☐ EPSDT information

Referral number

Referral number:\*

Continue with XPressClaim

Back

Save and finish later



Help

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.


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

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

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

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 selection

Line	Revenue code	Procedure code	From date of service	Charges	Supplemental information
1	0450	99283	01/01/2024	\$500.00	<a href="#">Add</a>
2	300		01/01/2024	\$175.00	<a href="#">Edit</a>

[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**.

Optum  
UnitedHealthcare  
VA Community Care Network

Home Print Provider Feedback Logout

myVACCN  
by PGBA

Veteran Information Claim Information myAccount Information XPressClaim Chat

Home > Submit an XPressClaim

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

Supplemental line information

Provider: LABORATORY CORP  
Veteran's name: Jane Doe

Date of birth: June 08, 1972

Account number: DOE123

Claim Line: 1 Provider ID: 123456789 Revenue code: 0450 Procedure code: 99283 Date of service: 01/01/2024 Charges: \$500.00

Please check the box for the information you wish to add to this claim. Uncheck the box to delete the information.

Required\*

☐ Facility tax amount ☐ Operating physician information ☐ Referring provider information  
☐ Line item control number ☐ Other operating physician information ☐ Rendering provider information  
☐ Line supplemental information ☐ Procedure code description ☐ Service tax amount  
☐ Non-covered charge

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

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

Are you ready to submit this claim?

Yes, submit this claim. No, take me back to the claim.

06/28/2019

## 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				
<b>Date Completed:</b> jANUARY 1, 2024				
<b>Veteran's SSN:</b>		XXXXX0338		
<b>Veteran's Name:</b>		DOE JANE 123 MAIN ST DUDLEY, NC 28333		
<b>Location:</b>		HOSPITAL SOUTH 999 HWY 9 CITY ST 99999		
<b>Claim Number:</b>		K001X0000		
<b>Claim Status:</b>		Complete		
<b>Dates of Service:</b>		01/01/2024 through 01/01/2024		
<b>Total Billed:</b>		\$ 4201.00		
<b>VA Allowed Amount:</b>		\$ 4201.00		
<b>Non-Covered Amount:</b>		\$ 0.00		
<b>Other Health Insurance Allowed Amount:</b>		\$ 0.00		
<b>Other Health Insurance Paid Amount:</b>		\$ 0.00		
<b>Penalty Amount:</b>		\$ 0.00		
<b>Amount Paid to HOSPITAL SOUTH</b>		\$ 4201.00		
<b>Total Amount Paid:</b>		\$ 4201.00		
<b><u>Patient Liability Summary</u></b>				
<b>Patient's Deductible:</b>		\$ 0.00		
<b>Patient's Cost-Share:</b>		\$ 0.00		
<b>Patient's Copay:</b>		\$ 0.00		
<b>Date of Service</b>	<b>Services Provided</b>	<b>Amount Billed</b>	<b>VA Allowed</b>	<b>Remarks</b>
01/01/2024	0110	\$ 4201.00	\$ 4201.00	
		\$ 4201.00	\$ 4201.00	
<b>Claim Number:</b>		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.				
<input type="button" value="Print this receipt"/>		<input type="button" value="Close"/>		