

XPressClaim (XPC) guide East Region

XPressClaim

- XPressClaim (XPC) is an option for claim submission available to our East Region providers.
- You can submit claims by logging in to provider self-service, opening the **Provider Access Claims Center** and then • by choosing Submit an XPressClaim.
- XPC allows for professional (CMS-1500) and institutional (UB-04) submissions.
- The Send Documents feature is also available to submit supporting documents for any claim.
- This guide will show you how to submit both professional and institutional as well as how to send supporting documents.

Table of contents

1.	Registration
2.	Professional claim
3.	nstitutional claim
4.	end documents

🛱 Registration

XPressClaim registration

 Upon initial navigation to XPressClaim from provider selfservice access claims center, the Sign up page is displayed

 PressClaim - Fast, free online claims submission with instant results. Get the results, including payment information, right away - often while your TRICARE patient is still in your office Receive easy-to-read real-time messages to correct your claim - no need to call PGBA or mail a corrected claim Even if more complicated edits occur during adjudication, your XPressClaim will still be processed faster than a paper claim. A dedicated claims associate will contact you if we need more information. 	in up for XPressClair	n
 Get the results, including payment information, right away - often while your TRICARE patient is still in your office Receive easy-to-read real-time messages to correct your claim - no need to call PGBA or mail a corrected claim Even if more complicated edits occur during adjudication, your XPressClaim will still be processed faster than a paper claim. A dedicated claims associate will contact you if we need more information. 	ressClaim - Fast, fr	e online claims submission with instant results.
	 Get the results, Receive easy-to Even if more condedicated claims 	ncluding payment information, right away - often while your TRICARE patient is still in your office read real-time messages to correct your claim - no need to call PGBA or mail a corrected claim nplicated edits occur during adjudication, your XPressClaim will still be processed faster than a paper claim. A associate will contact you if we need more information.
Sign me up now! Not now, thank you	ign me up now!	Not now, thank you

Humana Sitter
TRICARE XPressClaim agreement
PGBA. LLC fewiniater referred to as PGBA) and the provider recognize that donatin advantages will accrue to PGBA and to the provider trecgoth arrangement whereby claims may be submitted via a relation ferred metanetical of PMessCalam instand of written claims. This arrangement themen PGBA and a provider permits the electronic generation of TRICARE claims that will be acceptable to PGBA as written claims. This agreement is to pat forth guidelines under which such an arrangement will operate.
 Provider agrees to accept assignment on claims submitted via XPressClaim. By accepting assignment, the provider agrees to accept the TRICARE Maximum Allowable Charge (TMAC) as expensed in Lill for the annotan mediand. Passate note: Non-entends providers have the option not to accept assignment on professional claims.
2. Provider agrees to submit claims to PCBR only in the spoch comma required by PCBR. 3. Provider agrees that all organization score documents and source records (e.g., melocataninancial records and/or bling statements) will be maintained in such a way that all electronic source documents, including patient's signatures on behalf of the patient that are required to be maintained as proof document to records and/or be maintained.
4. Provider agrees that PGBA has the right to audit and confirm source documents including medical records, charge date and beneficiary/bhysician signatures. Any incorrect payments that are discovered as a result of such an audit will be adjusted according to the applicable provisions of the Department of Defense (DkD) regulations governing TRICARE guidelines.
5. Provider agrees to accept responsionly for researching and correcting any and a locatepant carms heating success. 6. Provider agrees that the boot or is designed or agent and PGBA may all any time autial and continit information satentised by the provider and may have access to the provider's records, including medical records, for that same purpose. 7. Provider all ensure that the evolution provider and heading and access access and access access and access access access and access
signatures. All organit source documents will be retained for a period of server (7) years tolkning the date of payment by PGB. Medical levols will be maintained according to signation status that will be retained for a period of server (7) years tolkning the date of payment by PGB. Medical levols will be append a tabil user heterheit information concerning TRCAHE benefaciuses nor information obtained from the Defense Health Approv (1) period levols append a tabil user heterheit information concerning TRCAHE benefaciuses nor information obtained from the Defense Health Approv (1) period levols not to defense any information concerning a TRCAHE benefacial to any period nor generalized one them the DH exercise of the OBA who the express not to define any information concerning a TRCAHE benefacial to any period nor organization of them the DH eXer CPDA whood the express the total concerning a transmission of the other total and the other total and the CPDA whood the express the total concerning a transmission of the other total and the CPDA whood the express that are also approximate total approximation of the other total and the CPDA whood the express that the other total approximation of the concerning a transmission of the table of the CPDA whood the express the total approximation of the other total approximation of the table of the CPDA whood the express the total approximation of the total approximation of the table of the total of the table of the table of the CPDA whood the express the total approximation of the table of
writen permission or the TRICARE beneficary or hisher lawlul representative. 8. Provider understands that bruchem av terminate this agreement upon 90 days written notice. The Secretary of Defense, his designees or agents, or POBA may terminate this agreement at any time. 9. Provider understands the SIGMA has the index drainer crowned has draineament for som reason.
10. Provider understands that the submission of an electronic media claim is a claim for TRICARE payment and that anyone who misrepresents or fulfilles any necord or dher information essential to that claim or that is required pursuant to this agreement may upon comiction, be subject to fine and implementent under federal tax.
Please complete the information below.
I have agreed to the above by signing below on this 16th day of April, in the year of 2024.
Provider(s)' Tax ID Number: 123456789
Authorized officer Title
I accept this agreement Not acw, thank you

XPressClaim agreement

• Next, the **TRICARE XPressClaim agreement** collects the provider's electronic signature and title



XPressClaim

- After confirming acceptance of the agreement, the provider can begin using XPC immediately
- On future visits from the same web account, the provider is navigated directly to this XPC start page





XPressClaim Help

• The XPressClaim Help guide is a valuable resource to download prior to claim submission



XPressClaim

The first step is to select the **location** where services were provided:

- Locations that were active within the last 365 days are displayed from PGBA's Provider Information Management System (PIMS)
- Narrow the list by NPI, location name, state, status and/or specialty
- The specialty of the location selected determines the claim path –professional (CMS1500) or institutional (UB04)
- Some specialties (based on TRICARE policy) can submit both institutional and professional claims
- If the location cannot be found, follow the steps provided to request a location to be added to our system

Select the **rendering provider**:

- This page is only displayed if the selected location requires a rendering provider
- All rendering providers that were active within the last 365 days and affiliated with the location selected are displayed from PGBA's Provider Information Management System (PIMS)
- Narrow the list by provider's name, status and/or specialty
- If the rendering provider is not found, follow the steps provided to request a practitioner to be added to our system

	6						_	
tart > Locatio	on > Provider > Patient > S	ervice > OHI > Result	IS				1	PREJCLAIM
elect the locatio	n where services were provided.							
ease note: If yo our list.	ou have more than 300 locations as	sociated with your Tax ID f	Number (TIN), you r	nay need	to narrow			
change or nam	row the list, please enter the NPI, Ic	cation name, state, status	and/or specialty in a	any combi	nation.			
PI:	Location name:	State:	Status:	Specia	alty:			-
		All States 🔻	Active -	Al	Specialties	• Search		Show all locations
NPI	Location name	Address	City	State	ZIP	Specialty	Status	Status date
234567890	COMMUNITY MEDICAL GROUP	123 MAIN STREET	BALTIMORE	MD	21223-2134	MIXED SPECIALTY CLINIC	ACTIVE	07/01/2019
1234567890	COMMUNITY MEDICAL GROUP SO	555 ANY AVENUE	BALTIMORE	MD	21223-2134	MIXED SPECIALTY CLINIC	ACTIVE	07/01/2019
1234567890	COMMUNITY HOSPITAL	888 HOSPITAL WAY	BALTIMORE	MD	21223-2134	SHORT TERM GENERAL	ACTIVE	07/01/2019
1234567890	COMMUNITY CLINIC	444 FOURTH ST	BALTIMORE	MD	21223-2134	MIXED SPECIALTY CLINIC	ACTIVE	07/01/2019
If you do not s From the hom 1. Choose Vi 2. Click Edit 3. Choose Ad Changes will th Once the loca	ee the location you need, you can a page: wwWpdate under address section information in the upper right com did new group location or Term ex be visible within 15 business days. tion appears, you will needs to add	add it by following the steps in the Group Information ta er, isting group location. Fo	s below. b. Illow the steps given b. Repeat steps one	and two a	und choose Add			

tart > Location > Provider	> Patient > Servic	e > OHI > Results			XPRETCLA
elect the provider of services.					
lease note: If you have more th st.	an 300 providers assoc	iated with your Tax ID Number (TIN), you	may need to narrow your		
o change or narrow the list, plea	se enter the provider's	name, status and/or specialty in any com	pination.		
Provider's name:	Status:	Specialty:			
	Active 👻	All Specialties	- Search		Show all provider
Provider's name	Social Security	Number Specialty	NPI	Status Status date	
HEATHER L YOUNG NP	*****9999	NURSE PRACTITION	ER 1234567890	ACTIVE 07/01/2019	
If you do not see the rendering	g practitioner that you n	sed, you can add them by following the s	eps below.		
From the home page:					
1. Choose View/Update und	er the address section i	the Group Information tab.			
2. Choose Edit information	in the upper right corner				
3. Choose Add a practitione	er to group location. Fo	ollow the steps given.			

☆ Professional claim continued

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Select the **patient** who received care:

- Add a new patient by DoD Benefits Number (DBN) or Social Security Number (SSN) and patient's date of birth
- Search for a returning patient by last name or account number
- Browse the directory alphabetically

Please note: Patients are required to be listed on the Defense Eligibility and Enrollment System (DEERS) with the exception of newborns less than 365 days old.

Start > Location > Pro	ovider > Patient	> Service > OHI > Results			XPRECLAIN						
Select the patient who	received car	8									
New patient?	To add a	a new patient to your directory, please enter the following									
	DoD Ben	efits Number (DBN) or Sponsor's SSN		Patient's date of birth							
	O DoD	Benefits Number (DBN)			Submit						
	O Socia	al Security Number (SSN)		(mm/dd/yyyy)	Subinit						
Returning patient?	To quickly search your directory for your patient, please enter either or both of the following:										
	Patient's	last name		Patient's account number	100 AV						
		(Enter one or more letters)			Submit						
OR browse your direct	ory alphabetica	ally:									
	ABCD	EEGHIJKLMNOPORSTUVWXYZ	2 total patient(s).								
Start	Delete			Account							
APressciaim	Patient	Patient's name	Date of birth	number							
+	×	SMITH, JANE	11/24/1970	SMI123							
	×	IGWE ASHA	05/05/1955	IGW567							

- Enter the **patient's information**, the **general claim information** and **claim note information**
- Some HIPAA required fields are prepopulated with the most common values
- Select Continue with XPressClaim
- Helpful hint The patient's account number:
 - Corresponds to block 26 on the CMS1500 claim form
 - Assists the provider in patient identification
 - Is assigned by the provider or supplier account system
 - Is returned to the provider on the remittance advice

pdate the patient's information or confirm the following is	correct.		XPRESCLAIM*
Required *			7
DoD Benefits Number (DBN):	1150000002		
Sponsor's Social Security Number:	XXXXXX6552		
Patient's name.	JOHN SMITH		
Date of birth	March 01, 1966		
We show the following information for this patient. Please update	e or add missing informatio	n.	
DoD Benefits Number (DBN):			
Patient's account number."	×		
Address line 1."			
Address line 2:			
City-			
State*		~	
ZIP code."	_ .		
Relationship to sponsor."	- Select -	•	
Pregnancy indicator.		~	
Date of death.		(mm/dd/yyyy)	
Patient's weight.	. (05)		
General sixim information	10773		
veneral claim information			
Benefits assigned to provider."	No	~	
Release of information "	C Informed Concent to Rei by Federal Statutes Yes, Provider has a Sign to a Claim	iease Medical Information for Conditions or Diagnoses Regulated ned Statement Permitting Release of Medical Billing Data Related	
Patient's signature source.		~	
Provider signature on file."	Yes	~	
Place of service."	~ Select ~	~	
Claim type."	1- Original Claim	•	
Medical record number:			
Prior claim number.			
Claim note information			
Claim notes can be added here that apply to the entire claim. Vo	is may also enter notes that	at apply to specific claim lines in the Supplemental line info	mation section
Claim note type	C	~	
Claim note:			

☆ Professional claim continued

- Enter the details for each claim line
- Do not enter zeroes in the OHI Paid field if the patient does not have other health insurance
- Leave it blank
- Select Continue with XPressClaim

If an OHI Paid amount is entered on the line details page, additional OHI information is required:

- **Prior adjudication date**: This is the date that the other payer processed the claim
- Claim adjustment group code: "Patient responsibility" is prepopulated as this is the most common reason for adjustments

• 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/claimadjustment-reason-codes/

Humana Silitory							
Start > Location >	Provider > Patient > Service >	OHI > Results				XPRECLAIM	
Enter the professiona Provider:	I claim line details COMMUNITY HOSPITAL GRP						
Patient name: Required *	JOHN SMITH		Date of birth: March 01.	1966	Account number.	SMI123	
Diagnosis code(s) 1.*	23 89	4	5.	6			
From [®] and to dates	of service: (mm/dd/y Place of	service:	Procedure * & modifiers:	NDC: Diagnosis.*	1. 2. Charge.*	Units.*	
	/ ~ Sele	ct ~ 💌			\$	0.00].[0
	/ / ~ Sele	nt ~ 💌			s s	0.00	.0
Clear the line above	/ / ~ Sele	ct ~ 💌			s	0.00	. 0
Add another claim line							
OHI Paid:	Patient paid you:		Your total submitted ch \$ 100.00	arges:			
Continue with XPres	sClaim Back Save and	finish later Help	Cancel this XPressClaim	Adobe"			
Humana							

Start > Location > Provider > Patient > Service > OF	XPRESCLAIM					
Enter other health insurance information						
Please note: Completion of this page is required when TRICAR	RE is not the primary payer.					
Provider COMMUNITY HOSPITAL GRP						
Patient name: JOHN SMITH	Date of birth: March 01, 1966	Account number	IT: SMI123			
lequired *						
Please enter other health insurance information as received	from the other payer, including	claim adjustments. Th	is information tel	Is TRICARE	how the claim was processed by t	he other p
ind what needs to be considered for coverage under TRICA	WII.					
coordination of benefits						
Please indicate how you would like to enter adjustments for the Nectronic (835) or paper remit.	e payer. The choice should be d	iven by how the other p	ayer provided the	adjustment i	nformation to you on their	
to all the desident of the second	[
Level of adjustments.	Claim Adjustments Only	~				
Other payer paid: * \$	Claim Adjustments Only	~				
Level of adjustments: * Other payer paid: * \$ Remaining patient liability: \$	Claim Adjustments Only	•				
Cever of adjustments. • Other payer paid: * \$ Remaining patient liability: \$	Claim Adjustments Only	•				
Level of adjustments." Other payer paid. "S Remaining patient liability: S Prior adjudication date. "	Claim Adjustments Only	•				
Level of adjustments Other payer paid. * S Remaining patient liability. S Prior adjudication date. * Iaim Adjustments The most common claim adjustments are Deductible, Co-Insu	Claim Adjustments Only 25 00 0 0 0 0 0 0 0 0 0 0 0 0	uld like to view a list of l	HIPAA Claim Adju	stment Reas	on Codes, please go to	
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Professional claim continued

- Enter and/or verify the OHI information such as the Payer's name
- Select Continue with XPressClaim

	Payer's sequence: *	Primary		*								
	Individual relationship: *	Self		~								
P	atient's signature release: *	Y-Yes, Provid	ler has a S	igne 🗸								
	Benefits assignment:	Yes		*								
	Claim filing indicator:	Other Non-Fe	deral Prog	rams 🗸								
(Other subscriber's claim#: *	00000000000	000									
	Subscriber's ID: *	00000000000	00000									
	Secondary ID (SSN):											
	Subscriber's name:	First name	M.I.		Last name*	Suffix	Org na	me*				
	Address line 1:											
	Address line 2:			_								
	City:											
	State:	~ Select ~		~								
	ZIP code:	[
	Group name:						Grou	up#:				
	Prior Authorization#:											
	Referral#:	1										
	Pavore pame	Last nam	e/Organizatio	on name	Drimon/ II	DIMAICH	00000			_		
	Caconday have	- Select -			Primary II	ondan ID	00000			-		
	Secondary type.	- Select ~		~	360	ondary ID.	ļ					
tinue	with XPressClaim	More health ins	urance	Back	Save	and finis	h later	Help	Cancel t	nis XPressCla	aim Aler Ad	obe"

		dient 👘	Service + C													
nter the profession		ne detai	ls.													
	COMMU	NITY HO	SPITAL G	RP												
Patient name. quired *	JOHN S	MITH						h: March 0	1, 1966			Accor		SMI1	23	
agnosis code(s)					4											
				to of	Are yo	u ready Yes, s	to subm ubmit this c	it this c aim.	laim?							
				- Sala	No, I have su	upplementa	I claim and/o	or line data	o enter.	0		Ν	s			
						No, take m	e back to th	e claim.				μç,				
													s			
						×							S			

- If there is **no supplemental information** to add, select **Yes**, **submit this claim**
- To enter supplemental information such as a referring provider, select
 No, I have supplemental claim and/or line data to enter

☆ Professional claim continued

- 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, select Continue with XPressClaim

Start > Location > Provider > Patient > S	service > OHI > Results		XPREJČLAIM
Supplemental claim information			
Provider: COMMUNITY HOSPTIA	L GROUP		
Patient name: JOHN SMITH	Date	of birth: March 01, 1966	Account number: SMI123
Please check the box for the information you wi	sh to add to this claim. Uncheck the box to de	lete the information.	
Required*			
Accident Information	Hearing and vision prescription date	Patient condition information - vision	
Ambulance information	Hospitalization date(s)	Prior authorization or referral number	
Anesthesia related surgical procedure code	Initial treatment date	Referring provider information	
Assumed or relinquished care date	Investigational device exemption number	Rendering provider information	
CLIA information	Last menstrual period date	Service authorization exception code	
Delay reason code	Last x-ray date	Service facility information	
Demonstration project identifier	Mammography certification number	Spinal manipulation service information	
Disability related dates	Onset of current illness/symptom date	Supervising provider information	
EPSDT information	Patient condition codes	□ Supplemental paperwork information	
Accident information			
Related cause 1:* ~:	Select ~		
Accident state:	Salart -		
Action States			
Accident date:	/ / (mm/dd/yyyy)		



- Next, the option to enter line level supplemental data is displayed
- Select a line using the Add link

Professional claim continued

- The Supplemental line information page displays for the chosen line
- Select the desired checkboxes and enter the corresponding information
- Once all applicable information has been entered, select Continue with XPressClaim
- To enter start and stop times for Applied Behavior Analysis (ABA)/ Autism Care Demonstration (ACD) services, navigate to each line and enter the start and stop times in military format as a claim line note
- Example: 15:00 17:30 •

claim was accepted and is in

					AI KE CLAIM
Supplemental line information					
Provider: CONTAUNITY HO	SPITAL GROUP				
Patient name: JOHN SMITH		Date of birth: March 01,	1966	Account nur	nber: SMI123
Claim Line: 1 Provider ID: 123	456789 Procedu	ire Code: 92507	Date of service:	06/19/2024	Charges: \$130.00
Please check the box for the information	you wish to add to this claim. Uncheck the	box to delete the information	L)		
Required*					
Ambulance information	Eamily planning indicator	Purchased service inform	ation		
Ambulance patient count	EPSDT indicator	Procedure code description	n		
Begin therapy date	Initial treatment date	Referring provider inform	ation		
Certification revision date	Last certification date	Rendering provider inform	nation		
Claim line note	Last x-ray date	Sales tax amount			
CLIA information	Line item control number	Service facility information	n		
Copay waiver indicator	Mammography certification number	Shipped date			
DME Certificate of Medical Necessity	Obstetric anesthesia additional units	Supervising provider infor	mation		
DMERC condition indicator	Ordering provider information	Supplemental paperwork	information		
Durable medical equipment certification	on Postage amount	Test date			
Durable medical equipment service	Prior authorization & referral number	r 🗆 Test results			
Emergency indicator					
Claim line note					
Claim line note type:	ADD - Additional Information				
Claim line note:	15:00 17:20				



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process

Professional claim continued

- Finalized claim This claim was accepted and processed
- Payment may or may not be made on finalized claim
- Some lines on a claim may be denied/rejected while other lines are accepted and paid
- Send Documents →

Humana Militory	
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. However, the beneficiary can see an official TEOB online in a few days.)	
Sponsor's Social Security Number: xxxxxx750 Sponsor's Name: .opH swith DoD Benefits Number: 123457890 Patient's Name: .opH swith Patient's Account Number: SMI123	
Claim number: J000X0000	
If you would like to attach documents to your XPressClaim, please use the Send Documents feature.	
Submit an XPressClaim for another TRICARE patient:	
At the same location At another location	

Humana State	Patient	Summary Receipt
Your Finalized XPressClaim Print a summary receipt to give your patient (Only ava available again. However, the beneficiary can see an o	Date Completet: June 19, 2024 DoD Benefits Number (DBN): Sponsor's SSN Patient's Name.	1234567880 XXXXX9999 JOHN SMITH
Sponsor's Social Security Number: xxxxxrss Sponsor's Name: xxxxsrs DoD Benefits Number: r2345780 Patient's Name: xxxxss Patient's Account Number: \$M123	Sponsor's Name: Location:	JOHN SMITH COMMUNITY MEDICAL GRP 123 MAIN ST CITY ST 12345
Claim number: J00020000 If you would like to attach documents to your XPressClaim feature.	Claim Number: J000X0000 Claim Status: Complete	XPRINTAIM
Submit an XPressClaim for another TRICARE patient: At the same location At another location	Dates of Service: Total Billed: TRICARE Allowed Amount: Non-Covered Amount: Other Health Insurance Paid Amount: Other Health Insurance Paid Amount: Penalty Amount: Amount Paid by Beneficiary:	6/19/2024 to 06/19/2024 \$ 1500.00 \$ 300.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00
	Amount Paid to JOHN SMITH: Amount Paid to COMMUNITY MED Total Amount Paid: Patient Subductible: Patient's Deductible: Patient's Coshare: Patient's Copay:	\$ 0.00 \$ 1020.00 \$ 1020.00 \$ 1020.00 \$ 150.00 \$ 0.00 \$ 30.00

• Providers can print a summary receipt to give to the patient



XPC Institutional

The first step is to select the **location** where services were provided:

- Locations that were active within the last 365 days are displayed from PGBA's Provider Information Management System (PIMS)
- Narrow the list by NPI, location name, state, status and/or specialty
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Select the **patient** who received care:

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- Browse the directory alphabetically

Please note: Patients are required to be listed on the Defense Eligibility and Enrollment System (DEERS) with the exception of newborns less than 365 days old.

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arrow on. : ecialities • Search Show all location
on. : eclatties • Search Show all location
: eclatties • Search Show all location
ecialties • Search Show all location
ZIP Specialty Status Status date
21223-2134 MIXED SPECIALTY CLINIC ACTIVE 07/01/2019
21223-2134 MIXED SPECIALTY CLINIC ACTIVE 07/01/2019
21223-2134 SHORT TERM GENERAL ACTIVE 07/01/2019
21223-2134 MIXED SPECIALTY CLINIC ACTIVE 07/01/2019
21: 21: 21: 21:



☆ Institutional claim continued

- Enter the **patient's information**, the **general claim information** and **claim note information**
- Some HIPAA required fields are prepopulated with the most common values
- Select Continue with XPressClaim
- Helpful hint
 - The patient's account number:
 - Corresponds to block 3a on the UB04 claim form
 - Assists the provider in patient identification
 - Is assigned by the provider or supplier account system
 - Is returned to the provider on the remittance advice

Start > Location > Provider > Patient > Service > Co	II > Results	
ate the patient's information or confirm the following is	orrect.	XPRETAM
aired *		
DoD Benefits Number (DBN)	0000000000	
Sponsor's Social Security Number.	XXXX6594	
Patient's name.	JANE SMITH	
Date of birth:	November 24, 1970	
show the following information for this patient. Please update	or add missing information.	
DoD Benefits Number (DBN)	0000000000	
Patient's account number		
Address line 1."		
Address line 2:		
City-		
State-		
ZIP code:"		
Relationship to sponsor."	~ Select ~	2
1000 - 10000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1		
General claim information		
Benefits assigned to provider."	Yes 👻	
Release of information."	O Informed Consent to Release Medical Information for Condition	s or Diagnoses Regulated
	Ves, Provider has a Signed Statement Permitting Release of Me to a Claim	dical Billing Cata Related
Medical record number:		
Chim note information		
Claim notes can be added here that apply to the entire class		
Claim note type:	~	
Claim note		



- Fill in the applicable **institutional claim entry** fields
- Select Continue with XPressClaim



- Enter the diagnosis codes, Present On Admission (POA) codes, attending physician information and ICD procedure codes
- Then, select Continue with XPressClaim

Start > Location > Provider > Patient > Service > (OHI > Results	XPREICLAIN
the disasses and a second up and a far this ships	2	
Provider COMMUNITY MEDICAL		
Patient name: JANE SMITH	Date of birth: November 24, 1970	Account number: SMI123
quired *		
geosis codes ncipal diagnosis and Present on Admission (PCA) code: 1.		5
Admitting disappedie code	Disease in white data in (DDD)	
Admitting diagnosis code.	Diagnosis related group (DHG)	1
Patient's reason for visit codes:		
1 2 3] []]	
ease note, cast name and enter the Printery of Secondary to (not	could are required when securiting attention g physician motion	
First name:		
MJ.:		
Last name:		
Suffix:		
Primary ID:	(NPI)	
Secondary ID:	(Provider Commercial Number)	
external cause of injury codes and present on admission (POA)	codes: [*]	
CD procedure codes Principal procedure code and date (mm/dd/www)		
1		
Other procedure codes and dates: (mm/dd/yyyy)		
Other procedure codes and dates: (mm/dd/yyyy) 2. / / 3.	1 1 4 1	5. / /
Other procedure codes and dates: (mm/dd)yyy) 3. 6 / 7		5.

- Enter Condition codes and Occurrence codes/dates
- Select Continue with XPressClaim

Helpful hint: 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.

Start & Incation & Drowider & Datient & Sarvina & Okil & D		() Ask a c	question
Provider self-service: Secure M	essages		\bowtie
Provider. COMMUNITY MEDICAL Patient's Name: JANE SMITH Condition codes	Date of birth: November 24, 1970	Account number: SMI12:	3
1. 2. 3. Show more Condition codes Converse codes and dates (mm/dd/www/)	4. 5. 6	6. 7.	8.
	2/ / 5/ //	3/ / / / / / / / / / / / / / / / /	
ontinue with XPressClaim Back Save and finish l	ater Help Cancel this XPressClaim Ma	Adobe	

Institutional claim continued

Г

- Enter value codes and amounts, occurrence span codes and dates and treatment codes
- Select Continue with XPressClaim

Humana Sittary	
Start > Location > Provider > Patient > Service > OHI > Results	XPRETCLAIM
Enter the value, occurrence span codes and treatment codes for this claim Provider: COMMUNITY MEDICAL Patient's Name: JANE SMITH Date of birth: November 24, 1970 Account number: Sh	WI123
Value codes and amounts 1 5 2 \$ show more Value codes	
Occurrence span codes and dates (mm/dd/yyyy) ioneferrorom: To: From: To:	
9 / / / 2. / / / 2. / / / 3. / / /	
Treatment codes	
1. 2. 3. 4. 5. 6. 7. Snow more Treatment codes	8.

- Enter the **details for each claim** line
- Do not enter zeroes in the OHI Paid field if the patient does not have OHI, leave it blank
- Select Continue with XPressClaim

Start > Location > Provider > Patient > Service > OHI > Results		XPREJCLAIM
Enter the institutional claim line details Provider: COMMUNITY MEDICAL Patient's Name: JANE SMITH Required*	Date of birth: November 24, 1970 Account number:	SMI123
From* and to dates of service: (mm/dd/yyyy) Revenue Procedure type	Procedure & modifiers Unit type* Units/d	lays* Charge*
00/ 17/ 2024 00/ 17/ 2024 ~ Select ~	•	\$ 30,00
Glear the investore 06//17//2024 06//17//2024 ~ Select ~		S 0.00
Clear the investore 00/17/2024 00/17/2024 ~ Select ~	•	\$0
Enace the loss chain in Add another claim line OHI paid: Your total submitted charges: \$ \$ \$ 0.00		ř

☆ Institutional claim continued

- If an OHI Paid amount is entered on the line details page, additional OHI information is required:
 - **Prior adjudication date**: This is the date that the other payer processed the claim
 - Claim adjustment group code: "Patient responsibility" is pre-populated as this is the most common reason for adjustments
 - Reason code, Amount and Quantity must be entered if there is an outstanding balance owed by the patient. Reason codes can be found at <u>http://</u> www.x12.org/codes/claimadjustment-reason-codes/

Start > Location > Provider > Patient > Service	OHI	 Results 					XI	RETCLAIM		
Enter other health insurance information								-		
Please note: Completion of this page is required when Provider: COMMUNITY MEDICAL Patient name: JANE SMITH	TRICAR	E is not the primary pa ate of birth: Novembe	ayer. r <mark>24, 1970</mark>	Account numbe	C SMI123					
Sequired *			5							
Please enter the other health insurance as rece what needs to be considered for coverage und	lived fro	om the other payer ARE.	, including c	claim adjustments.	This information	on tells TRI	CARE how th	e claim was pr	ocessed by the other	payer an
Coordination of benefits										
Please indicate how you would like to enter adjustment electronic (835) or paper remit.	ts for the	payer. The choice sh	ould be driver	n by how the other p	ayer provided the	adjustment	information to y	ou on their		
Level of adjustments	s: *	Claim Adjustmen	te Only	~						
		Ciaim Aujustitien	its Only							
Other payer paid	t." S	25	00							
Other payer pair Remaining patient liability	t* s r. s	25.	00							
Other payer paik Remaining patient liability Prior adjudication dats	t* \$ r: \$	25.	00							
Other payer pak Remaining patient liability Prior adjudication dat Claim Adjustments The most common claim adjustments are Deductible, C www.x12.org.	t * S r: S E:* Co-Insura	25	00 If you would	like to view a list of F	HPAA Claim Adju	istment Rea:	son Codes, plea	ise go to		
Other payer pak Remaining patient liability Prior adjudication dat Claim Adjustments The most common claim adjustments are Deductible, C www.x12.org. Claim adjustment group code:	t * S r: S E* Co-Insura	25 .	00 If you would	like to view a list of P Reason code:	HIPAA Claim Adju Amount:	istment Rea:	son Codes, piez Quantity:	ise go to		
Other payer paix Remaining patient liability Prior adjudication data Claim Adjustments The most common claim adjustments are Deductible, C www.x12.org. Claim adjustment group code: 1. Patient responsibility	t.* S r. S E.* Co-Insura	25)	00 If you would	like to view a list of F Reason code:	HIPAA Claim Adju Amount: S	istment Rea:	son Codes, plea	ise go to		
Other payer paix Remaining patient liability Prior adjudication date Claim Adjustments The most common claim adjustments are Deductible, C www.x12.org. Claim adjustment group code: 1. Patient responsibility	t* \$ r: \$ E*	25	00 If you would 1	like to view a list of F Reason code: .1: .2:	HIPAA Claim Adju Amount: S	istment Rea:	Son Codes, plea	ise go to		
Other payer paix Remaining patient liability Prior adjudication data Claim Adjustments The most common claim adjustments are Deductible, C www.x12.org, Claim adjustment group code: 1. Patient responsibility	t * S r S r *	25	00 If you would 1 1	like to view a list of P Reeson code: .1: .2: .3.	AIPAA Claim Adju Amount: S S	istment Reas	Quantity:	ise go to		
Other payer paid Remaining patient liability Prior adjudication dant Claim Adjustments The most common claim adjustments are Deductible, of www.x12.org. Claim adjustment group code: 1. Patient responsibility	t * S F S E *	25	00 11 you would 1 1 1 1 1 1 1	like to view a list of P Reason code: .1: .2: .3: .4:	Amount: S S S S	stment Reas	Son Codes, plea	ise go to		
Other payer paid Remaining patient liability Prior adjudication dast Claim Adjustments The most common claim adjustments are Deductible, of www.rt2.org. Claim adjustment group code: 1. Patient responsibility	t* S F S E*	25)	00 11 11 1 1 1 1 1 1 1 1	like to view a list of P Reason code: .1: .2: .3: .4: .5:	Amount: S S S S S	stment Reas	Quantity:	ise go to		

Payer's sequence: *	Primary	~					
Individual relationship: *	Self	~					
Patient's signature release:	Y- Yes, Provider has a Sig	ine v					
Benefits assignment.	Yes	~					
Claim filing indicator: *	Other Non-Federal Progra	ams 🗸					
Other subscriber's claim#: *	0000000000000	7					
Subscriber's ID: *	000000000000000000000000000000000000000	-					
Secondary ID (SSN):							
	First name M.I.		Last name* Suffix	Org name*			
Subscriber's name.				ĸ			
Address line 1:							
Address line 2:							
City:							
State:	~ Select ~	~					
ZIP code:							
Group name:				Group#:			
Prior Authorization#:							
Referral#:							
Paver's name	Last name/Organization	1 name	Primary ID (NAIC)*	00000		1	
Secondary type	~ Select ~	~	Secondary ID	00000		1	
coonday upo.	soluti	-	Sossingary ID.			_	
Continue with XPressClaim	More health insurance	Back	Save and finish	later He	Cancel this	XPressClaim	Adob

- Enter and/or verify the OHI information such as the Payer's name
- Select Continue with XPressClaim

☆ Institutional claim continued

- If there is no supplemental information to add, select Yes, submit this claim
- To enter supplemental information such as a referring provider, select
 No, I have supplemental claim and/or line data to enter

- 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, select Continue with XPressClaim

- Next, the option to enter **line level supplemental data** is displayed
- Select a line using the <u>Add link</u>



Start > Location > Provider > Patient > Service > OHI >	Results							<u> SCLAIM</u>
Enter the institutional claim line details Provider: COMMUNITY MEDICAL Patient's Name: JANE SMITH Required*		Date of birth:	November 24, 1970	Account	numbe	r: SMI12	23	
₩/ 17/ 2004) 09/ 17/ 2004	Are you	ready to sub Yes, submit this plemental claim an	mit this claim? s claim. d/or line data to enter.	Y			\$	
00)/ 17/ 2024 00)/ 17/ 2024	N ~ Select ~	o, take me back to	the claim.	Y			\$	
00/17/2024 00/17/2024	- Select -	*		¥			\$	
OHI paid: Your total submitted charges: \$ 0.00								

Humana Military				
Start > Location > Provider > Pat	ent > Service > OHI > Results			XPREJCLAIM
Supplemental claim information Provider: COMMUNITY N Patient's Name: JANE SMITH	IEDICAL Date of	birth: November 24, 1970	Account number: SN	11123
Please check the box for the information	on you wish to add to this claim. Uncheck the box	to delete the information.		
reduired.				
Auto accident state Rilling pate information	Investigational device exemption number Operation shusician information	Referral number Deferries excuides informed	tion	
Claim attachment information	Other operating physician information	Rendering provider inform	ation	
Delay reason code	Patient estimated amount due	Service authorization exce	eption code	
 Demonstration project identifier EPSDT information 	Peer review organization approval numb	er Service facility location inf	ormation	
Continue with XPressClaim Back	Save and finish later Help Cancel this)	(PressClaim		
continue with Arrest claim	Save and mish later melp	Reader		

Start >	Location > Provider > Pat	ient > Service > OHI > Results			XPRESCLAIM
uppleme	ental claim information				
Patier	Provider: COMMUNITY I of's Name: JANE SMITH	MEDICAL	Date of birth: November 24, 1970	Accoun	t number: SMI123
Please	elect a line to which the su	upplemental information will be ac	Ided		N
					ЬS
Line sele	ction				
Line	Revenue code	Procedure code	From date of service	Charges	Supplemental information
1	0450	99283	06/19/2024	\$500.00	Add
2	0250		06/19/2024	\$50.00	Add
	with Mitters Circles Deals	Save and finish later Hel	p Cancel this XPressClaim		

G Institutional claim continued

- The Supplemental line information page displays for the chosen line
- Select the desired checkboxes and enter the corresponding information

• Submission confirmation - This claim was accepted and is in

process

 Once all applicable information has been entered, select Continue with XPressClaim

Start > Location > Provider > Patient > Service >	OHI > Results	r.		XPRESCLAIM
upplemental claim information Provider: COMMUNITY MEDICAL Patient's Name: JANE SMITH		Date of birth: November 24, 1	1970 Account num	iber: SMI123
Claim Line: 1 Provider ID: 123456789 F	evenue code: 0450	Procedure code: 99283	Date of service: 06/19/2024	Charges: \$500.00
Please check the box for the information you wish to a Required*	od to this claim. Unched	in the box to delete the information.		
Facility tax amount	Operating physic	ian information	Referring provider in	formation
Line item control number	Other operating p	physician information	Rendering provider	information
Line supplemental information	Procedure code	description	Service tax amount	
Non-covered charge				

XPressClaim submission confirm	nation
Sponsor's Social Security Number:	XXXXX9999
Sponsor's Name:	JOHN SMITH
DoD Benefits Number:	1234567890
Patient's Name:	JANE SMITH
Patient's Account Number:	12345
Claim Number:	I118X0004
We will process this claim on a priority ba	sis. Please check the status of your claim at a later time.
If you would like to attach documents to feature.	your XPressClaim, please use the Send Documents
Submit an XPressClaim for another T	RICARE patient:
Really a second becauter and a second	ther location

G Institutional claim continued

- Finalized claim This claim was accepted and processed
- Payment may or may not be made on finalized claim
- Some lines on a claim may be denied/rejected while other lines are accepted and paid
- Send Documents →

Autory The I The I C	Айр
our Finalized XPressCla	im
Print a summary receipt to vailable again. However, the second se	give your patient (Only available now - this page is not saved and won't be the beneficiary can see an official TEOB online in a few days.)
Sponsor's Social Security	Number: xxxxx4750
Sponso	'S Name: John Smith
DOD Benefits	Number: 1234567890
Patient's Account	Number: SMI123
Claim	number: J000X0000
you would like to attach do eature.	cuments to your XPressClaim, please use the Send Documents
ubmit an XPressClaim for	another TRICARE patient:
Long to the second	
At the same location	At another location

	Patient Summary Receipt			
	Date Completed: June 19, 2024			
Your Finalized XPressClaim	DoD Benefits Number (DBN): Sponsor's SSN:	1234567890 XXXXX9999		
Print a summary receipt to give your patient (Only a	val Patent's Name:	JOHN SMITH		
Sponsor's Social Security Number: xxxxx470	Sponsor's Name:	JOHN SMITH		
Sponsor's Name: JOHNSMITH	Location:	COMMUNITY MEDICAL GRP		
DoD Benefits Number: 1234557890 Patient's Name: JOHN SMITH	2 M 2 2 2 M 2 2 M	123 MAIN ST CITY ST 12345		
Patient's Account Number: SMI123	Claim Number: J000X0000	L		
Claim number: J000K0000	Claim Status: Complete	XPREJCLAIM*		
f you would like to attach documents to your XPressCla	aim			
eature.	Dates of Service:	6/19/2024 to 05/19/2024		
Submit an XPressClaim for another TRICARE patien	nt: Total Billed:	\$ 14500.00		
	TRICARE Allowed Amcunt	\$ 1200.00		
At the same leveling At quetter leveling	Non-Covered Amount:	\$ 300.00		
At the same location At another location	Other Health Insurance Allowed Amount	\$ 0.00		
	Other Health Insurance Paid Amount:	\$ 0.00		
	Penalty Amount: Amount Paid by Beneficiary:	\$ 0.00		
	Amount Paid to JOHN SMITH:	\$ 0.00		
	Amount Paid to COMMUNITY MED	\$ 1020.00		
		\$ 1020.00		
	Total Amount Paid:	\$ 1020.00		
	Patient Liability Summary			
	Patient's Deductible	\$ 150.00		
	Patient's Cost-Share:	\$ 0.00		
	Patient's Copav:	\$ 30.00		

• Providers can print a summary receipt to give to the patient



Send Documents

- Upon selection of the Send Documents link from the XPressClaim submission confirmation page, the Send Documents feature opens in a new window
- This allows the provider to close it to return to the XPC window at any time
- The first step is to choose a category

DOCUMENT GUIDELINES	Send Docume sts		
Only 1 attachment per submission; the file format must be PDF or TIFF (not .TIF); do not use documents that are password- protected, encryoted or have "periods" in	Please choose a category	- Neuro Chance Con	
the file name; your browser settings must accept 3rd party cookies.	Choosing a category will help ensure your document reaches the correct person	All Categories	
		Claims	
		Patient Eligibility	
		Provider Account Information	

Humana Military	av.	
DOCUMENT GUIDELINES	Send Documents	
Only 1 attachment per submission; the file format must be PDF or TIFF (not.TIF); do not use documents that are password- protected, encrypted or have "prinds" in the file name, your browser settings must accept 3rd party cookies.	Please choose a category Choosing a category will help ensure your document reaches the correct person	Claims •
	What type of document is this? Please note that choosing the wrong document type can cause a delay in processing. View Descriptions of Document Types	Please Choose One - Certificate of Medical Necessity Clam Supporting Document Durable Medical Equipment Medical Record Document Other Health Insurance Third Party Liability (D02527) Utilization Review W9

• Next, choose a **document type**



Humana 5 XX Send Documents DOCUMENT GUIDELINE Only 1 attachment per submission; the file format must be PDF or TIFF (not. TIF); do not use documents that are password-protected, encrypted or have "periods" in the file name; your browser settings must accept 3rd party coolides. Please choose a category Claims -Choosing a category will help ensure your document reaches the correct person What type of document is this? Please Choose One -- • Please note that choosing the wrong document type can cause a delay in processing. <u>View Descriptions of Document Types</u> Certificate of Medical Necessity Claim Supporting Document Durable Medical Equipment Medical Record Document Other Health Insurance Third Party Liability (DD2527) Utilization Review W9 Patient's Name: Please provide some additional JOHN SMITH information Sponsor's Social Security Number: Please provide some additional information related to the document you want to send. XXX XX 6582 Patient's Date of Birth: 7/3/2012 Claim Number: L001X00010000 Did you receive a request for this information?" O Yes O No



- In the **additional information** section, the patient's name, sponsor's SSN, patient's date of birth and claim number are prepopulated from **XPressClaim**
- The provider should let us know a request for this information was received

- There is an option for the provider to submit **notes**
- The notes are written to a cover page and stored with the document

Send Documen	ts
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• Next, the provider should **choose a file** or drag and drop the file for submission

- The chosen document displays in the file **preview** window for verification
- Select Send Document to submit

- A confirmation message displays to let the provider know that the documentation was successfully submitted
- Go to XPressClaim closes the Send Documents window



How to Convert a File to a PDF

file to upload. IMPORTANT: Docur include information for multiple pat	to check the upload. If you need to remove the file, please choose another ments should only be submitted for one patient at a time. Please do not ients in one file.
▲	·≔ ··· - + 1 of 1 ··· Q ···
Choose File Medical Records for Jane Doe.pdf	Medical records
File Limitations 1 File per Submission Max File Size: 65MB File Type: PDE or TIEE	X_John Smíth
How to Convert a File to a PDF	Send Document

Humana Military			
Send Documents			_
Your document was successfully received!			
Go to XPressClaim			

Send Document

XPressClaim (XPC) guide





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