Optum
UnitedHealthcare
VA Community Care Network

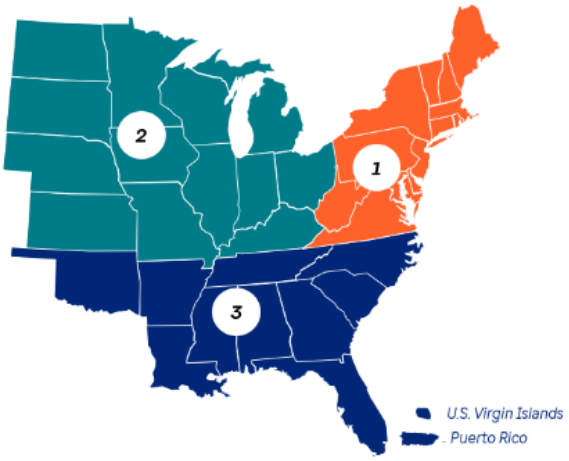
myVACCN by PGBA

myVACCN.com
XPressClaim® Professional 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 to submit professional VA CCN claims (CMS 1500).

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

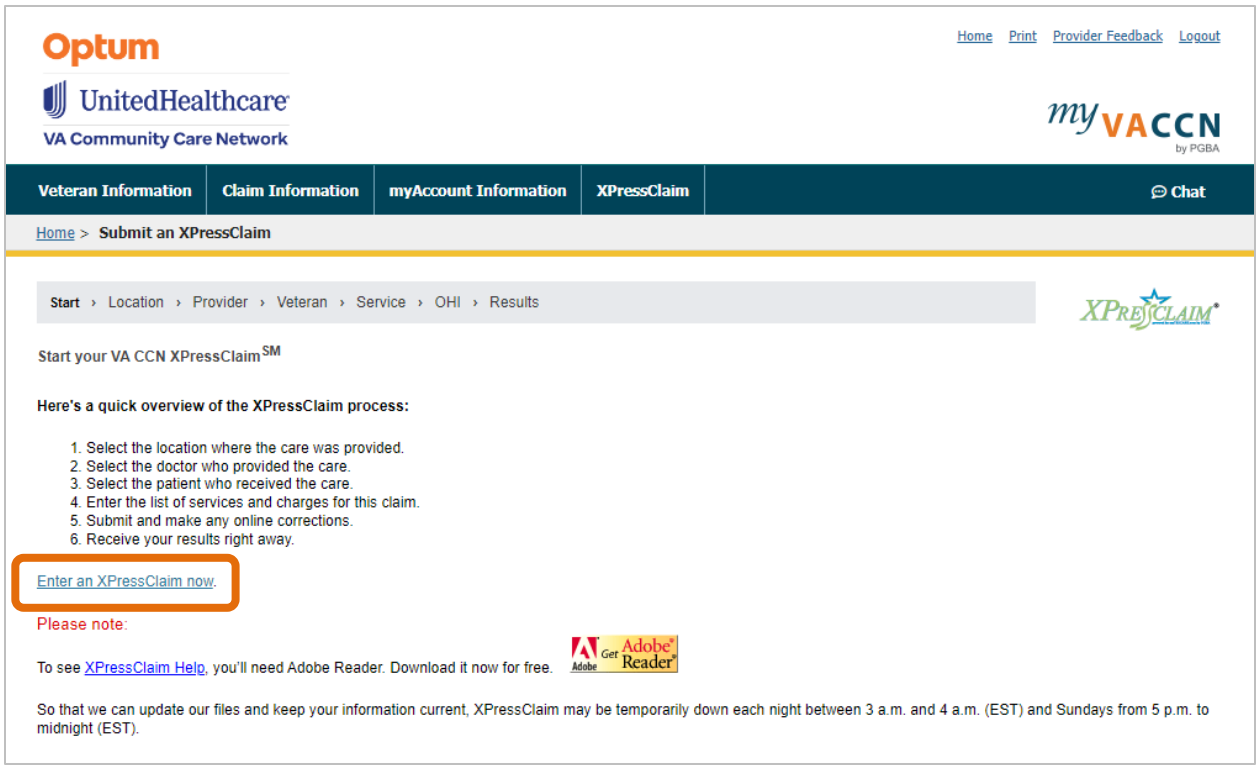
Already signed up. Submit a claim:

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"

Contents

XPressClaim Start

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

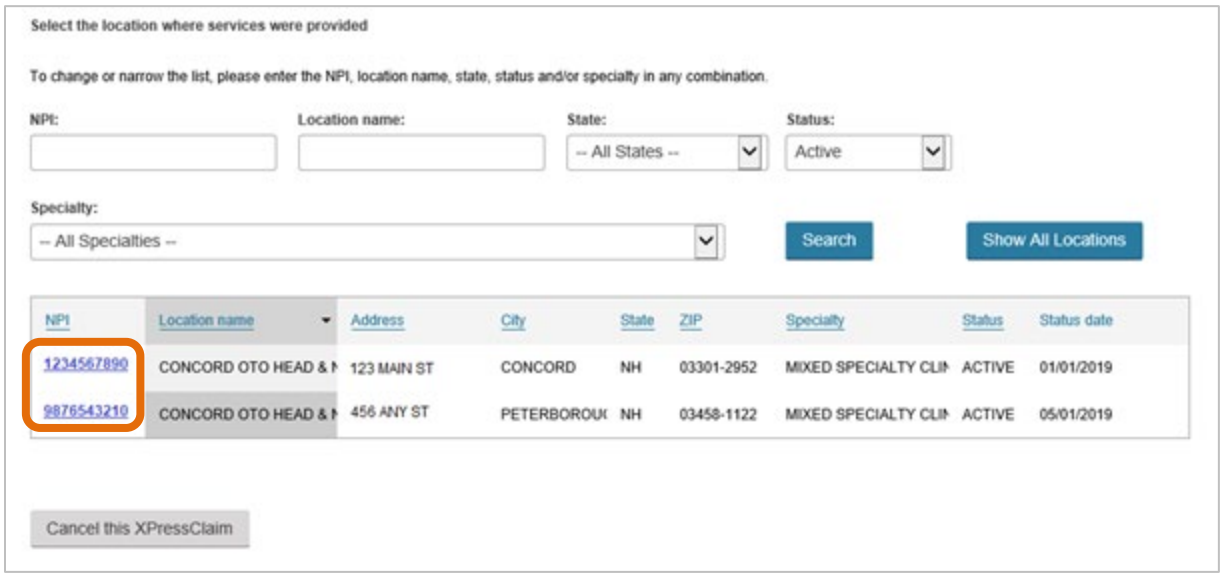


Location Selection

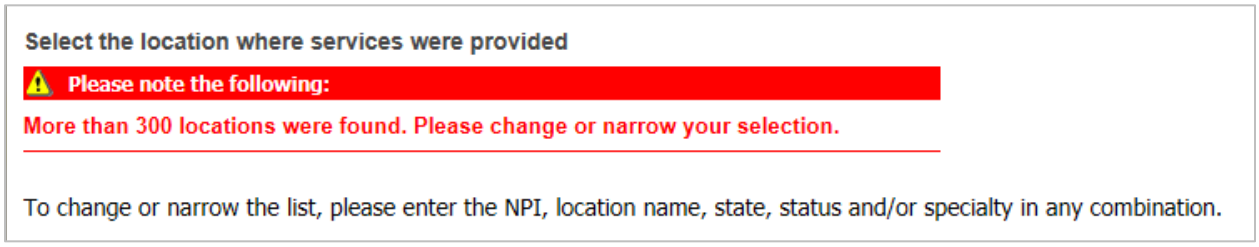
Select the location where services were provided by selecting a National Provider Identifier (NPI) link.

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 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:

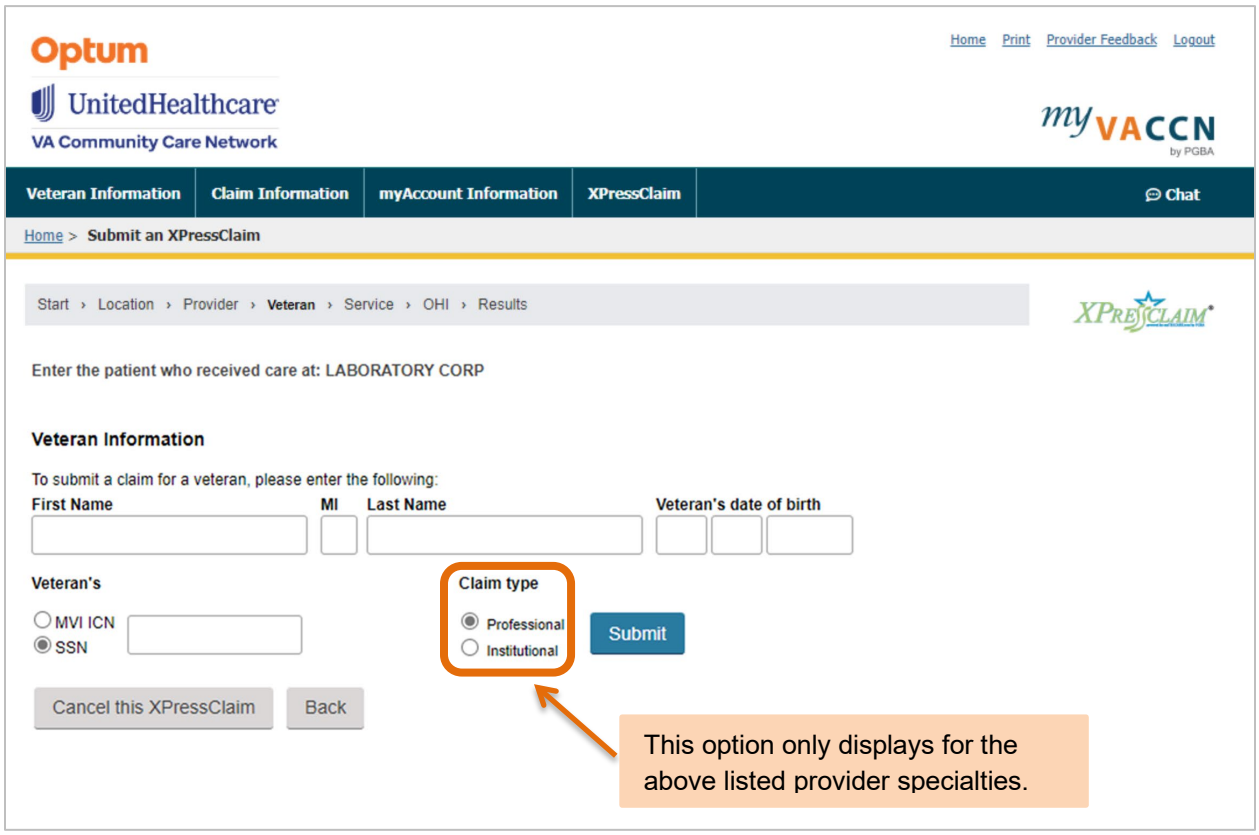


Claim Type

The specialty of the location selected determines whether the user 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:

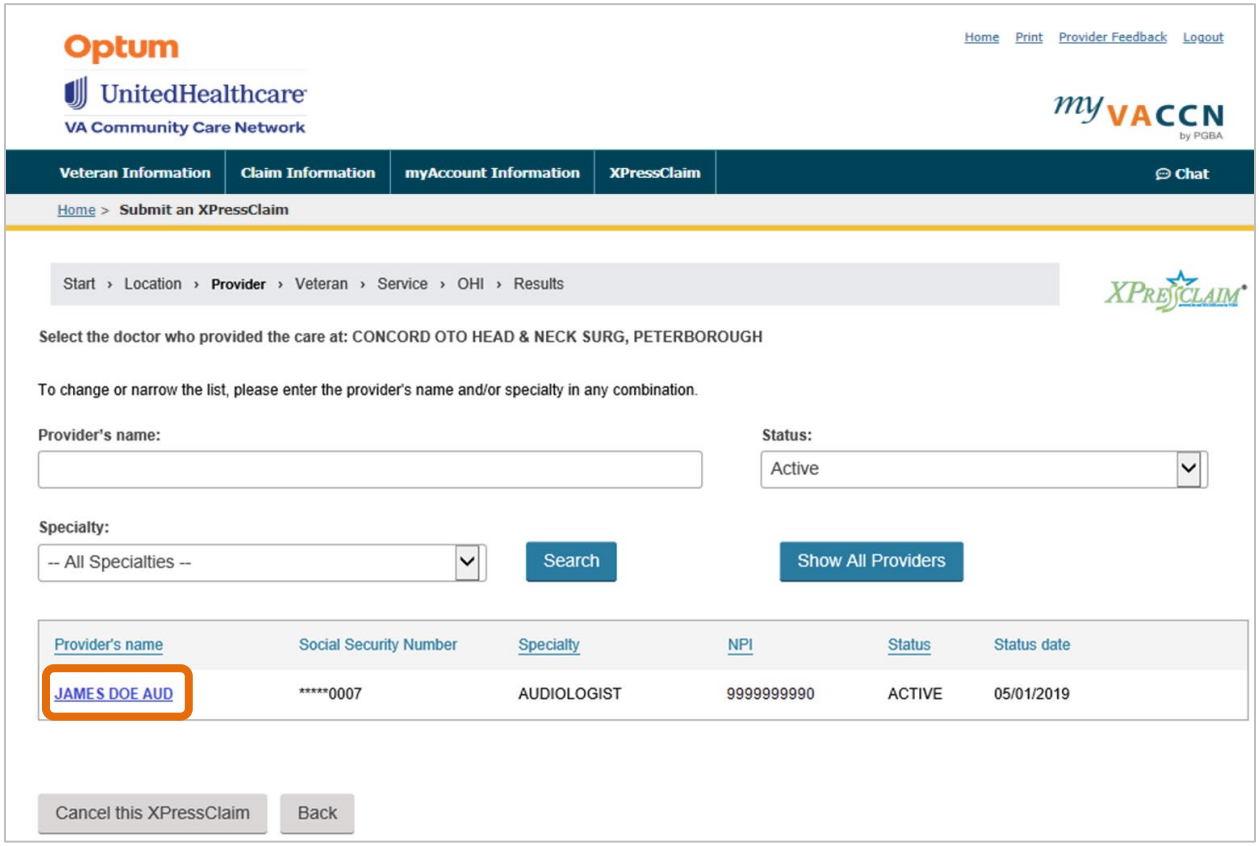
- Corporate Service Provider (CSP) Comprehensive Outpatient Rehab Facility
- CSP Home Health Agency
- Hospital Based Laboratory
- Federally Qualified Health Care Agency
- Rural Health Clinic
- Ambulatory Surgical Center
- Urgent Care
- State Vaccine Program
- Ambulance Service
- Laboratory



Rendering Provider

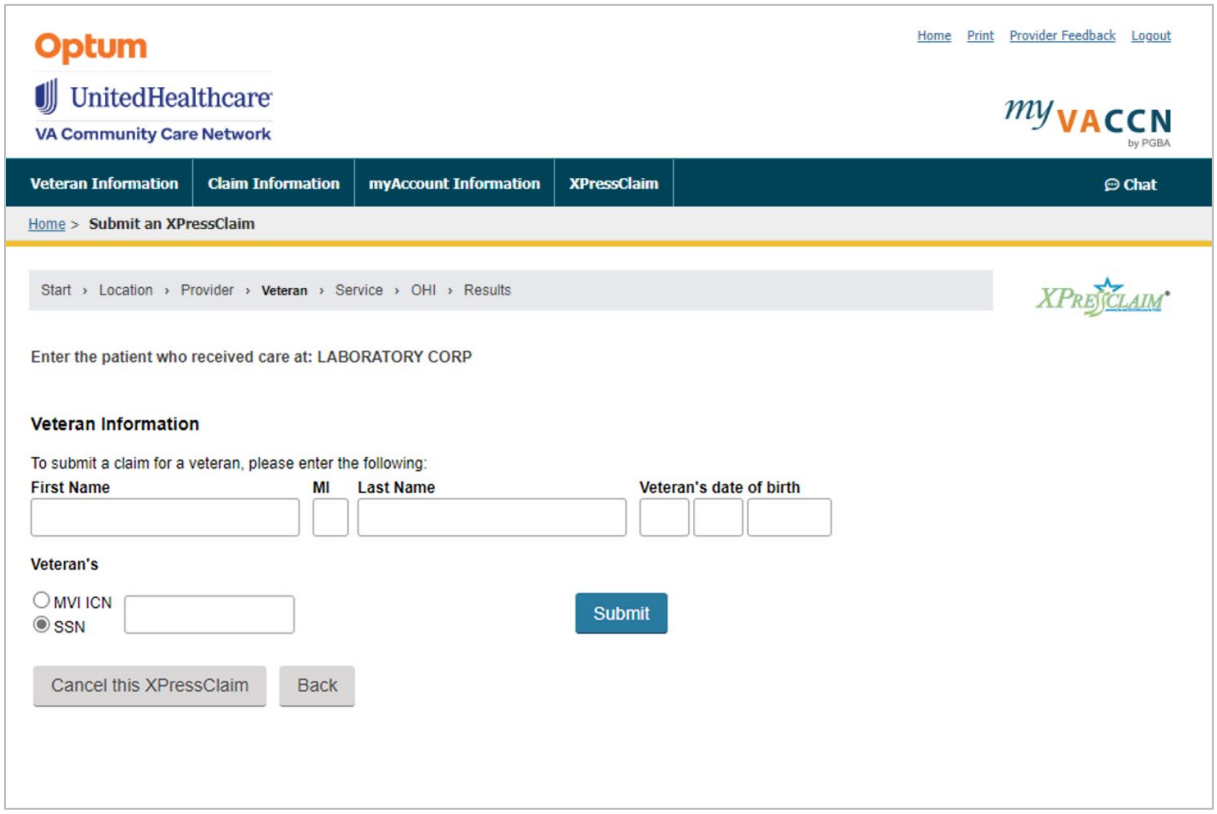
Next, select the rendering provider (doctor, therapist, etc.). The list can be narrowed by name, status or specialty. Click on any underlined column name in the grid to sort by column.

This page only displays when applicable to the location selected on the prior page.



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**.

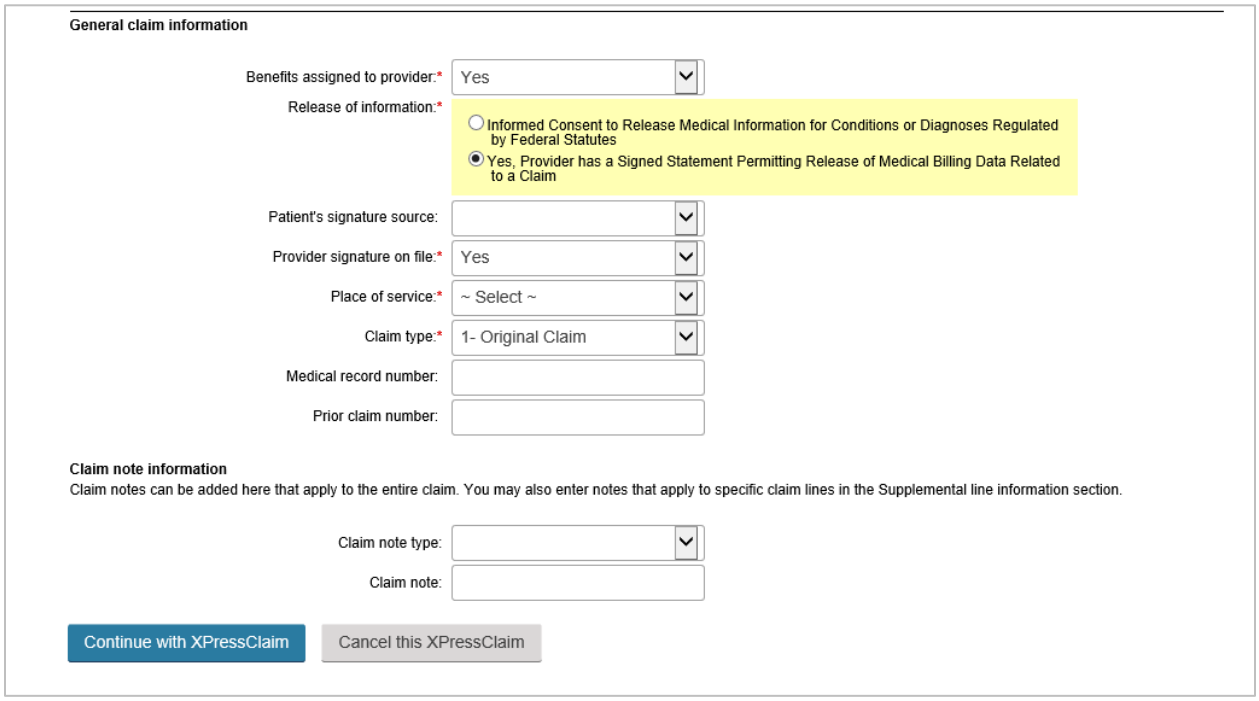


Enter your office's patient account number as the "Veteran's account number." This corresponds to block 26 on the CMS1500 claim form and will to help identify the patient later in your system. Finish entering the veteran's information or verify that the information displayed is correct.

General Claim Information and Claim Note Information

Enter the general claim information and claim note information. Then, select **Continue with XPressClaim**.

Some fields are pre-populated with the most common values.



Place of Service

Place of service is a required field. Current values in the drop-down menu:

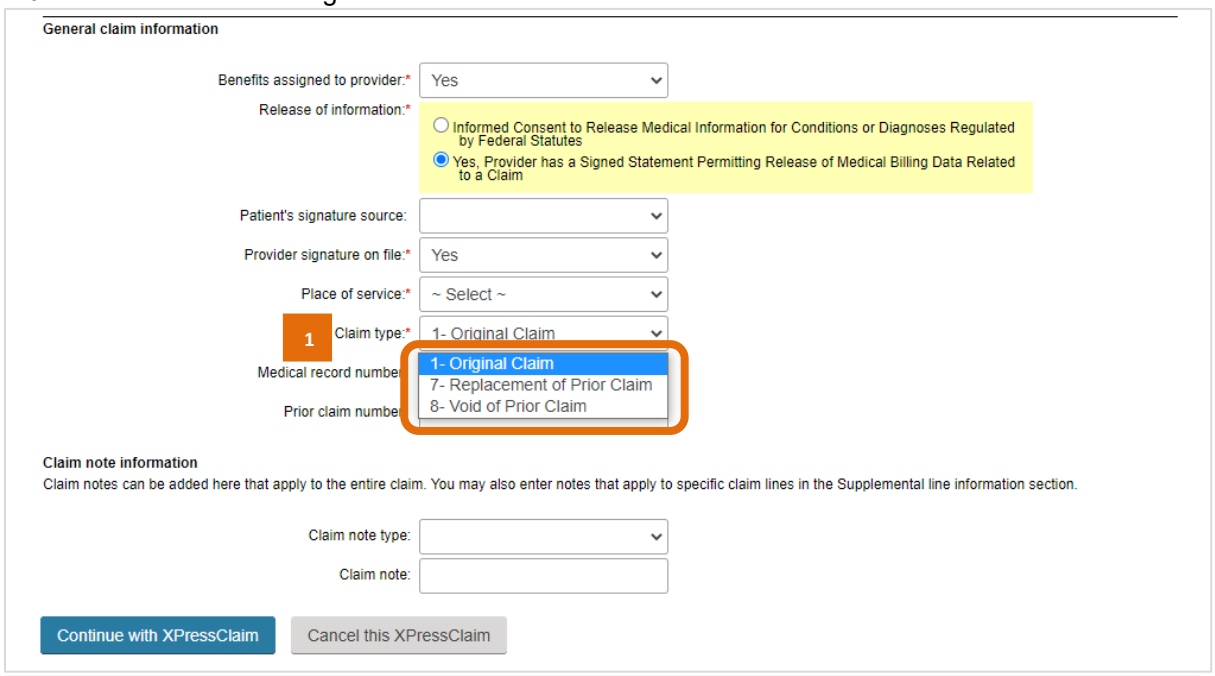
- ~ Select ~
- 01- PHARMACY
- 02- TELEHEALTH PROVIDED OTHER THAN IN PATIENT'S HOME
- 03- SCHOOL
- 04- HOMELESS SHELTER
- 05- INDIAN HEALTH SERVICE FREE-STANDING FACILITY
- 06- INDIAN HEALTH SERVICE PROVIDER-BASED FACILITY
- 07- TRIBAL 638 FREE-STANDING FACILITY
- 08- TRIBAL 638 PROVIDER-BASED FACILITY
- 09- PRISON-CORRECTIONAL FACILITY
- 10- TELEHEALTH PROVIDED IN PATIENT'S HOME
- 11- OFFICE
- 12- HOME
- 13- ASSISTED LIVING FACILITY
- 14- GROUP HOME
- 15- MOBILE UNIT
- 16- TEMPORARY LODGING
- 17- WALK-IN RETAIL HEALTH CLINIC
- 19- OFF CAMPUS-OUTPATIENT HOSPITAL
- 20- URGENT CARE FACILITY
- 21- INPATIENT HOSPITAL
- 22- ON CAMPUS-OUTPATIENT HOSPITAL
- 23- EMERGENCY ROOM - HOSPITAL
- 24- AMBULATORY SURGICAL CENTER
- 25- BIRTHING CENTER
- 26- MILITARY TREATMENT FACILITY
- 31- SKILLED NURSING FACILITY
- 32- NURSING FACILITY
- 33- CUSTODIAL CARE FACILITY
- 34- HOSPICE
- 41- AMBULANCE - LAND
- 42- AMBULANCE - AIR OR WATER
- 49- INDEPENDENT CLINIC
- 50- FEDERALLY QUALIFIED HEALTH CENTER
- 51- INPATIENT PSYCHIATRIC FACILITY
- 52- PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
- 53- COMMUNITY MENTAL HEALTH CENTER
- 54- INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
- 55- RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- 56- PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
- 57- NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILIT
- 60- MASS IMMUNIZATION CENTER
- 61- COMPREHENSIVE INPATIENT REHABILITATION FACILITY
- 62- COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
- 65- END-STAGE RENAL DISEASE TREATMENT FACILITY
- 71- STATE OR LOCAL PUBLIC HEALTH CLINIC
- 72- RURAL HEALTH CLINIC
- 81- INDEPENDENT LABORATORY
- 99- OTHER UNLISTED FACILITY

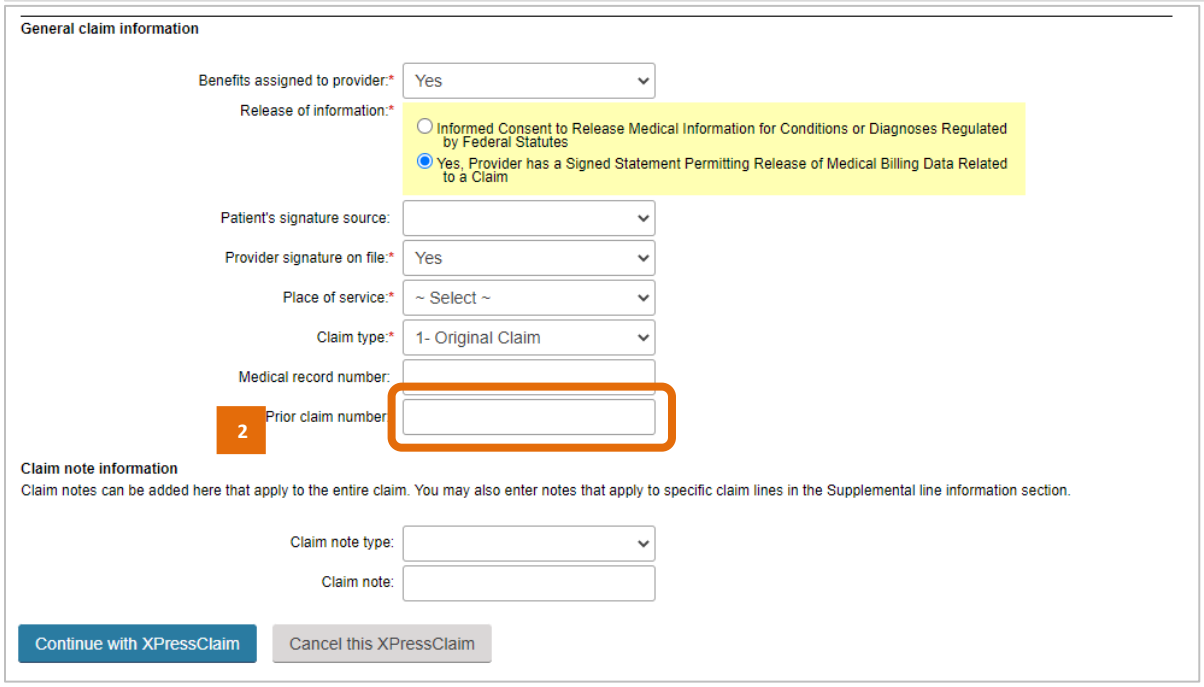
Corrected Claims (Replacements and Voids)

To submit a replacement of a prior claim or a void of a prior claim:

1. Select Claim type = **7-Replacement of Prior Claim** or **8 – Void of Prior Claim** as appropriate
2. Enter the Prior claim number

Please note: The veteran information, provider information and billed charges for an **8 -Void of Prior Claim** should match the original claim entered as the Prior claim number.



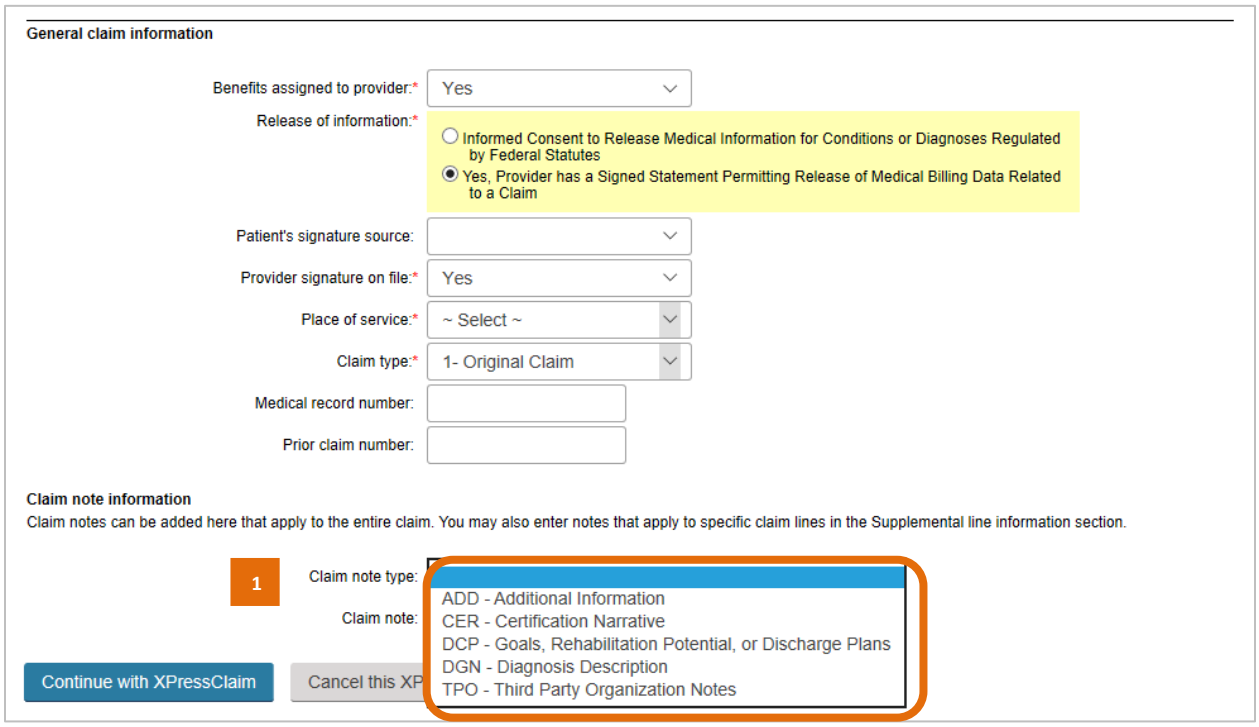


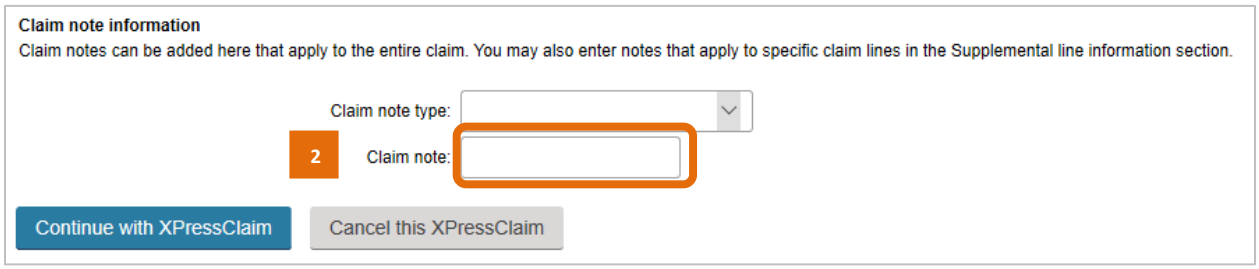
Claim Header Level Notes

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.

There is also an option to enter notes at the line level which is shown later in this document.

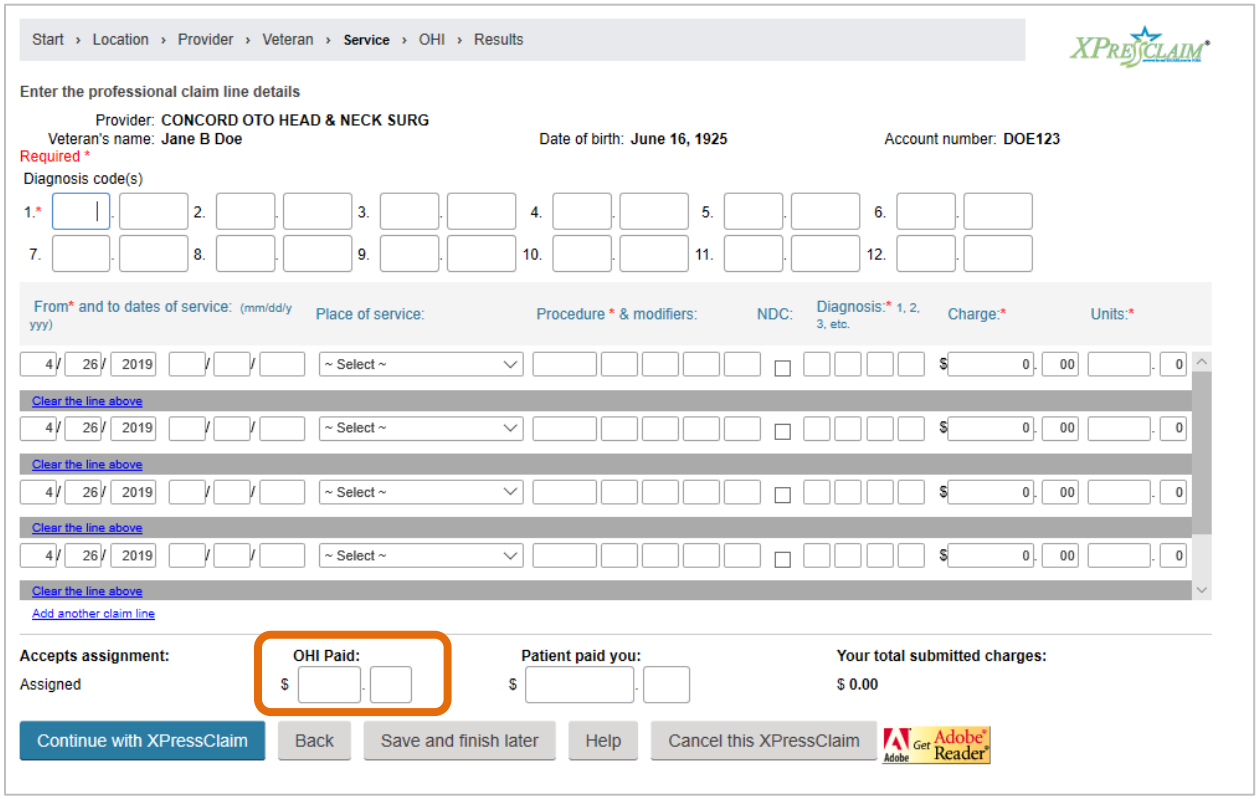




Diagnosis Codes and Claim Line Details

Enter the ICD10 diagnosis code(s) and details for each claim line. When finished, select **Continue with XPressClaim**.

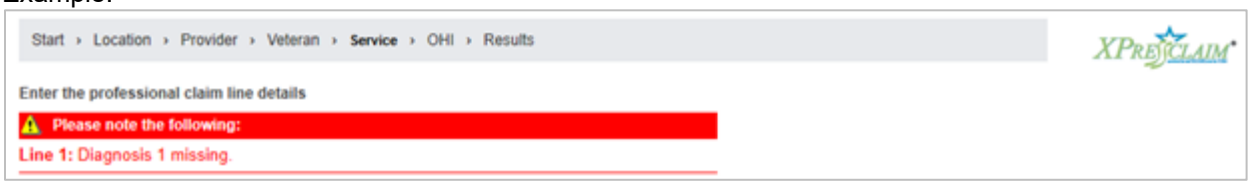
Important: Do not enter zeroes in the OHI Paid field if the patient does not have Other Health Insurance. Leave the field blank.



Claim Edits

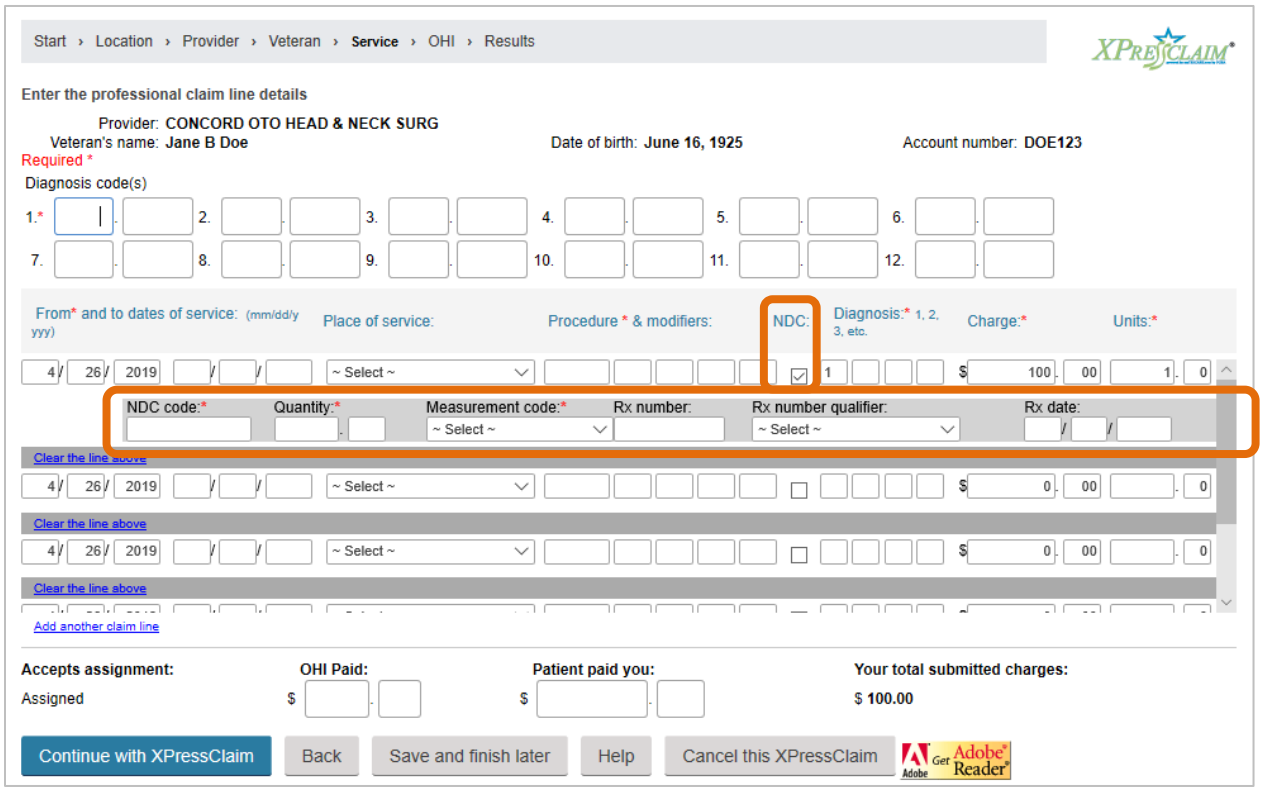
Once the user selects **Continue with XPressClaim**, the system will check for errors. Edits that the user needs to correct before continuing will display at the top of the webpage.

Example:



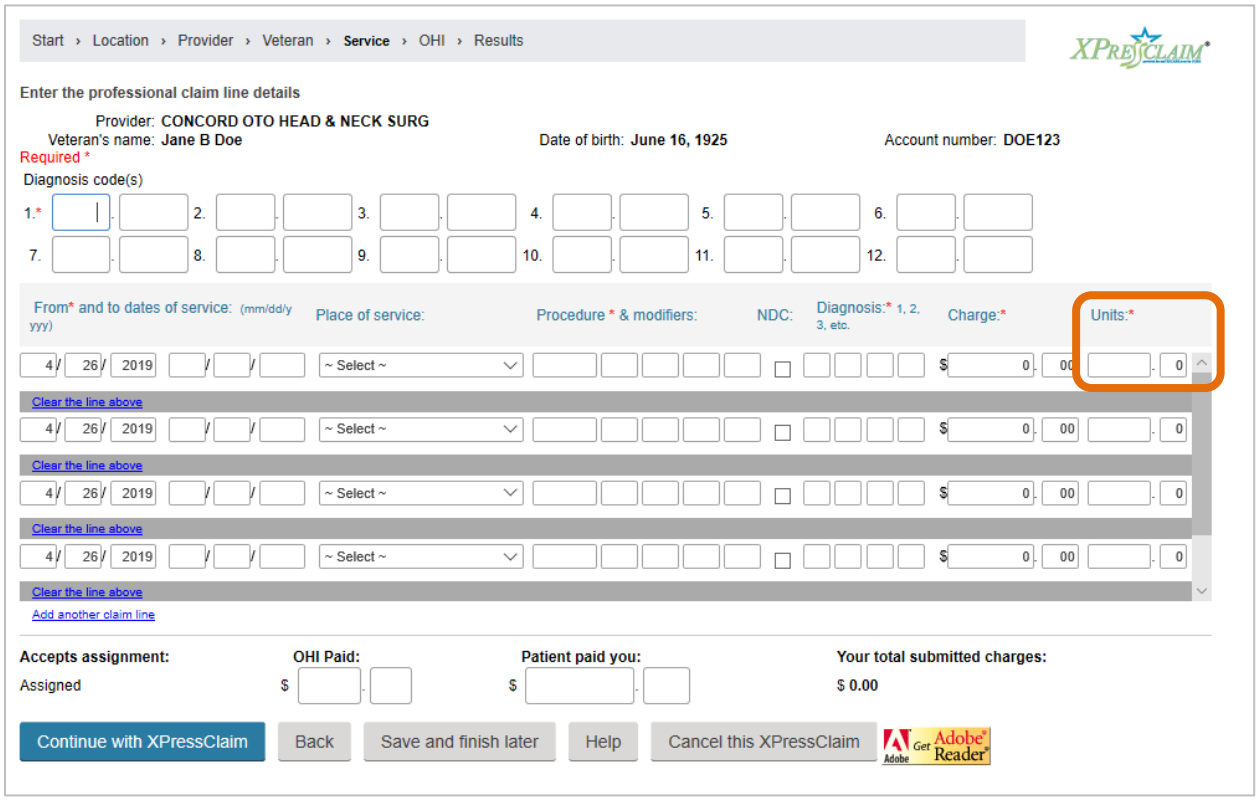
National Drug Codes (NDC)

If a National Drug Code (NDC) is applicable to the claim, select the NDC checkbox and additional fields will open as shown below.



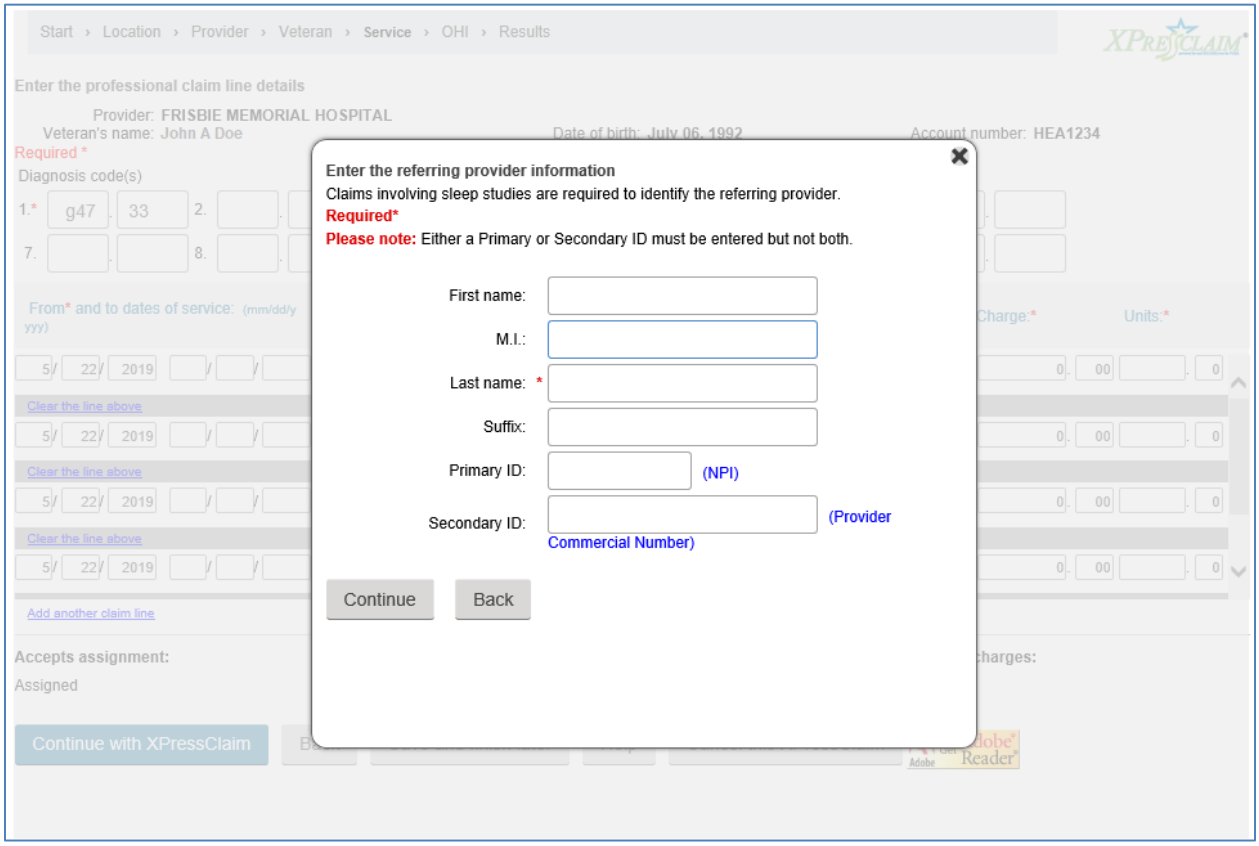
Anesthesia Services

For anesthesia services, enter the minutes in the Units field.



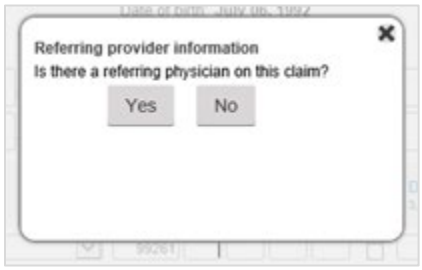
Sleep Studies

If a sleep study procedure code is entered, a referring physician is required. A modal window will automatically display. Enter the physician information and select **Continue**.

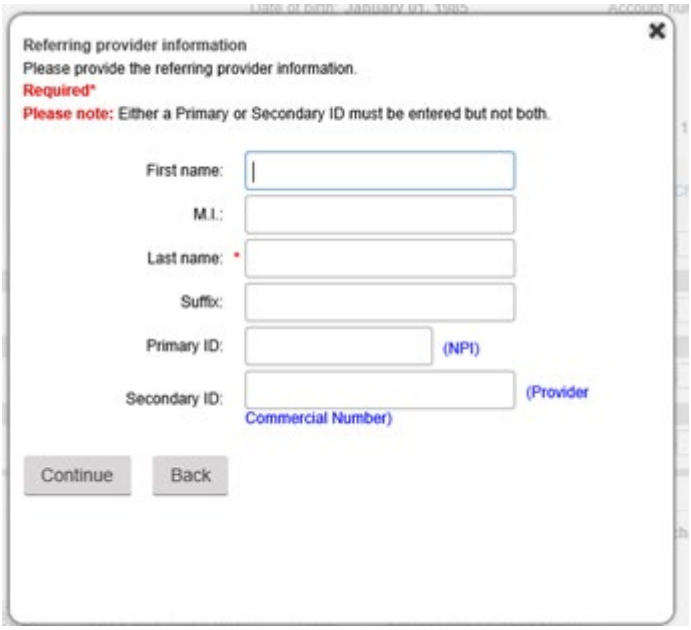


Consultations

If a consultation procedure code is entered, a modal window will automatically display to ask if there is a referring physician. If yes, a prompt for referring physician information will display.

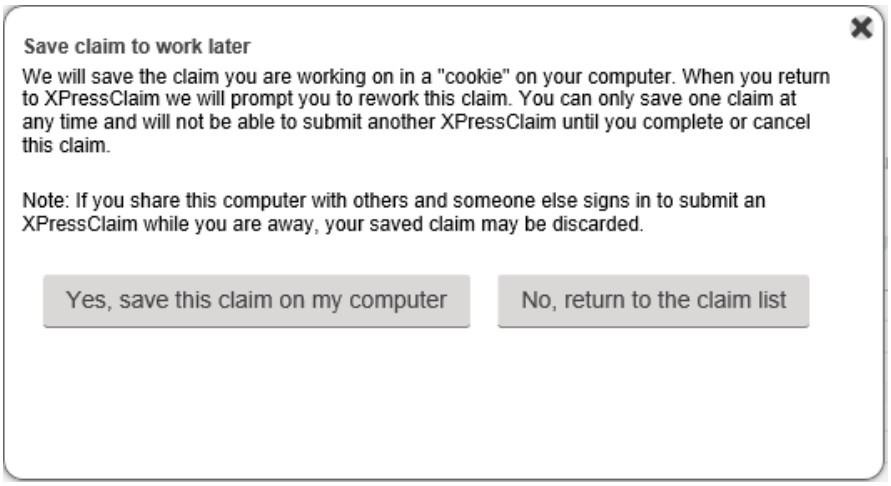


Enter the referring physician information and select **Continue**.

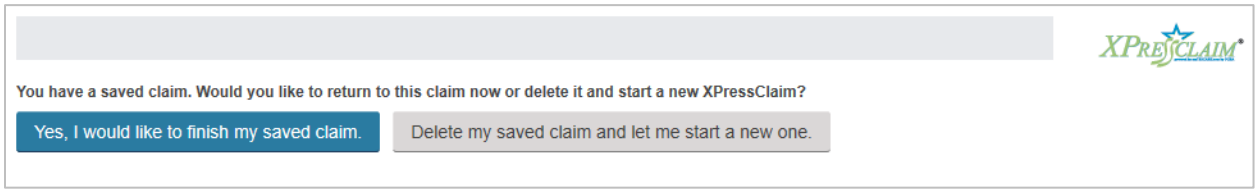


Save Claim and Finish Later

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



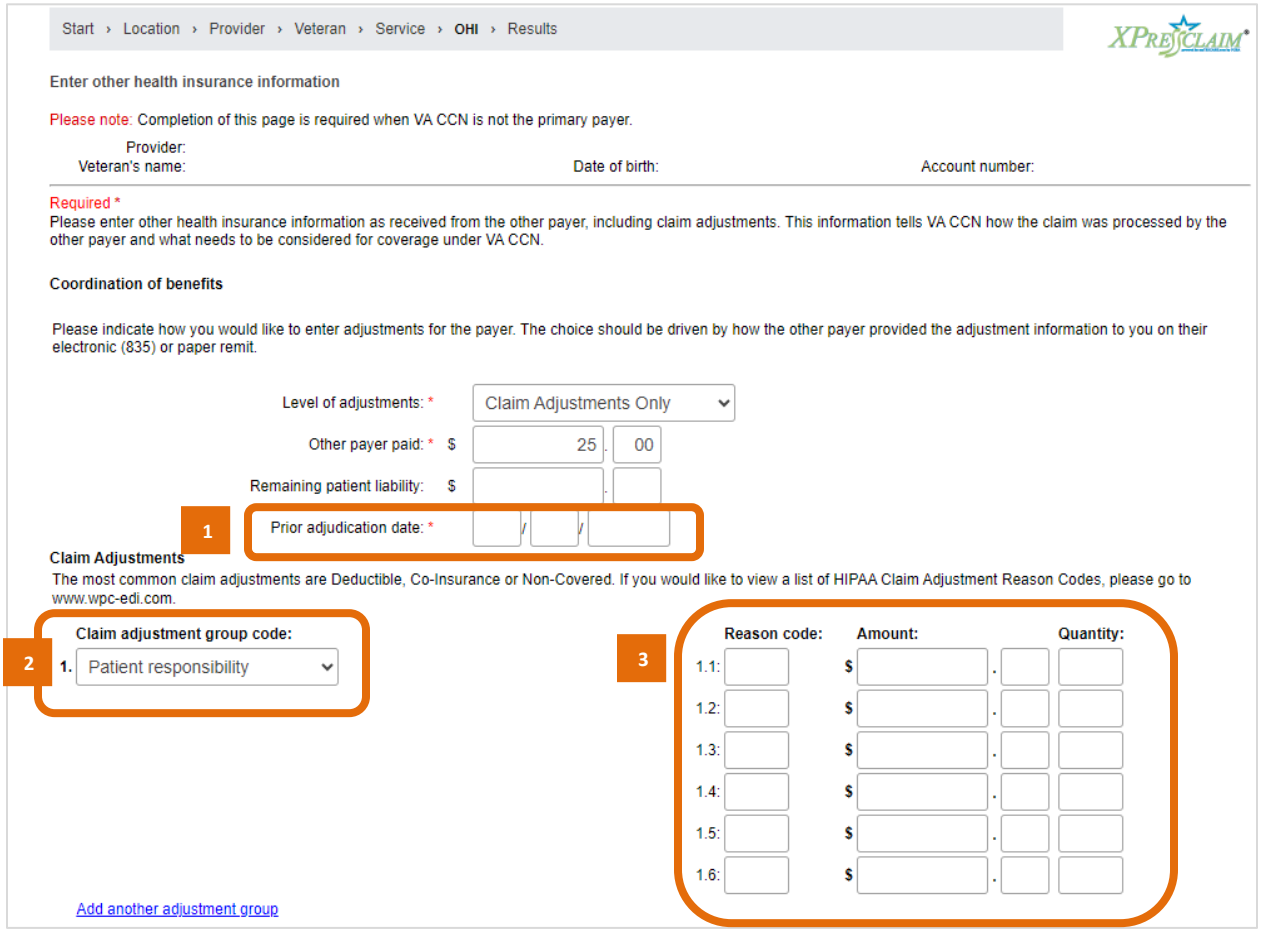
When returning to XPC, an option to finish the saved claim will be presented.



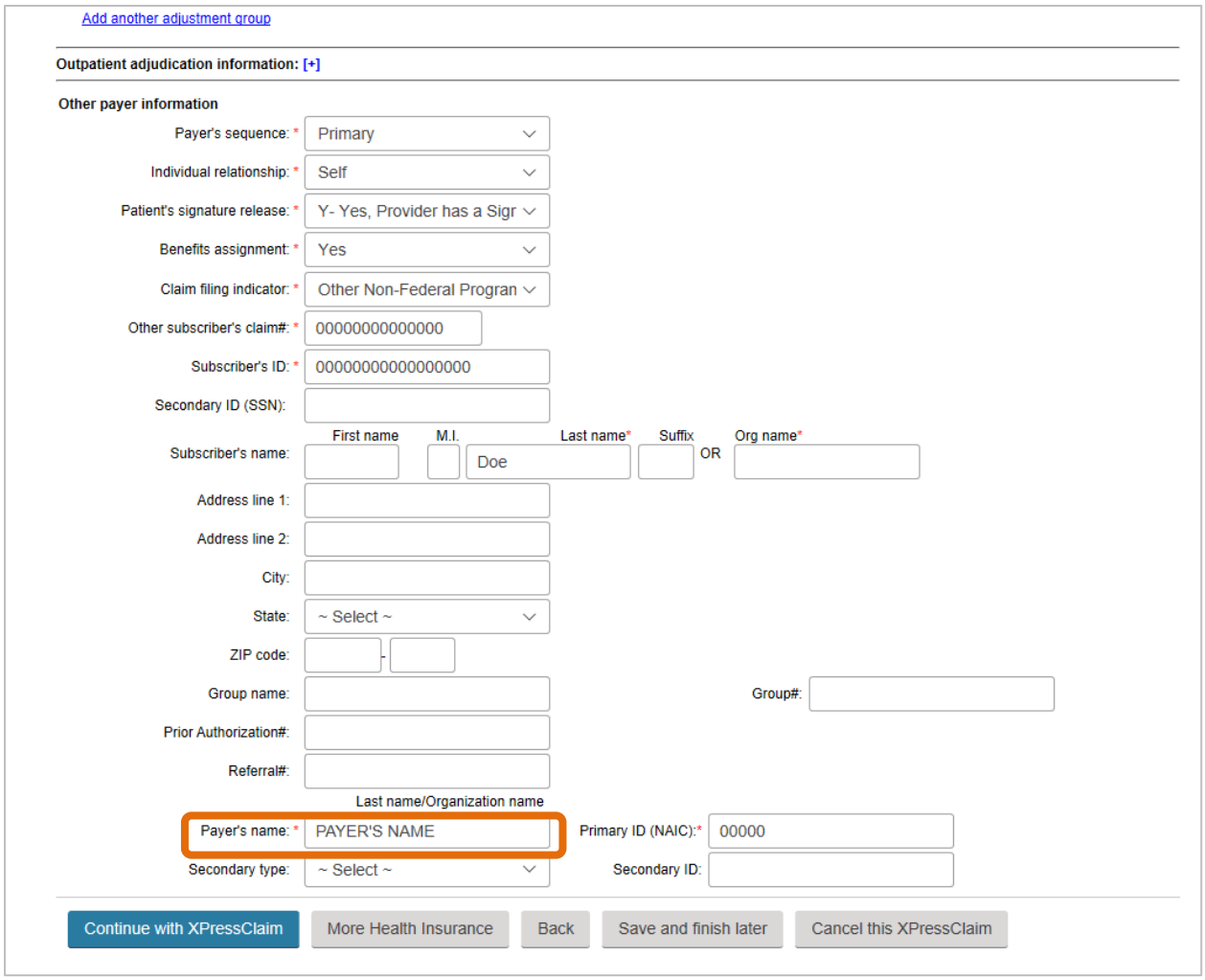
Other Health Insurance (OHI)

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 should 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/

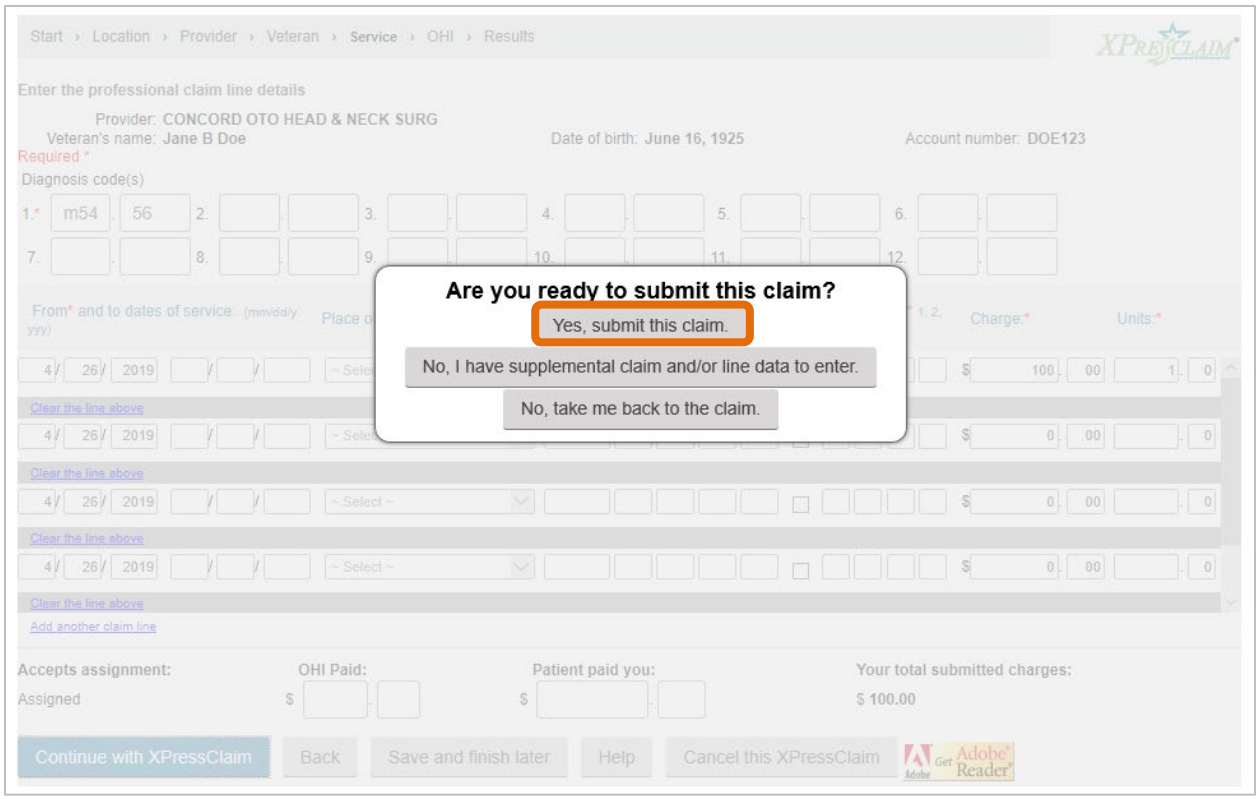


Enter the Other payer information including the name of the Other Health Insurance in the Payer's name field and click the **Continue with XPressClaim** button.



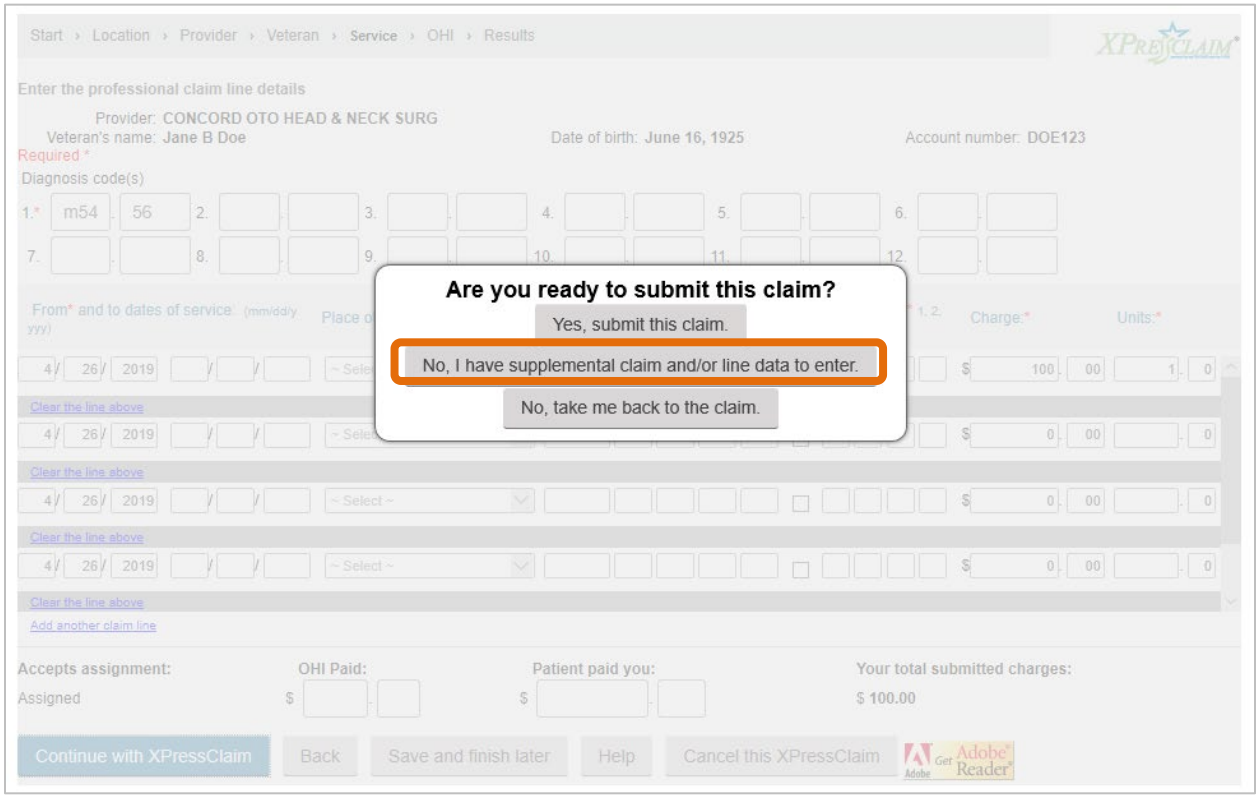
Submit the Claim

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



Supplemental Information

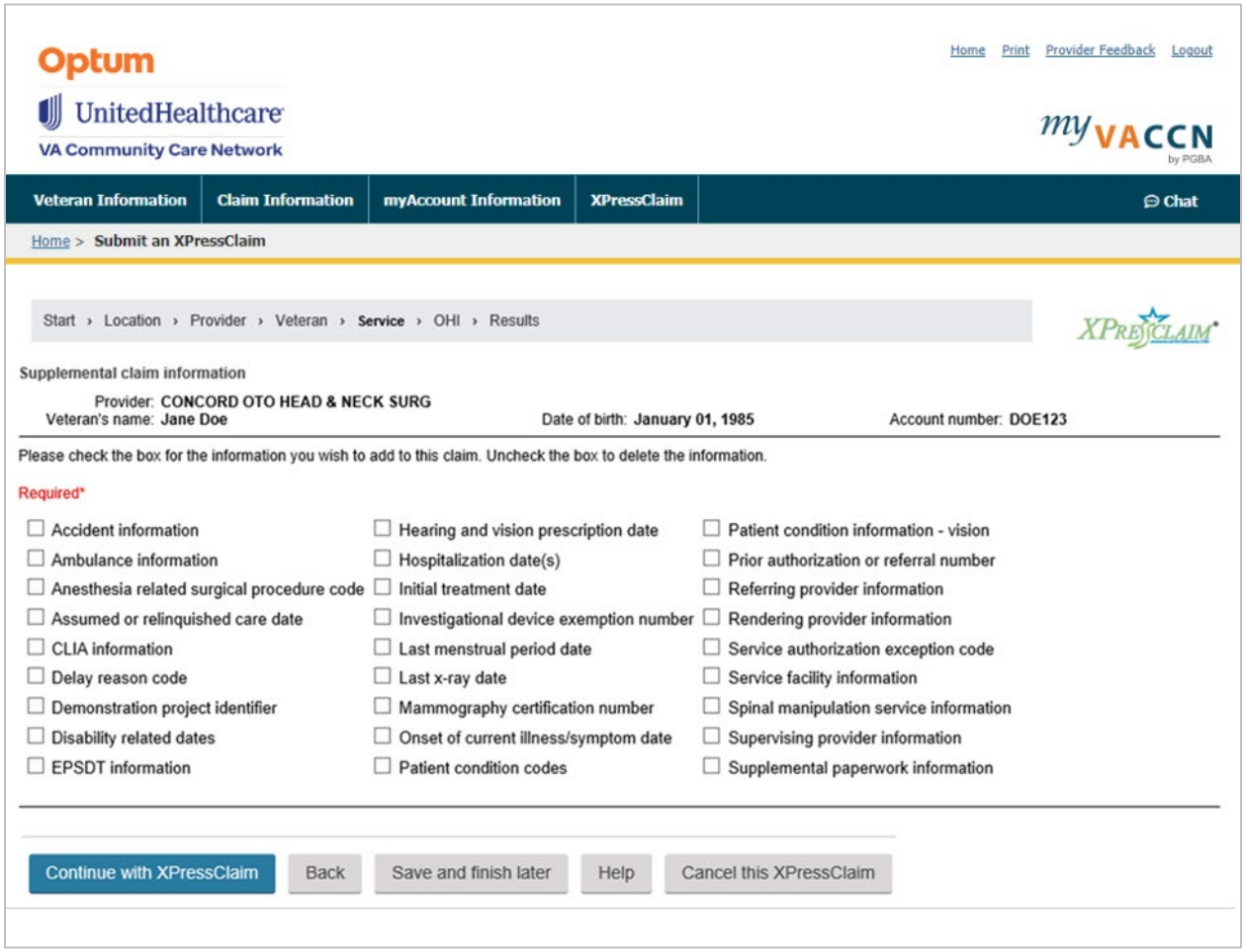
To enter supplemental information (such as a referral number), select **No, I have supplemental claim and/or line data to enter**.



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**.

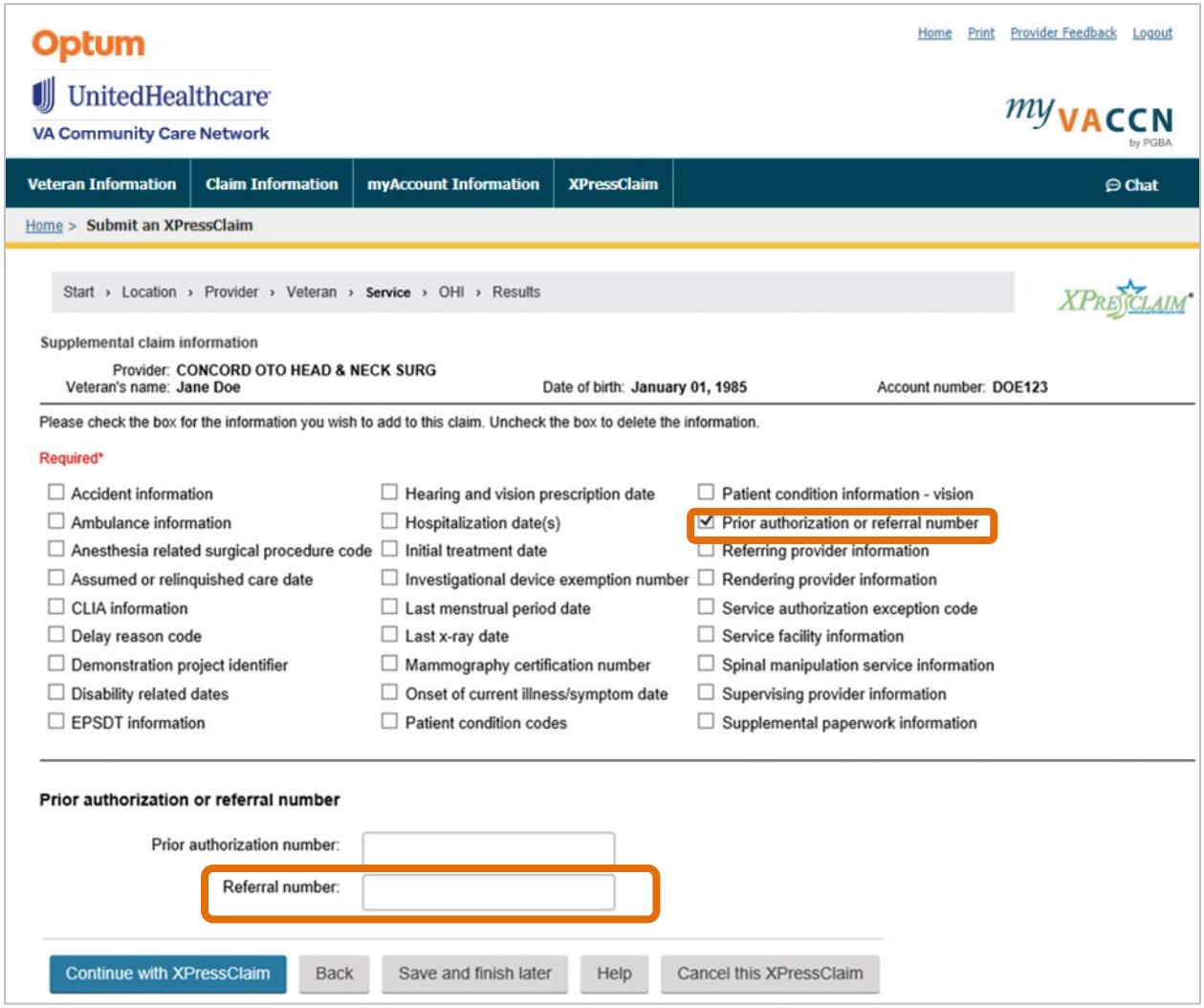
Most commonly entered supplemental data at the header level includes **prior referral number** and **referring provider information**.



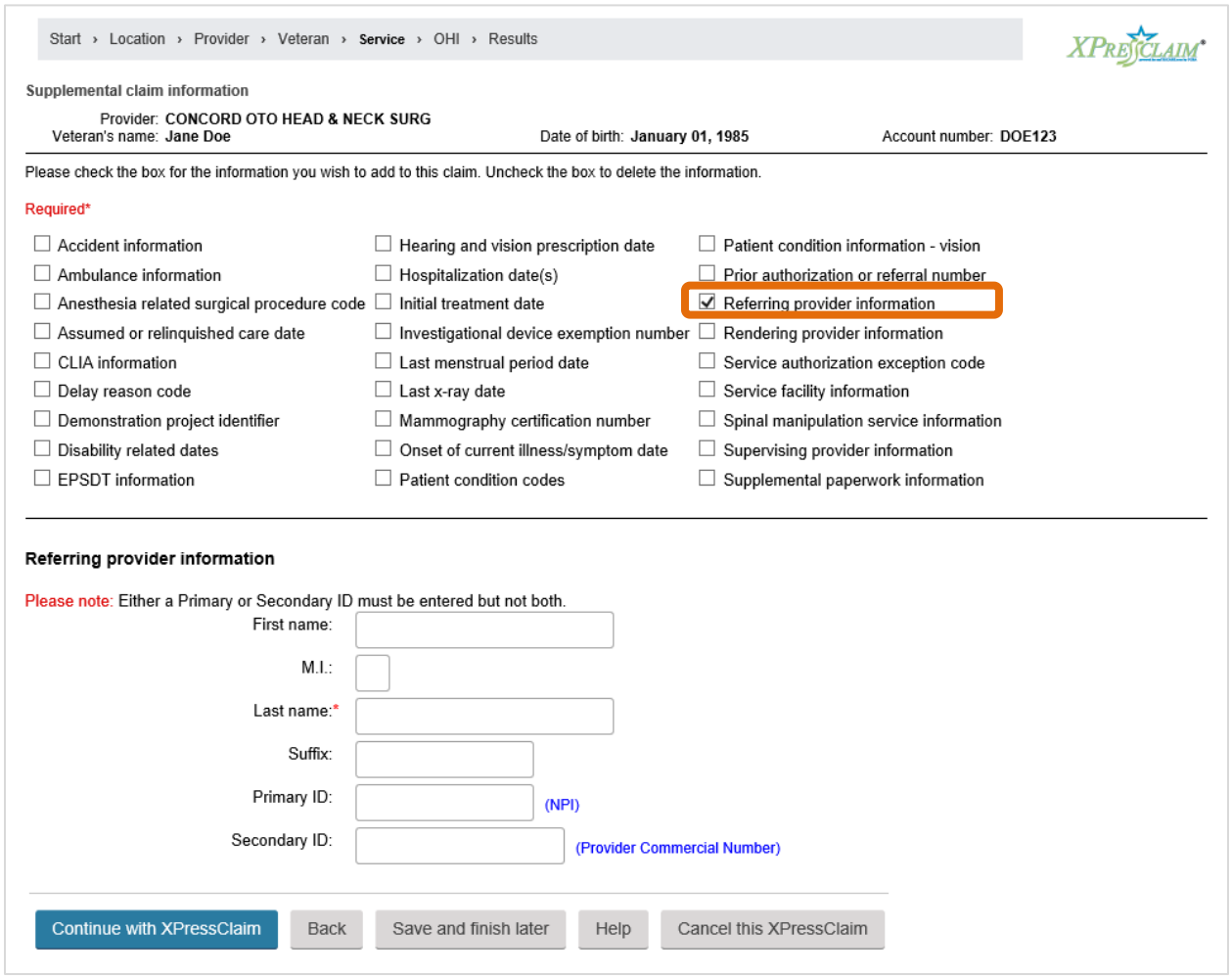
Prior Referral Number

Enter your VA referral number (ex. VA0000000000, UC0000000000) in the Referral number field.

Referral numbers can also be entered at the line level, but only one referral number is allowed per claim.



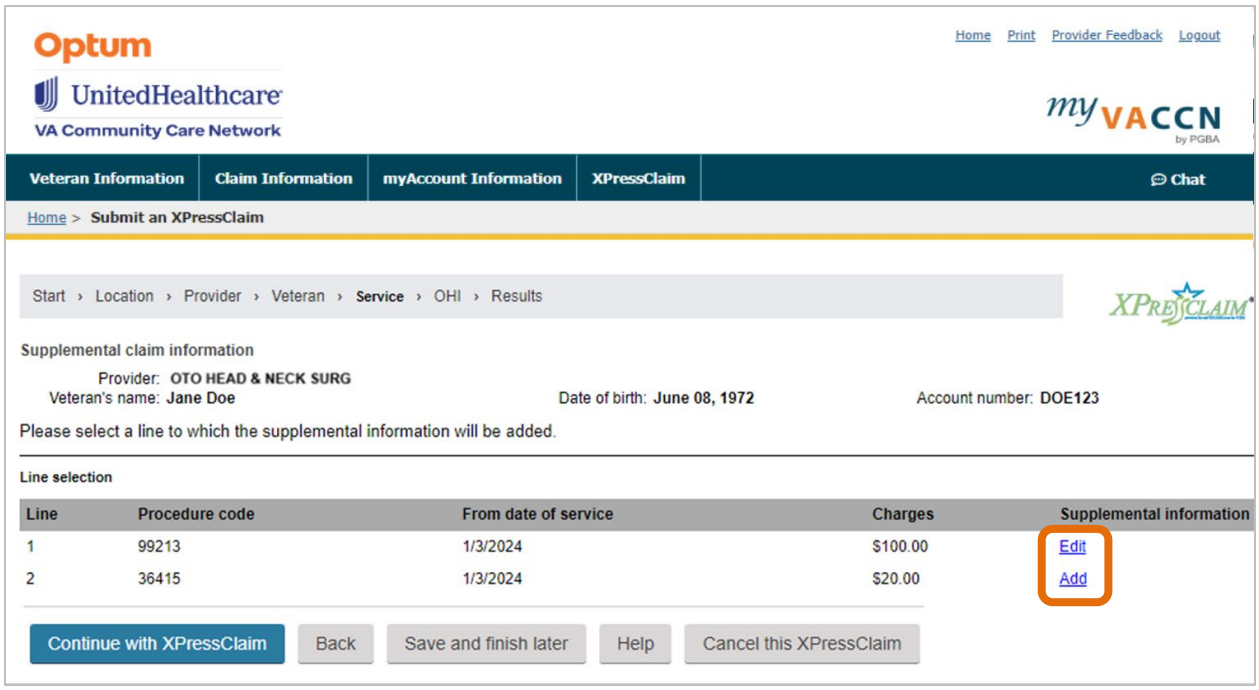
Referring Provider Information



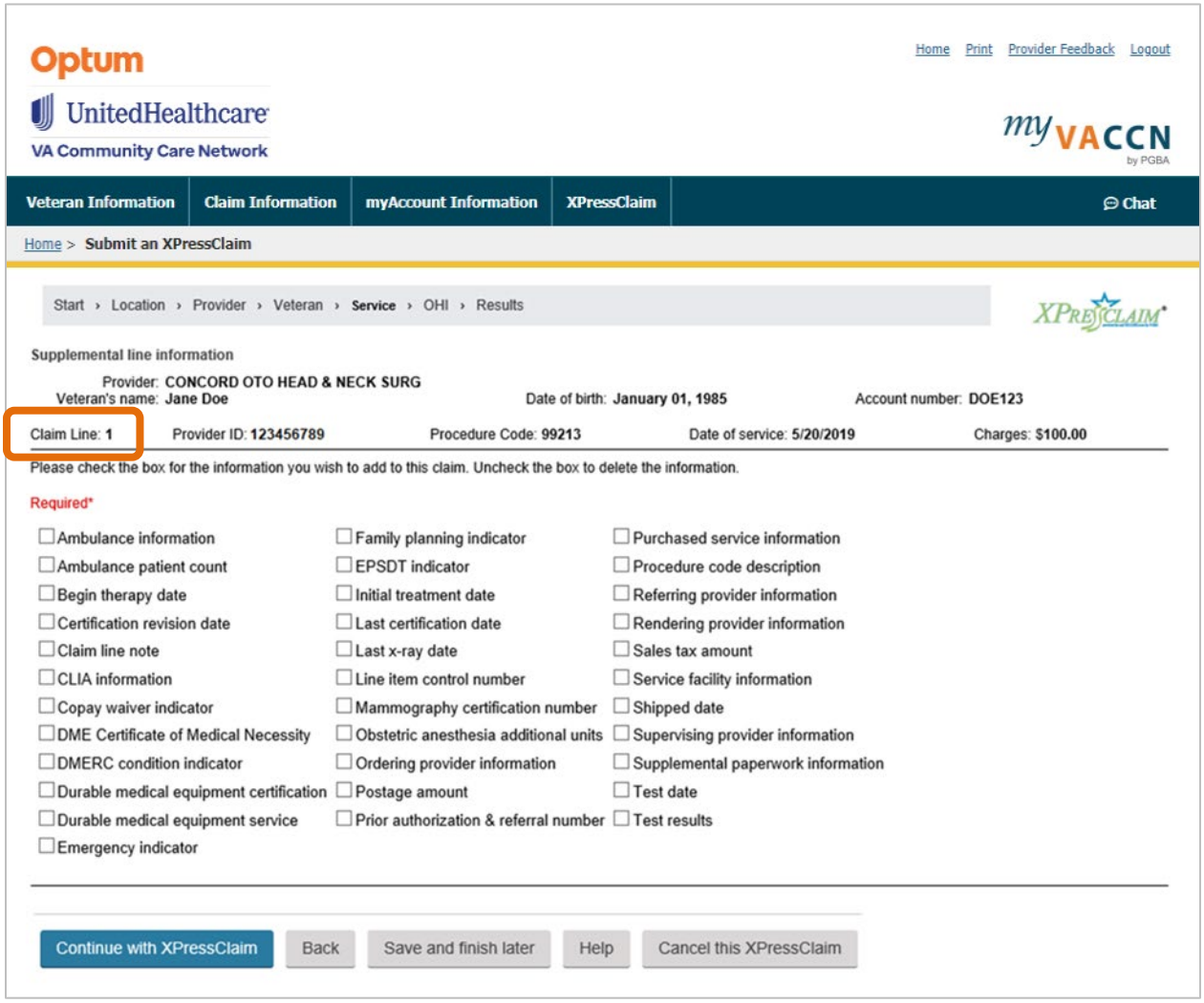
Line Level Supplemental Information

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

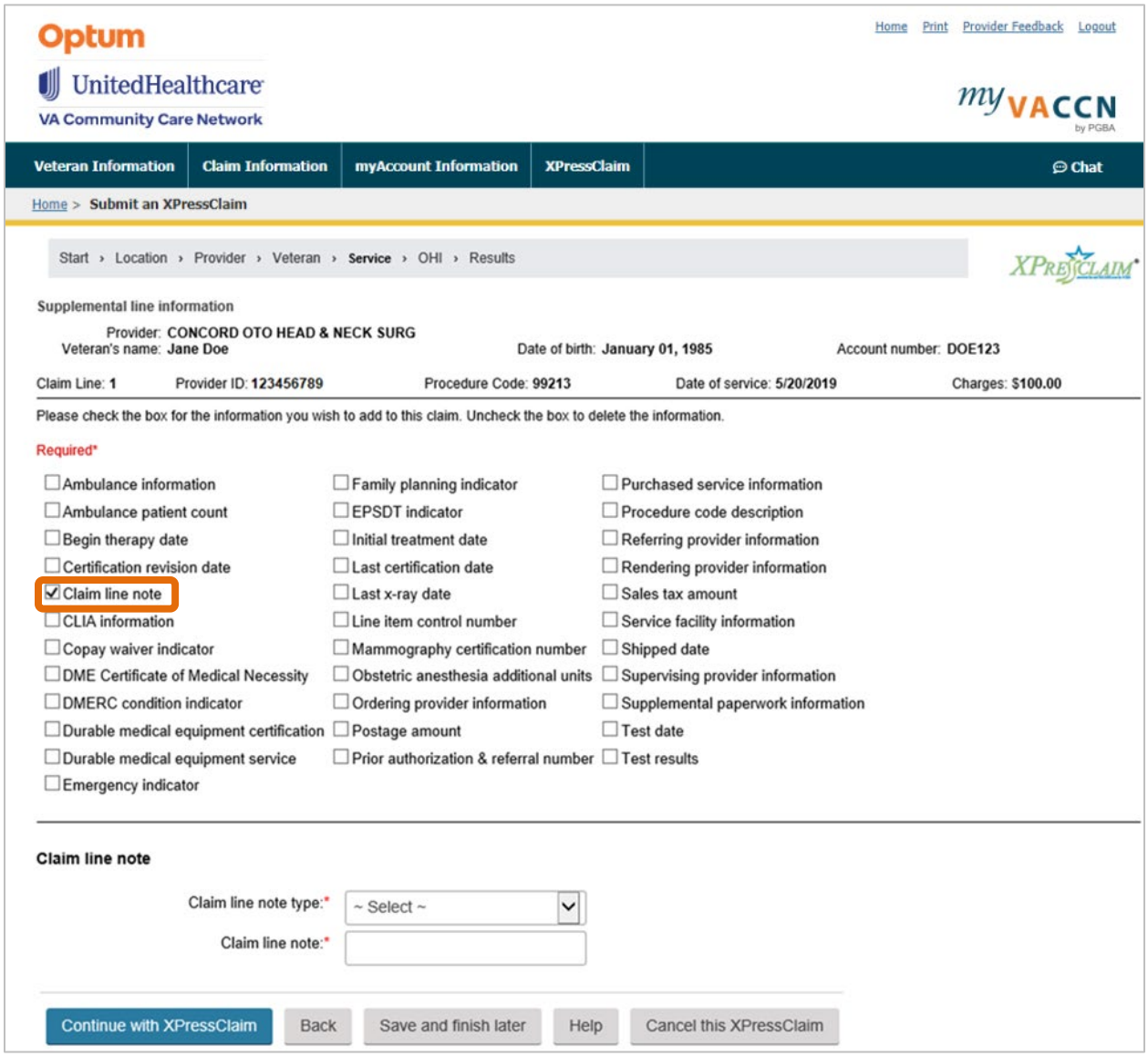
Select a line by clicking the **Edit** or **Add** link.



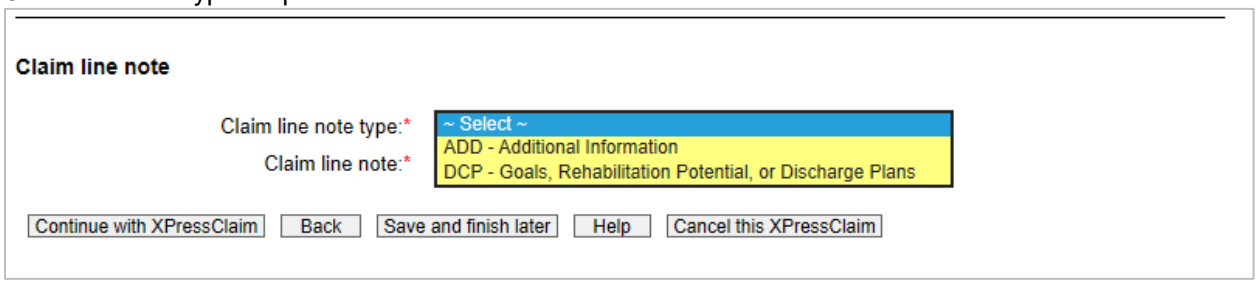
The “Supplemental line information” page will display for the line selected. Select the desired checkboxes, enter the corresponding information and click **Continue with XPressClaim**. Most common supplemental data at the line level includes claim line notes and rendering provider information.



Claim Line Notes

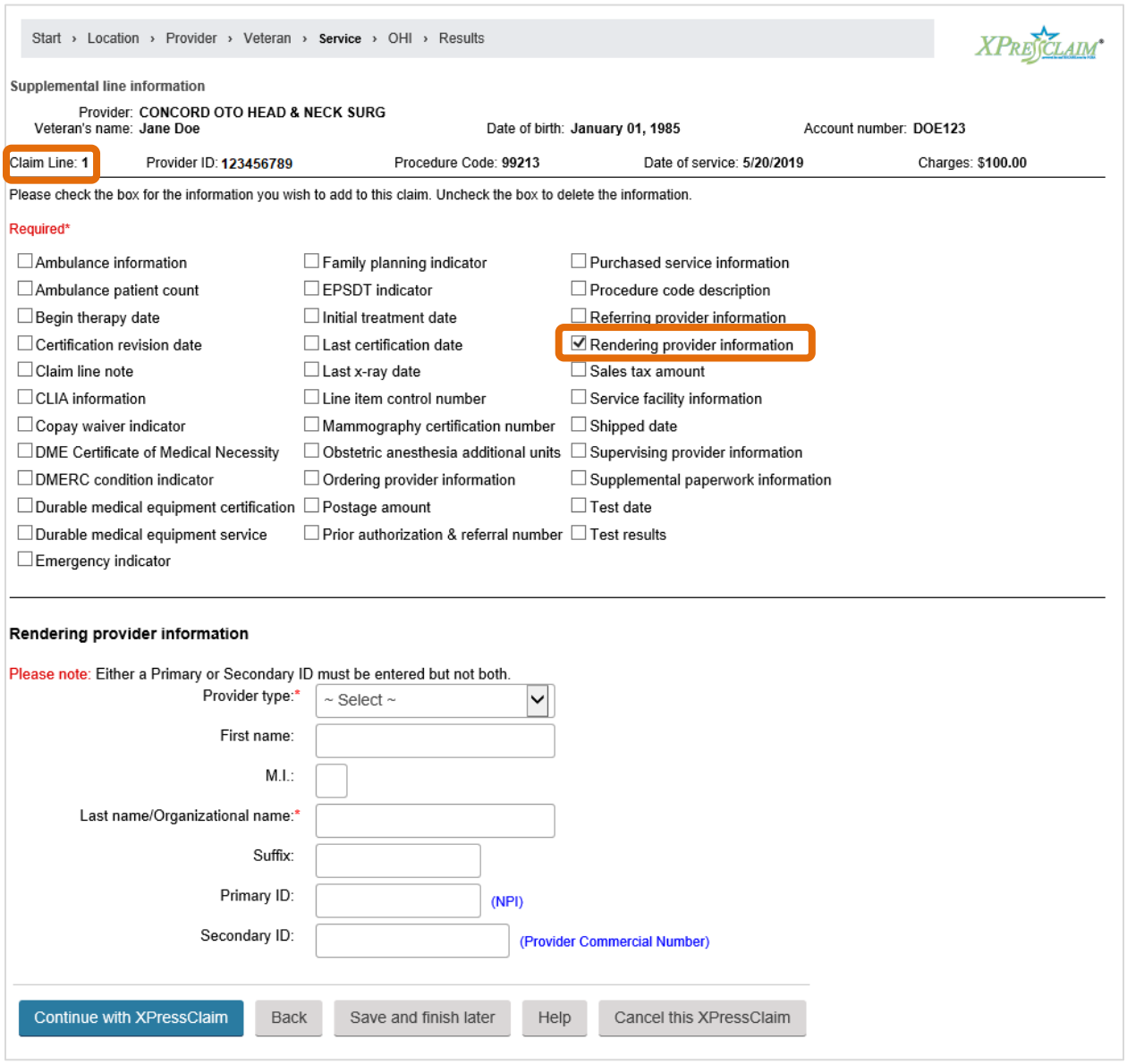


Claim line note type drop-down choices:

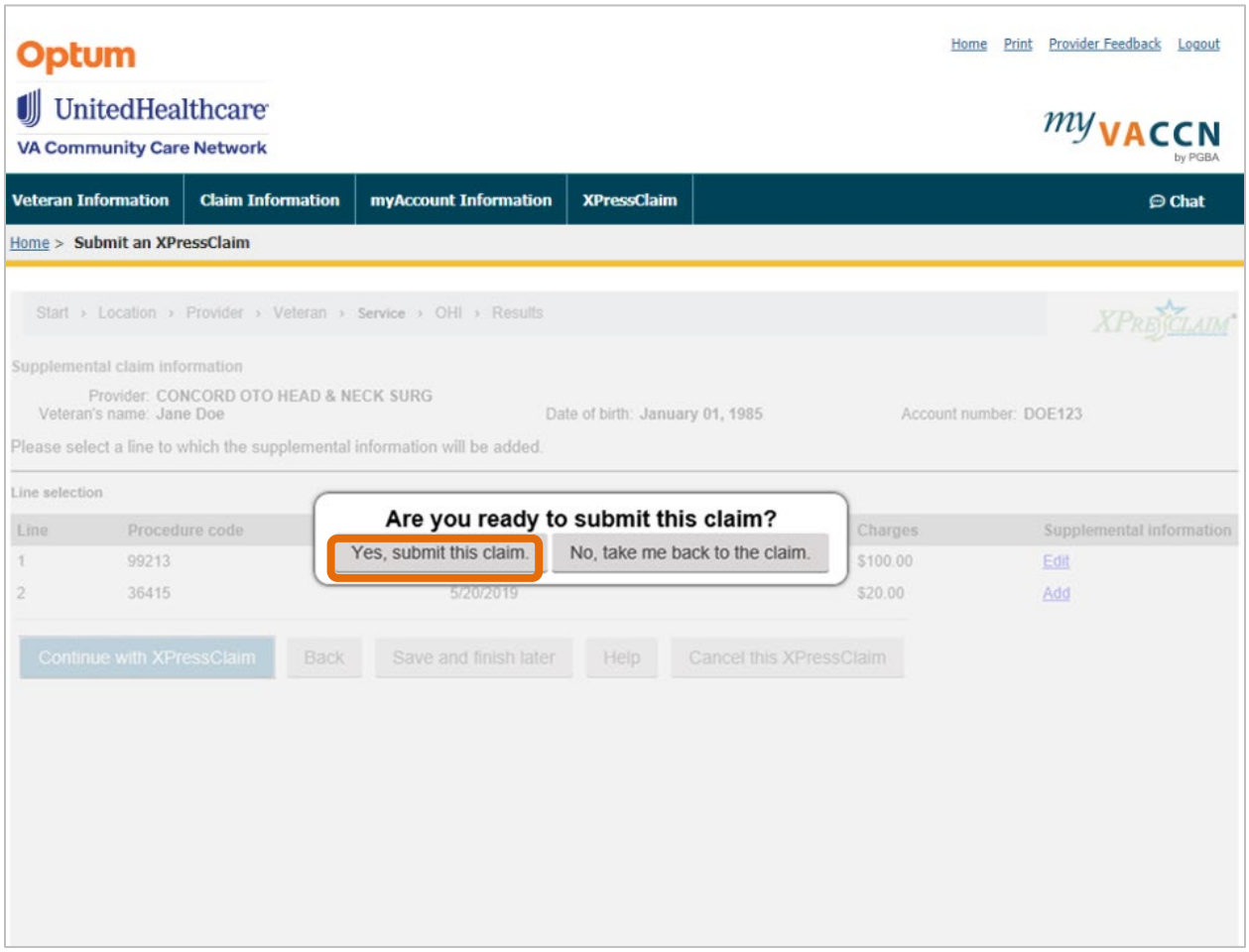


Rendering Provider Information

If different rendering providers performed each service, select the Rendering provider information checkbox for each line and key the provider details.

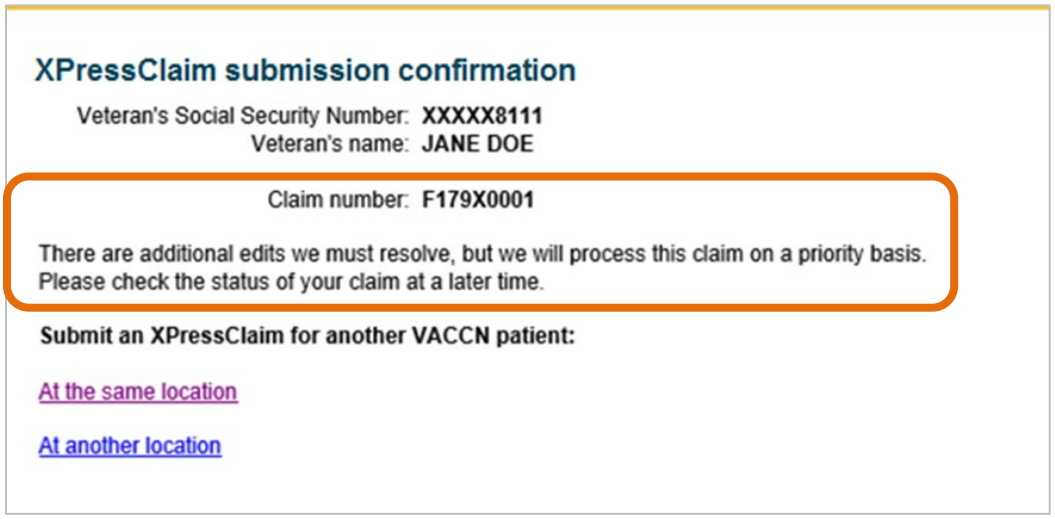


When finished, select the **Yes, submit this claim** button.



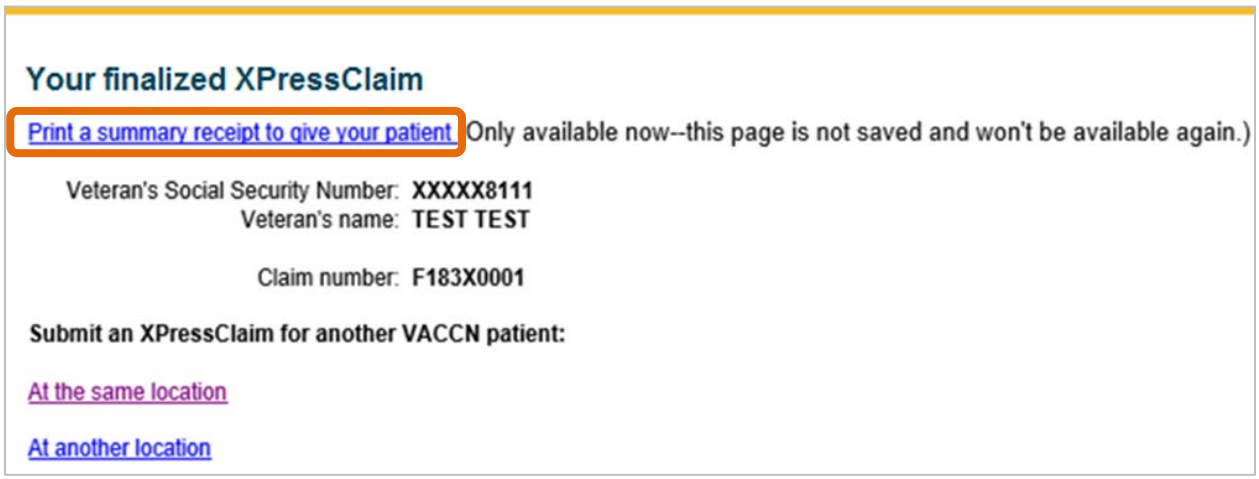
XPressClaim Submission Confirmation – In-Process Claim

If the claim has edits that need to be resolved internally by PGBA, 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.



Patient Summary Receipt

Patient Summary Receipt

Date Completed: *February 9, 2024*

Veteran's SSN: XXXXX8111
Veteran's Name: JANE DOE
123 TESTING LANE
CITY, NC 28333

Services Provided by: JOHN SMITH MD
Location: CONCORD HEAD & NECK
PO BOX 123
SOUTHAMPTON, PA

Claim Number: K002X0000
Claim Status: Complete

XPRESSCLAIM®

Dates of Service:	01/01/2024 through 01/01/2024
Total Billed:	$ 145.00
VA Allowed Amount:	$ 3.00
Non-Covered Amount:	$ 142.00
Other Health Insurance Allowed Amount:	$ 0.00
Other Health Insurance Paid Amount:	$ 0.00
Penalty Amount:	$ 0.00
Amount Paid to CONCORD HEAD & NECK:	$ 3.00
Total Amount Paid:	$ 3.00

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	99213	$ 125.00	$ 0.00	This service does not meet VA CCN criteria.AUTHORIZATION/REFERRAL NOT ON FILE FOR THE SERVICES RENDERED.
01/01/2024	36415	20.00	3.00	
		$ 145.00	$ 3.00	

Claim Number: **K002X0000**
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