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VA Community Care Network

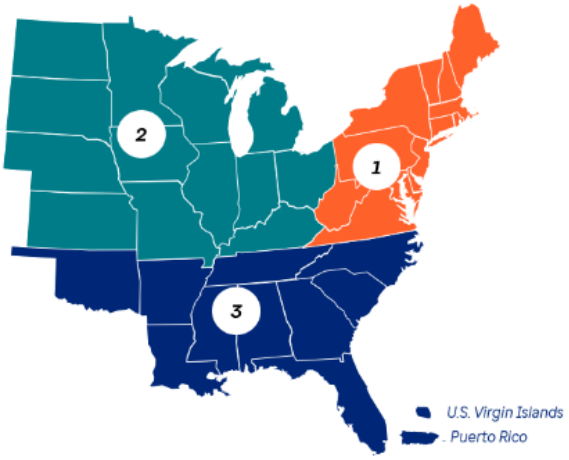
myVACCN by PGBA

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
• Connecticut • Delaware • District of Columbia • Maine • Maryland • Massachusetts • New Hampshire • New Jersey • New York • North Carolina • Pennsylvania • Rhode Island • Vermont • Virginia • West Virginia	• Illinois • Indiana • Iowa • Kansas • Kentucky • Michigan • Minnesota • Missouri • Nebraska • North Dakota • Ohio • South Dakota • Wisconsin	• 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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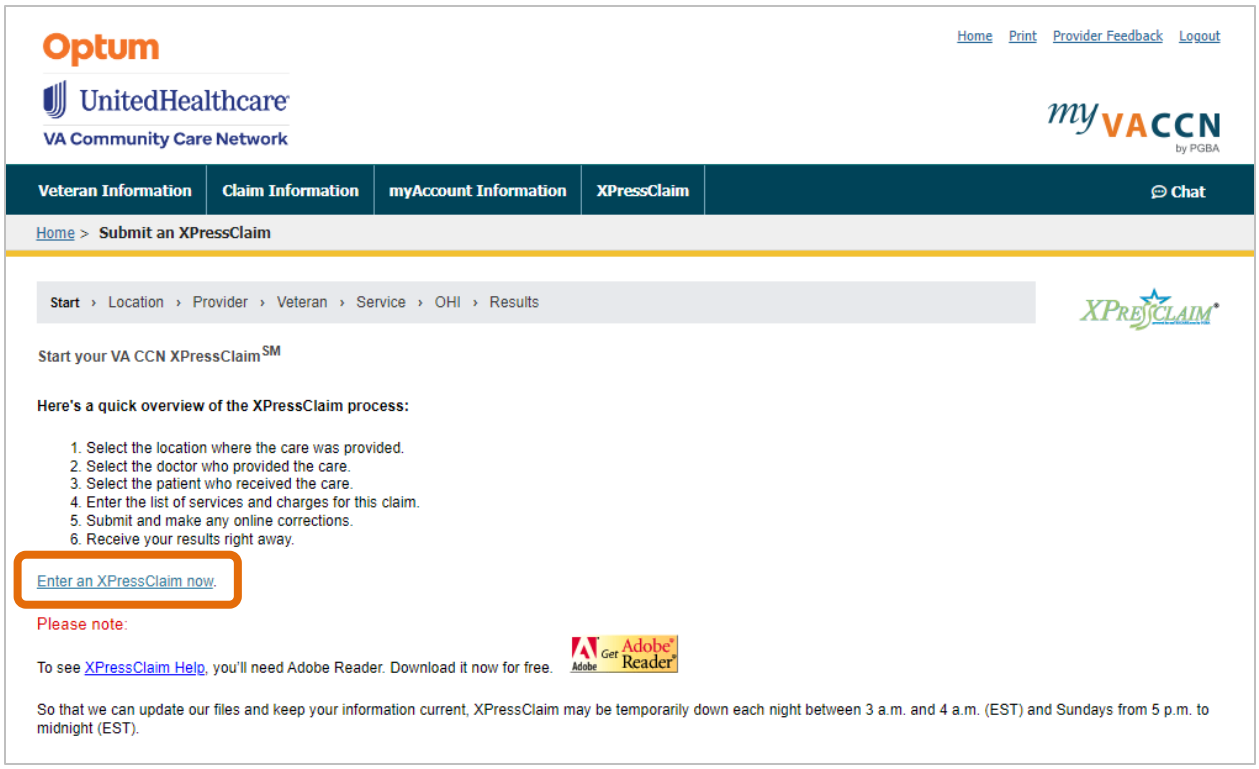
XPressClaim Start

Select the **Enter an XPressClaim now** link.



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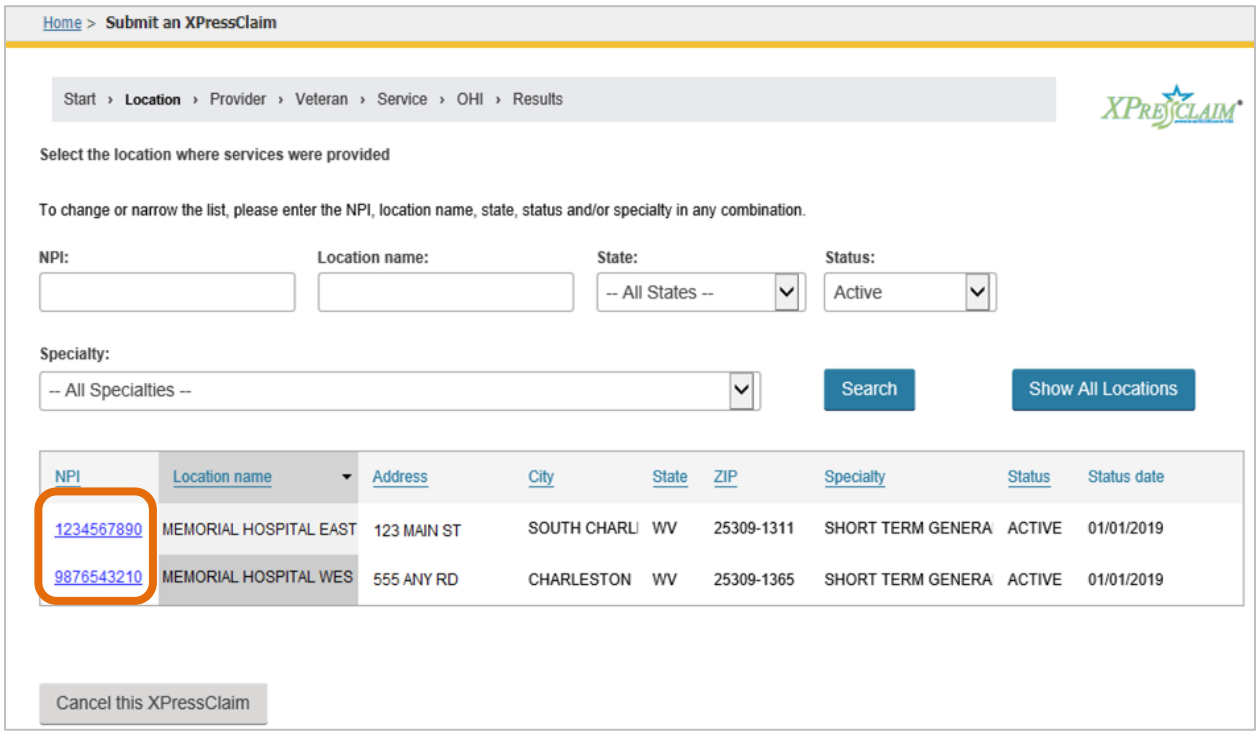
Location Selection

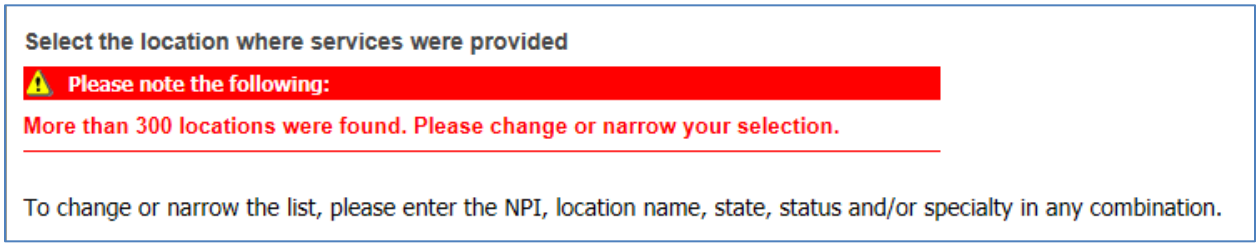
Select the location where services were provided by selecting a National Provider Identifier (NPI) link.

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.



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:



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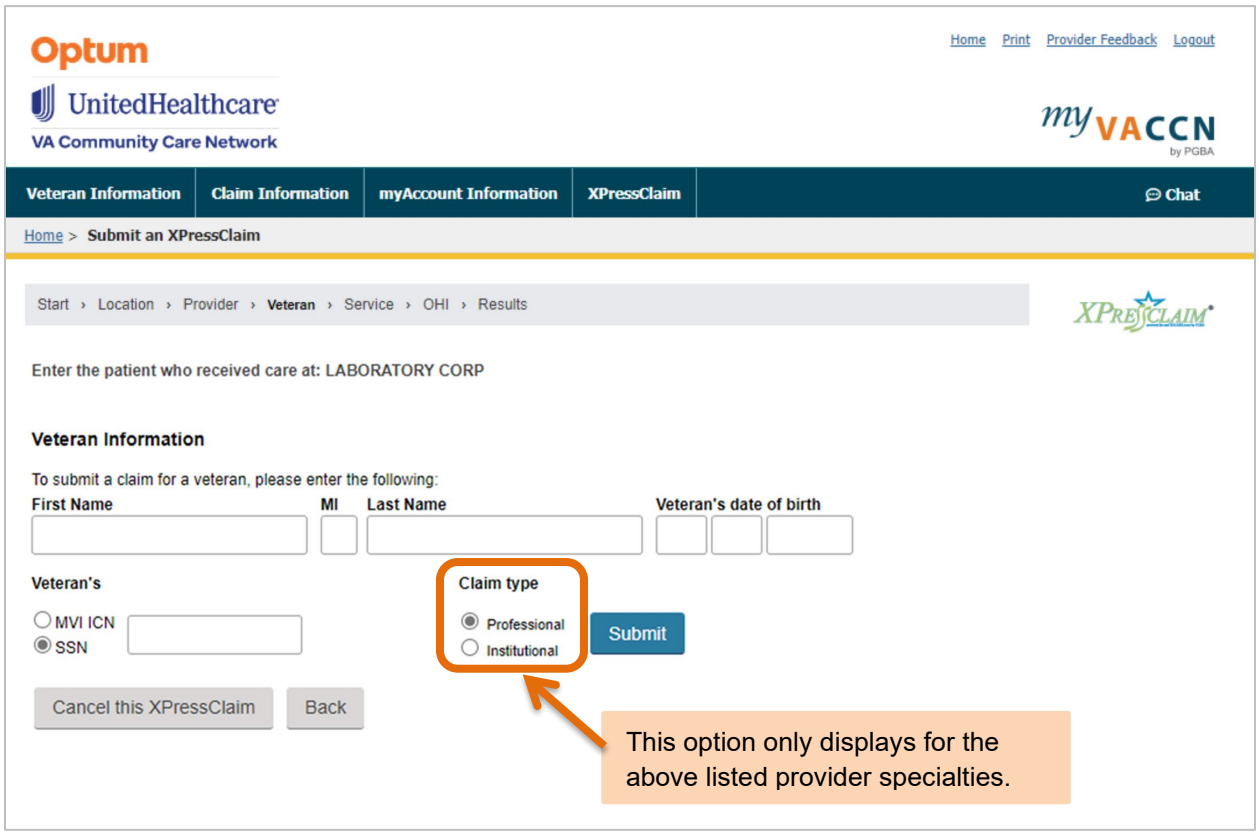
Claim Type

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



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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

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

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

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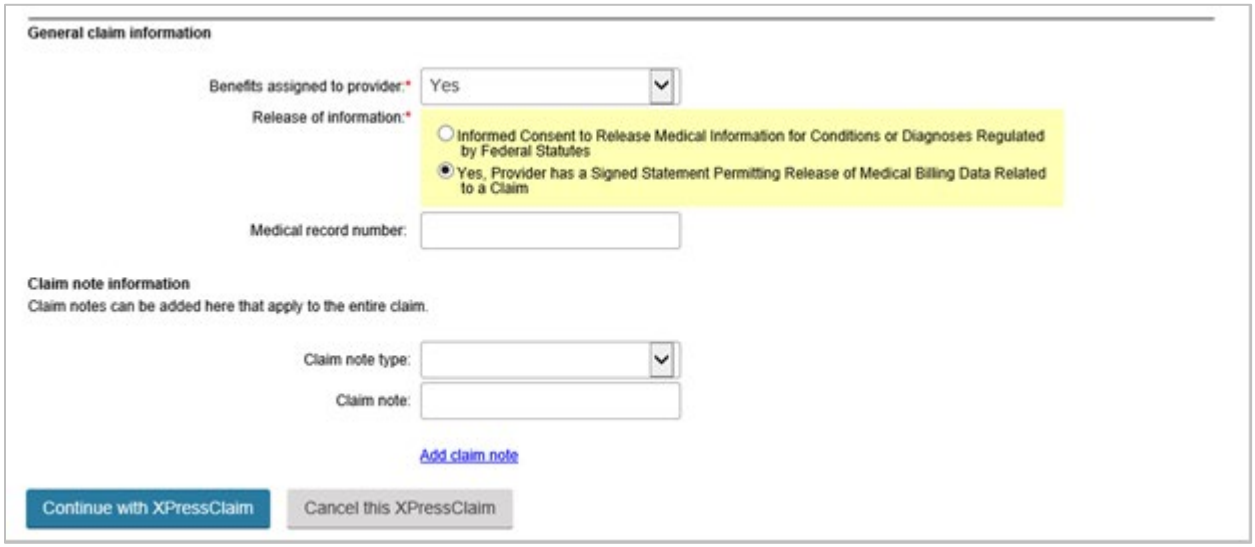
General Claim Information and Claim Notes

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



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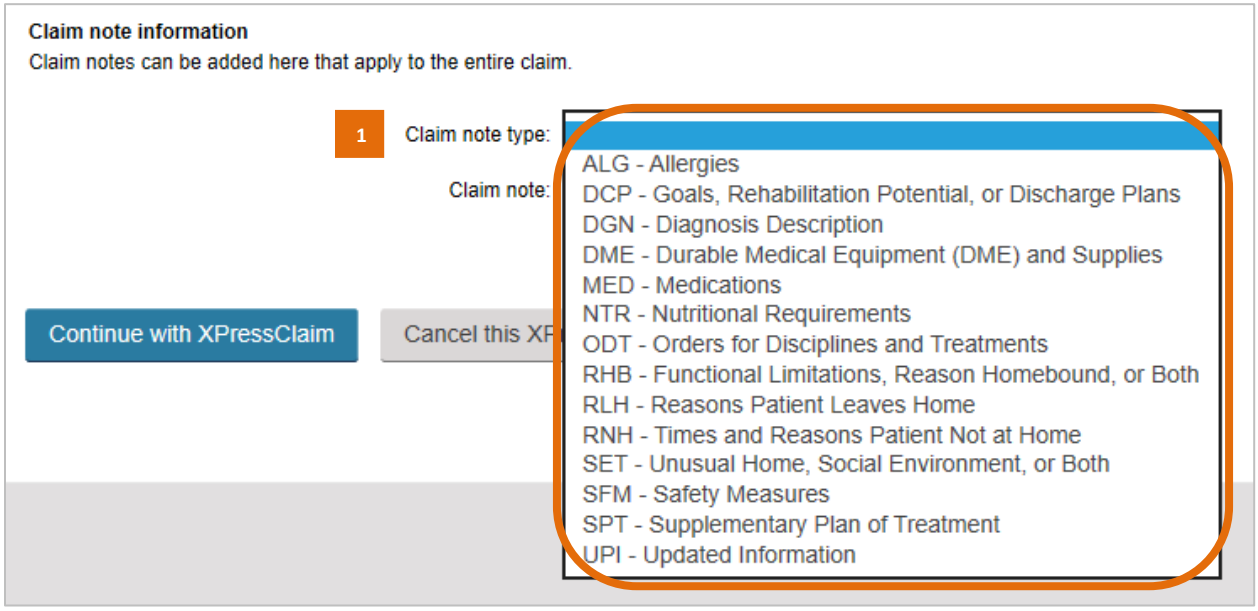
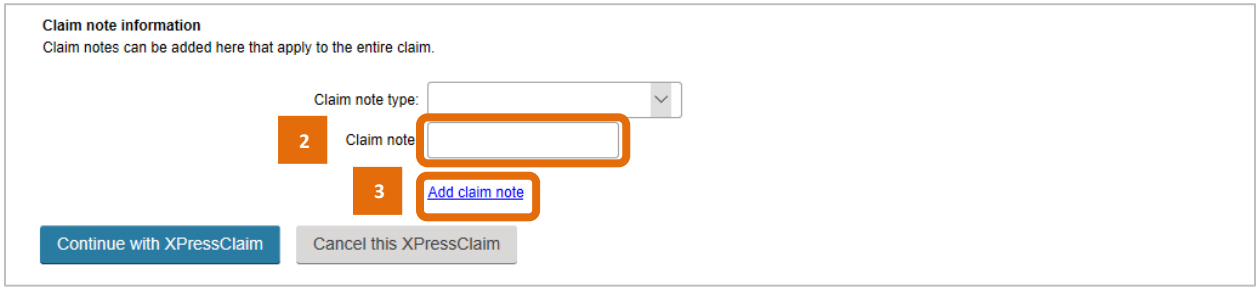
Claim Header Level Notes

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





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Institutional Claim Entry

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

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.)

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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

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Diagnosis Codes

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

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Start › Location › Provider › Veteran › Service › OHI › Results

XPressClaim

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. .

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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

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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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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. / / 6. / /

Show more Occurrence codes

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

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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.

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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

XPressClaim

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

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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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Home > Submit an XPressClaim

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*
01/01/2024 01/01/2024		~ Select ~				$ 0.00
Clear the line above						
01/01/2024 01/01/2024		~ Select ~				$ 0.00
Clear the line above						
01/01/2024 01/01/2024		~ Select ~				$ 0.00

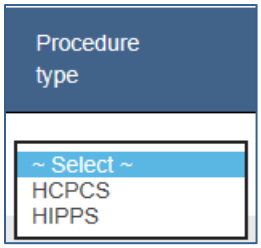
Add another claim line

OHI paid: $

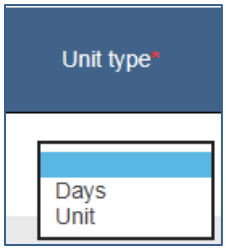
Your total submitted charges: $ 0.00

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

Procedure type options:



Unit type options:



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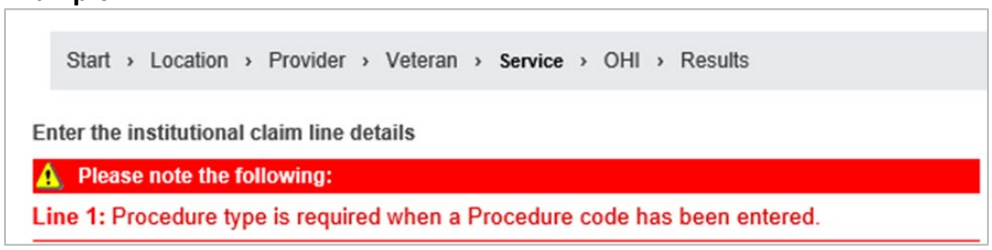
Claim Edits

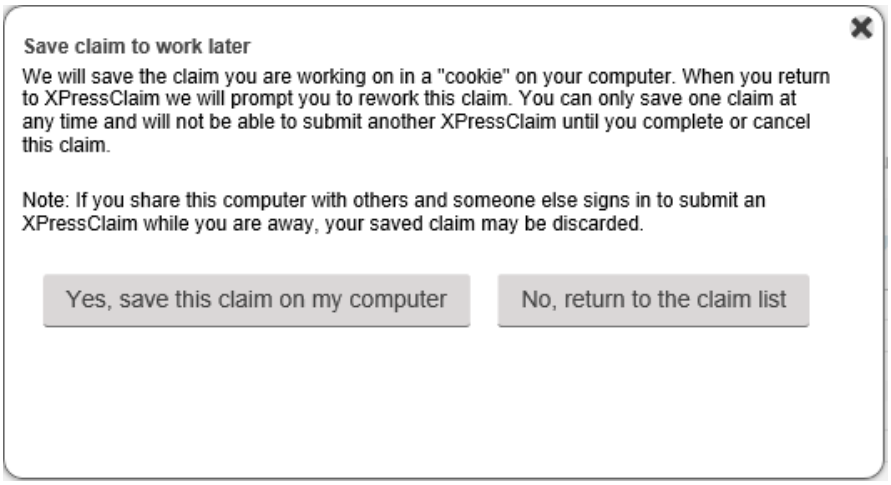
Once the user selects **Continue with XPressClaim**, the system will check for errors. Edits that the user needs to correct before continuing will display at the top of the webpage.

Example:

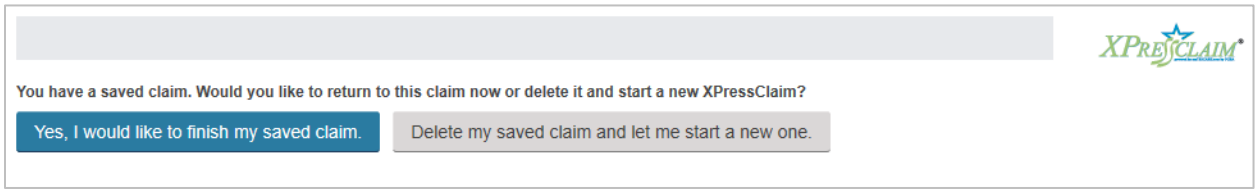


Save Claim and Finish Later

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.



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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: * 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.

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

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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 Sigr

Benefits assignment: * Yes

Claim filing indicator: * Other Non-Federal Progran

Other subscriber's claim#: * 00000000000000

Subscriber's ID: * 00000000000000000

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 name: | Group#:

Prior Authorization#:

Referral#:

Payer's name: * PAYER'S NAME | Primary ID (NAIC):* 00000

Secondary type: ~ Select ~ | Secondary ID:

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

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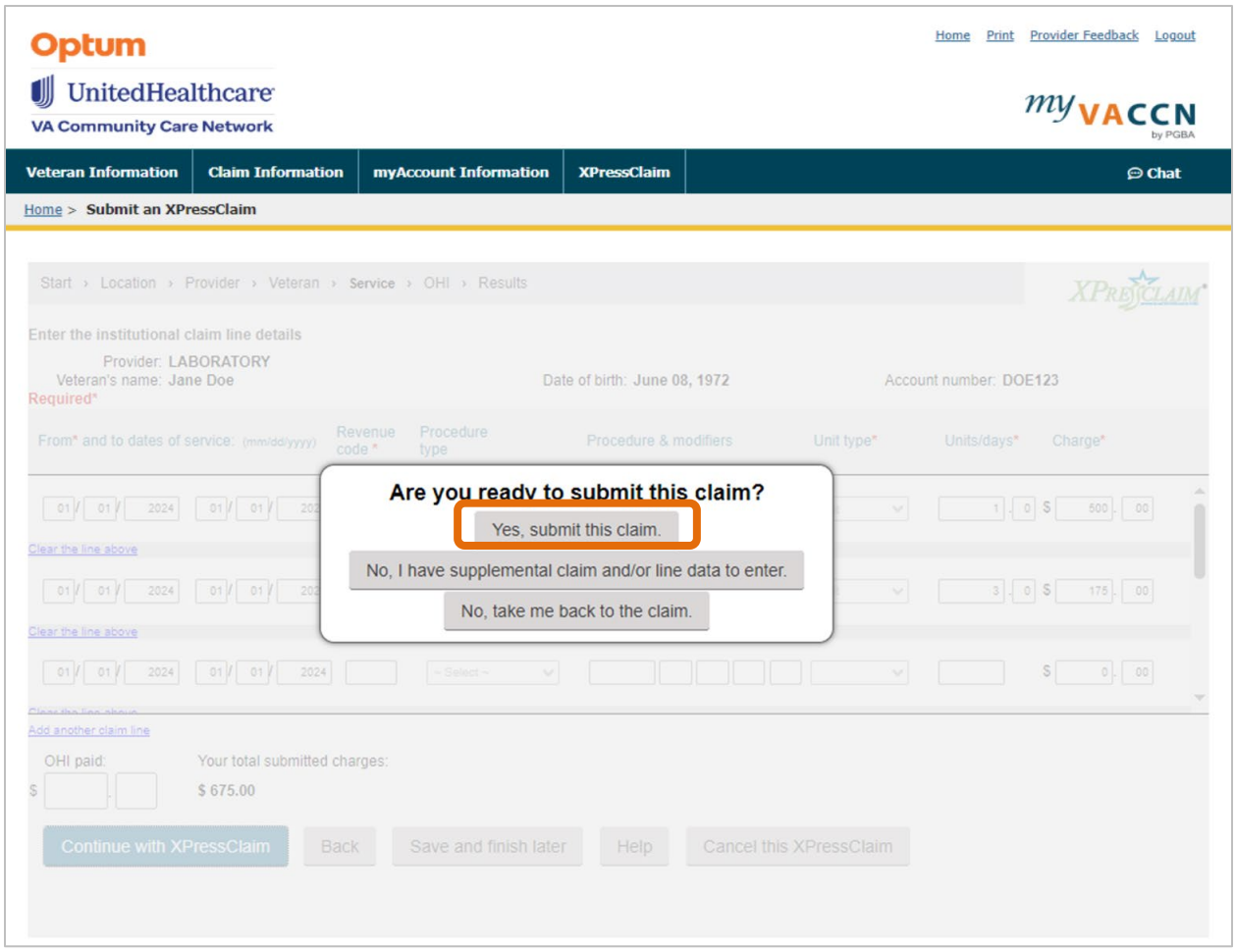
Submit the Claim

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



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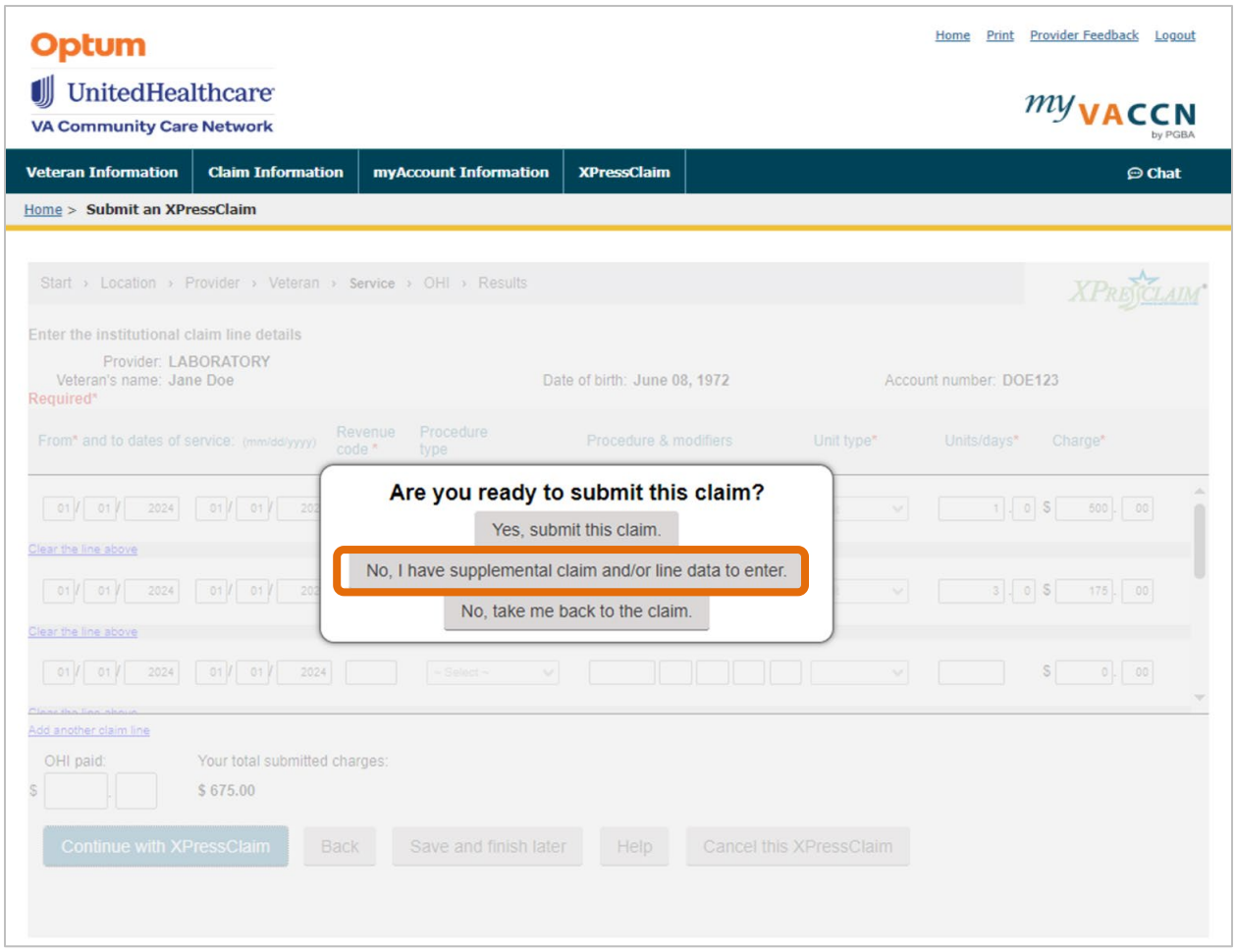
Supplemental Information

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



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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 XPressCloaim**.

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

XPressClaim

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
- ☐ Billing note information
- ☐ Claim attachment information
- ☐ Delay reason code
- ☐ Demonstration project identifier
- ☐ EPSDT information
- ☐ Investigational device exemption number
- ☐ Operating physician information
- ☐ Other operating physician information
- ☐ Patient estimated amount due
- ☐ Peer review organization approval number
- ☐ Referral number
- ☐ Referring provider information
- ☐ Rendering provider information
- ☐ Service authorization exception code
- ☐ Service facility location information

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

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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.

Optum
UnitedHealthcare
VA Community Care Network

Home Print Provider Feedback Logout

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

Required*

- [ ] Auto accident state
- [ ] Billing note information
- [ ] Claim attachment information
- [ ] Delay reason code
- [ ] Demonstration project identifier
- [ ] EPSDT information
- [ ] Investigational device exemption number
- [ ] Operating physician information
- [ ] Other operating physician information
- [ ] Patient estimated amount due
- [ ] Peer review organization approval number
- [x] Referral number
- [ ] Referring provider information
- [ ] Rendering provider information
- [ ] Service authorization exception code
- [ ] Service facility location information

Referral number

Referral number:*

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

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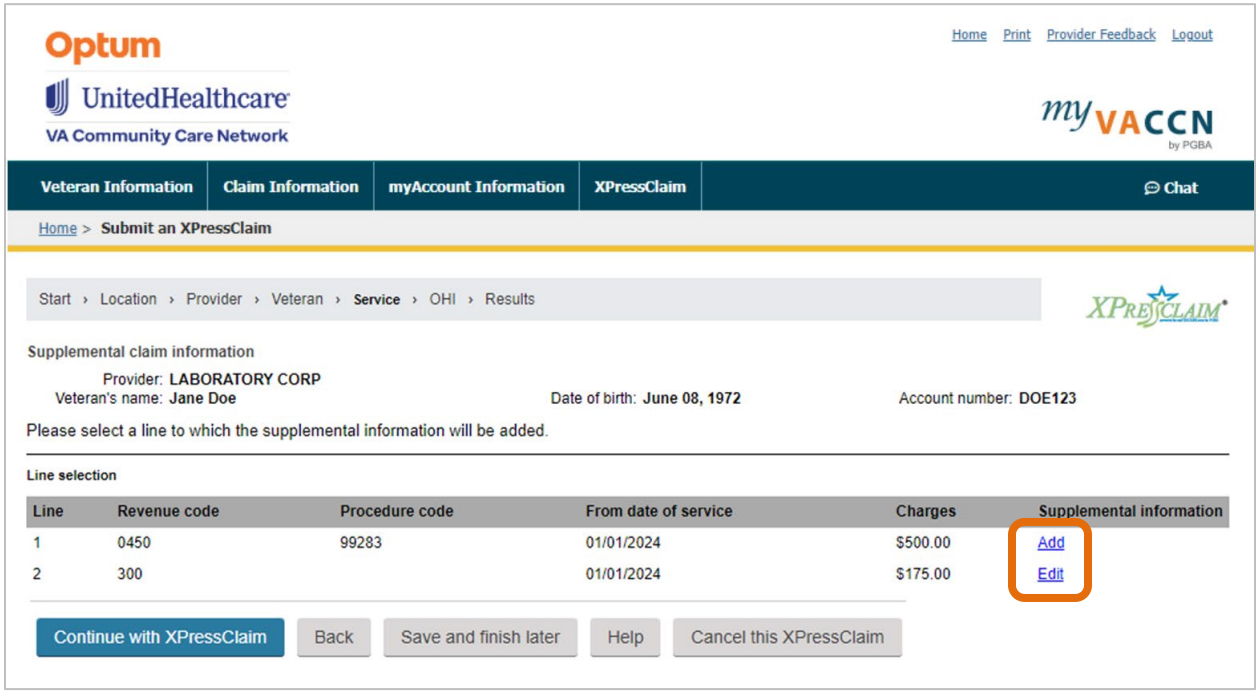
Line Level Supplemental Information

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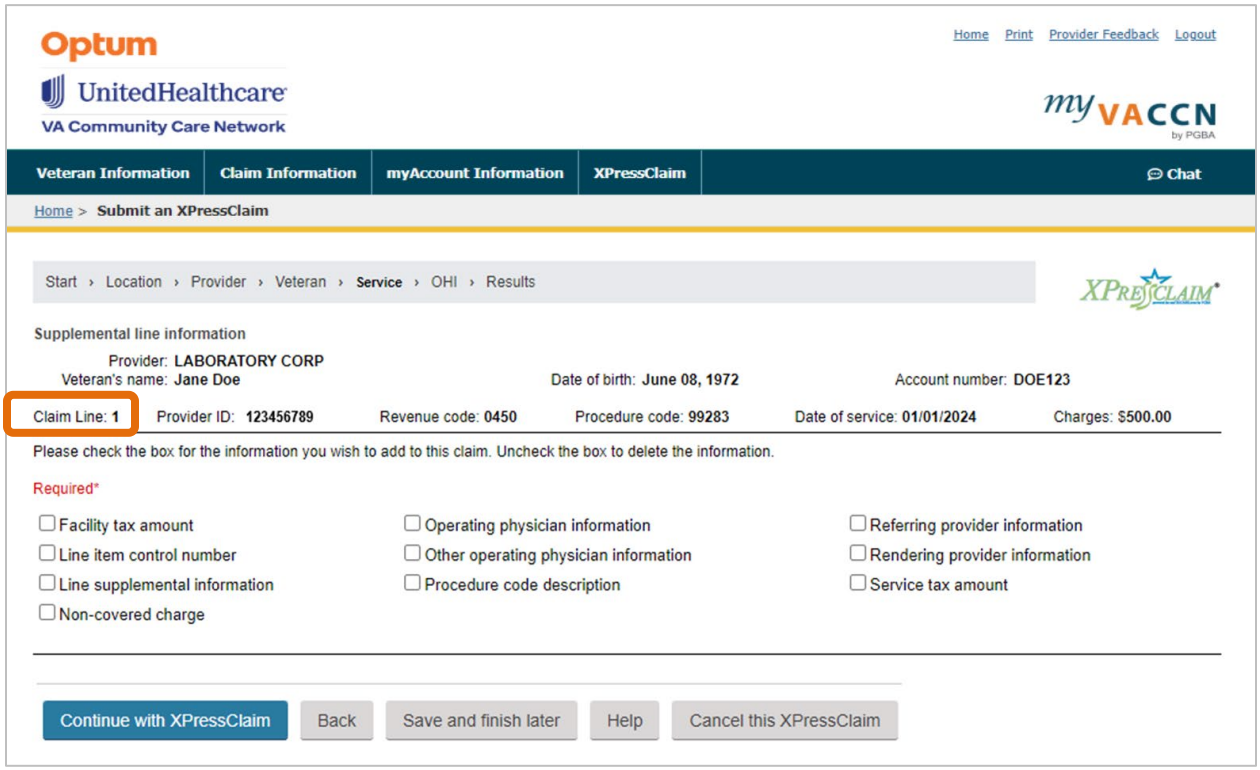
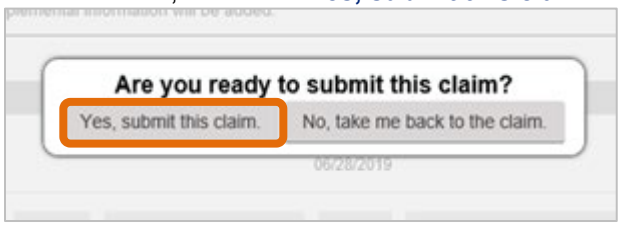
The “Supplemental line information” page will be displayed for the line selected. Select the desired checkboxes, enter the corresponding information and click **Continue with XPressCloaim**.



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



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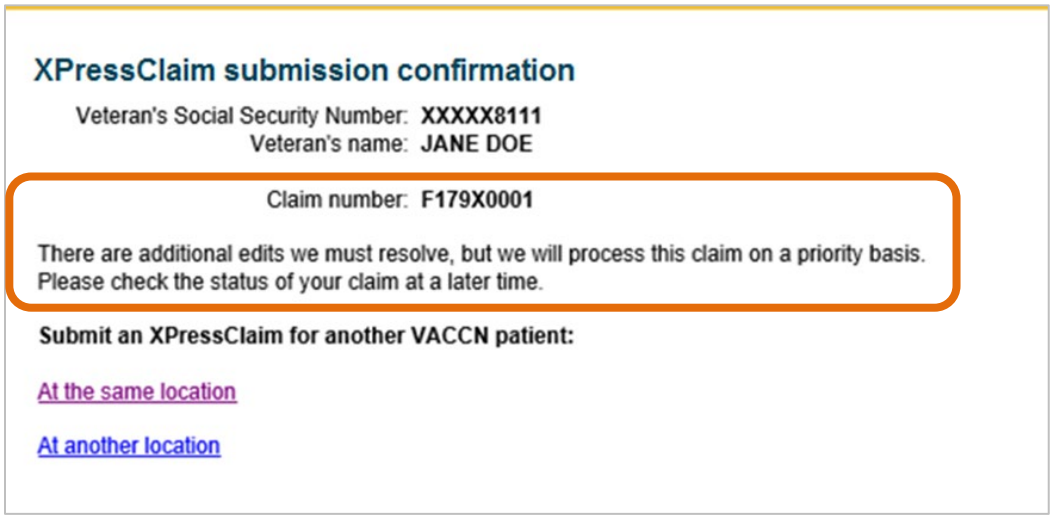
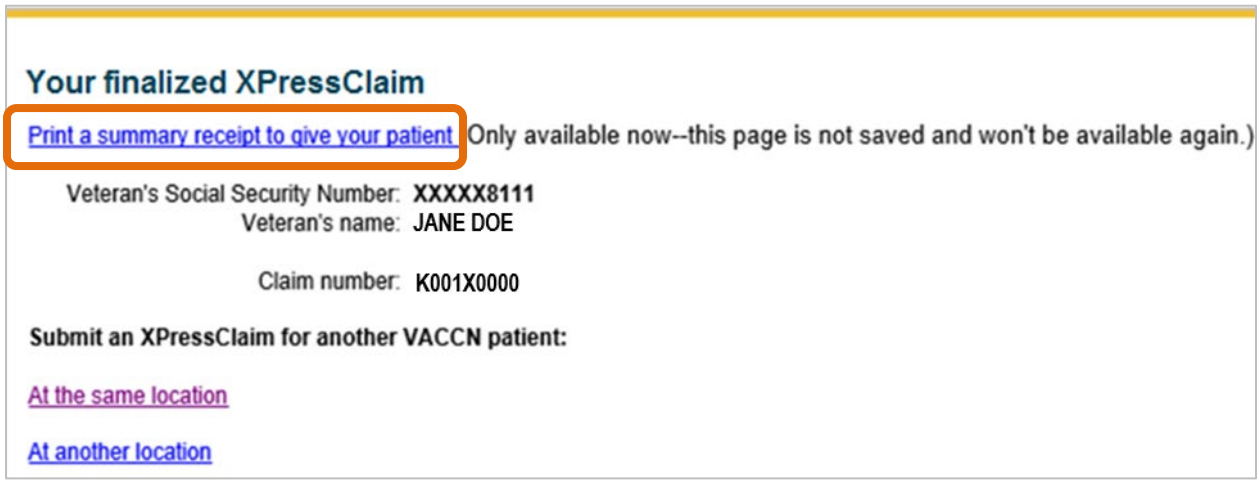
XPressClaim Submission Confirmation – In-Process Claim

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 – Finalized Claim

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



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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

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