



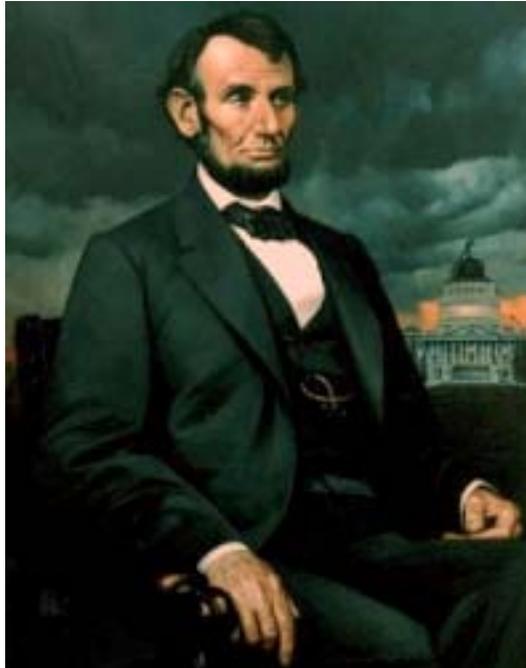
Department of Veterans Affairs
Health Administration Center

CHAMPVA

CHAMPVA

**2004
Handbook**





“To care for him who shall have
borne the battle, and for his
widow, and his orphan”

Abraham Lincoln

“Lincoln” by Richard Miller, oil on canvas
40"X30" [HTTP://WWW.RICHARDMILLER.COM](http://www.richardmiller.com)

WELCOME TO CHAMPVA

We are a health benefits program for dependents and survivors of certain veterans who are not eligible to receive health benefits under the Department of Defense TRICARE program. The VA Health Administration Center (HAC) in Denver, Colorado, administers the CHAMPVA program. We process CHAMPVA applications, determine eligibility, authorize medical benefits, and process medical claims (bills) for services. In this handbook, you will find information about all of these services.

We encourage you to review this handbook and become familiar with your benefits. There have been some benefit changes since the 2002 Handbook was published, so if you have the 2002 Handbook, please discard it and use this one. The changes in benefits since last year include:

- Eligibility for widow(er)s who remarry after age 55 (page 17).
- Biofeedback for urinary incontinence (page 36).
- Additional immunizations based on the Center for Disease Control (CDC) recommendations (page 61).
- Genetic testing for breast cancer and sickle cell anemia (page 60).
- Expanded benefits for mammography (page 62).
- Pancreas transplantation (page 64).
- Pulmonary rehabilitation for cardiopulmonary disease (page 38).

This year we have included a list of acronyms used in the handbook and samples of completed forms. We also included information you can remove from the handbook and take to your provider that describes the program and requirements.

We are always looking for ways to improve our communication with you and welcome any comments you may have regarding the handbook. Please send your comments to:

VA Health Administration Center
ATTN: CHAMPVA Handbook Comments
PO Box 65020
Denver, CO 80206-9020

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Helpful Resources

APPLICATIONS

Where do I send my application for CHAMPVA benefits?

Mail: VA Health Administration Center
CHAMPVA Eligibility
PO Box 469028
Denver, CO 80246-9028

CHANGE OF ADDRESS

How do I notify you of a change to my address or phone number?

Mail: VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023

Phone: 1-800-733-8387

E-mail: HAC.INQ@MED.VA.GOV

FAX: 1-303-331-7804

CUSTOMER SERVICE – GENERAL INFORMATION

Where do I find general CHAMPVA information, fact sheets, and forms?

Phone: 1-800-733-8387

Our automated menu is available 24 hours a day, 7 days a week, to request applications, claim forms, and other CHAMPVA material. Once you are familiar with our automated service, please consider using it during non-business hours.

Website: WWW.VA.GOV/HAC

E-mail: HAC.INQ@MED.VA.GOV

CUSTOMER SERVICE – BENEFICIARY OR CLAIM SPECIFIC INFORMATION

Who do I contact with questions about my benefits and bills for medical services?

Mail: VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023

If you wish to write us, please state the nature of your inquiry, the name of the beneficiary (if you are not the beneficiary), the CHAMPVA member card number, and your phone number.

Phone: 1-800-733-8387

Telephone assistance is available (toll free) by calling us between the hours of 8:15 a.m. - 7:00 p.m. (Eastern Time), Monday through Friday (holidays excluded) to speak with a Benefits Advisor.

FAX: 1-303-331-7804

When using our 24-hour FAX service, please state the nature of your inquiry, the name of the beneficiary (if you are not the beneficiary), and the CHAMPVA member card number. FAX messages that simply ask for a return call, unfortunately, cannot be honored.

E-mail: HAC.INQ@MED.VA.GOV

If you wish to e-mail us, please state the nature of the inquiry and the name of the beneficiary (if you are not the beneficiary) in your e-mail inquiry and we will respond as quickly as possible.

FORMS

How do I obtain the CHAMPVA Application Form, OHI Certification Form, additional CHAMPVA Claim Forms or Meds by Mail Registration Forms?

Mail: VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023

Phone: 1-800-733-8387

Website: WWW.VA.GOV/HAC

Select *Forms* from the left side panel on the web page.

E-mail: HAC.INQ@MED.VA.GOV

Where do I send my completed OHI Certification Form?

Mail: VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023

FAX: 1-303-331-7808

PHARMACY

Who do I contact to find a local pharmacy that is part of the Medical Matrix network?

Phone: 1-800-880-1377

Website: WWW.VA.GOV/HAC

Use the following instructions:

- Click on *Medical Matrix* in the blue section on the left.
- A paragraph will appear entitled, *Medical Matrix*, go to the end of the paragraph and click on [Click Here](#).

- A page will appear with several boxes requesting information necessary to locate a Medical Matrix Pharmacy near you.
- Enter your *Postal Zip Code*.
- Select Pharmacy service Type: CHAMPVA
- Select method of *Sort by*: (this will allow you to select by: store name, city or telephone number of your pharmacy).
- If nothing appears in your postal zip code area, click below the page where it reads *Click here to search beyond your area*.

Who can help me with my questions about Meds by Mail?

The Pharmacy Servicing Center will help you with:

- the status of your order,
- questions about the drug availability,
- questions about the pharmacist, and
- patient profile updates.

Phone: 1-888-385-0235, Monday-Friday, 10:30 a.m. – 5:00 p.m. ET

We will help you with general information about Meds by Mail, eligibility, applications for Meds by Mail, and claim forms.

Phone: 1-800-733-8387

E-mail: HAC.INQ@MED.VA.GOV

Website: WWW.VA.GOV/HAC (then select Meds by Mail)

PREAUTHORIZATION FOR DENTAL, DURABLE MEDICAL EQUIPMENT, HOSPICE, AND TRANSPLANT SERVICES

Who do I contact for preauthorization of these services?

Mail: VA Health Administration Center
CHAMPVA
ATTN: Preauthorization
PO Box 65023
Denver, CO 80206-9023

Phone: 1-800-733-8387

FAX: 1-303-331-7807

PREAUTHORIZATION FOR MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING SERVICES

Who do I contact for preauthorization of these services?

Mail: Magellan Behavioral Health
CHAMPVA
PO Box 3567
Englewood, CO 80155

Phone: 1-800-424-4018 (domestic)
1-720-529-7400 (international)

FAX: 1-800-424-4017

PROCESSING OF CLAIMS

Where do I send the bills for my medical services and supplies?

Mail: VA Health Administration Center
CHAMPVA
PO Box 65024
Denver, CO 80206-9024

RECONSIDERATION/APPEAL REQUESTS

Who do I contact if I want to appeal or request reconsideration of a decision regarding authorization, benefits or payment?

Mail: VA Health Administration Center
CHAMPVA
ATTN: Appeals
PO Box 460948
Denver, CO 80246

RECONSIDERATION/APPEAL OF MENTAL HEALTH BENEFIT DECISIONS

Who do I contact if I want to appeal or request reconsideration of a decision regarding mental health benefits?

First Level Appeal/Reconsideration

Mail: Magellan Behavioral Health
CHAMPVA
PO Box 3567
Englewood, CO 80155

Second Level Appeal/Reconsideration

Mail: VA Health Administration Center
CHAMPVA
ATTN: Appeals
PO Box 460948
Denver, CO 80246

SCHOOL CERTIFICATIONS

Where do I send school certifications of full-time enrollment?

Mail: CHAMPVA
PO Box 469028
Denver, CO 80246-9028

FAX: 1-303-331-7809

CHAMPVA Fact Sheet Guide

Fact sheets can be obtained from our website at WWW.VA.GOV/HAC, by calling 1-800-733-8387 or sending an e-mail request to HAC.INQ@MED.VA.GOV.

CHAMPVA Fact Sheet Number	Title	For more information on the topic, see these related handbook pages
01-01	Mental Health and Substance Use Disorder Benefits	50-57, 74
01-02	School Certifications	15-16
01-03	Eligibility	15
01-04	CHAMPVA Program Overview	i, 15, 24
01-07	General Information	i
01-08	Durable Medical Equipment (DME)	33, 43-44, 72
01-09	Pharmacy Billing Agent	58, 75
01-11	Payment Methodology	67-76
01-15	Participating Providers	24-25
01-16	For Outpatient Providers and Office Managers	27-30
01-18	CITI Program	32
01-22	Supplemental Insurance	82
01-23	Other Health Insurance	76-81
01-24	Pharmacy Benefits	57-59, 75-76
03-01	Remarriage After Age 55	17

Enrollment

Definitions

- Beneficiary: a CHAMPVA-eligible spouse, widow(er), or child.
- Child: includes birth, adopted, stepchild, or helpless child as determined by a VA Regional Office (see page 15).
- Dependents: a child, spouse, or widow(er) of a qualifying sponsor.
- Qualifying Sponsor: a veteran who is permanently and totally disabled from a service-connected condition, died as a result of a service-connected condition, was rated permanently and totally disabled from a service-connected condition at the time of death, or died on active duty and whose dependents are not otherwise entitled to DoD TRICARE benefits.
- Service-connected: a VA Regional Office determination that a veteran's illness or injury is related to military service.
- Spouse: the wife or husband of a qualifying sponsor.
- Widow(er): the surviving spouse of a qualifying sponsor

Application for Benefits

General Information:

An application (VA Form 10-10d) must be submitted to us before you or your physician send bills for health care services. You must have a Social Security Number (SSN) for each individual on the application, including newborns. If you need an SSN for a member of your family, contact your nearest Social Security Office. After your application is processed, we will mail a CHAMPVA member card (A-Card) to each authorized family member.

<p>CHAMPVA Benefit Coverage/Limitations—See the CHAMPVA handbook for information on covered benefits and limitations.</p> <p>This is also your Pharmacy Card.</p> <p>Preauthorization—required for the following services Organ and bone marrow transplants Hospice Services Most mental health/substance abuse services All dental care All durable medical equipment with a purchase or total rental price of \$300 or more</p> <p>Preauthorization requests Medical Services 1-800-733-8387 Mental Health/Substance Abuse 1-800-424-4018</p>	 <p>Department of Veterans Affairs Health Administration Center</p>		<p>Authorization Card P.O. Box 65024 Denver, CO 80206-9024</p>
	Subscriber Name:		
	A-Card Number		
	<p>Note: Include A-Card Number on all claims and correspondence</p> Effective Date Expiration Date		
		Assistance 1-800-733-8387 hac.inc@med.va.gov	

The Application Process:

To apply for benefits you must submit Form 10-10d, Application for CHAMPVA Benefits; Form 10-7959c, CHAMPVA Other Health Certification for each family member; and a copy of your Medicare card (if you are Medicare eligible) to us. See *Helpful Resources* on page 4 for where to obtain and send forms.

To reduce the time it takes to process your application, we recommend you also send a copy (never the original) of the documents that are applicable to you, listed in the table on page 14. These documents do not need to be notarized. If you send the related documents with your application, we will be able to determine your true beginning date of eligibility. If copies of the applicable documents are not sent with your application, your eligibility date will be based on the date of your CHAMPVA application, and later adjusted when information is received from the servicing VA Regional Office (VARO). If the documents are included with your application and the forms are correctly filled out, it normally takes 45 days to process your application from the date it is received.

Documentation	When Needed
VA rating decision	<ul style="list-style-type: none"> The qualifying sponsor is permanently and totally disabled due to a service-connected disability The qualifying sponsor died as a result of a service-connected condition The qualifying sponsor was permanently and totally disabled at the time of death
The veteran's DD 214 Certificate of Release or Discharge from Active Duty (or Report of Separation for WWII and Korean era veterans)	<ul style="list-style-type: none"> Initial application
The casualty report	<ul style="list-style-type: none"> The qualifying sponsor died on active duty
Marriage license/certificate for qualifying sponsor and spouse or widow(er)	<ul style="list-style-type: none"> Spouse application Widow(er) applications
Marriage license/certificate for remarriage of widow(er)	<ul style="list-style-type: none"> When the widow(er) remarries over age 55, copies of the marriage certificate to the veteran and to the current spouse are required
Birth certificate	<ul style="list-style-type: none"> Dependent or surviving children applications: birth, adopted, stepchildren
Adoption court order	<ul style="list-style-type: none"> Dependent or surviving adopted children
School certification letter	<ul style="list-style-type: none"> Dependent or surviving children between the ages of 18 and 23

We verify the relationship of the dependents/survivors to the qualifying sponsor with the VA Regional Office. If you have not previously contacted the VA Regional Office to establish a legal relationship to the qualifying sponsor, you should do so prior to applying for CHAMPVA.

Eligibility

CHAMPVA provides coverage to the spouse or widow(er) and to the children of a veteran who:

- is rated permanently and totally disabled due to a service-connected disability, or
- was rated permanently and totally disabled due to a service-connected condition at the time of death, or
- died of a service-connected disability, or
- died on active duty,

and the dependents are not otherwise eligible for DoD TRICARE benefits.

CHAMPVA eligibility can be impacted by changes such as marriage, divorce from the sponsor, or eligibility for Medicare or TRICARE. Changes in status must be reported immediately to CHAMPVA.

Rules that Impact CHAMPVA Eligibility

CHILD

Ending Date for a Child's Eligibility: Eligibility for CHAMPVA ends when:

- a child turns 18 unless enrolled in an accredited school as a full-time student,
- a child, who has been a full-time student, turns 23,
- a child marries (as of midnight on the date of marriage), or
- a stepchild no longer lives in household of the sponsor.

Student Status: To establish student status and retain CHAMPVA eligibility, a child must be between the ages of 18 and 23 and attend school full time. Schools may include high school; vocational or technical school; junior colleges; and colleges and universities that are accredited by a nationally

recognized agency or association. Student status may be established for up to a full year with a letter from the school certifying the beginning and ending dates of the school terms for which the student has pre-enrolled as a full-time student. Certifications submitted in a foreign language are acceptable, however, additional time will be required for translation.

- School certifications must be submitted on school letterhead. They can be submitted by mail to CHAMPVA, PO Box 469028, Denver, CO 80246-9028 or by FAX to 1-303-331-7809 and must include the following information:
 - student's full name,
 - student's Social Security Number (SSN),
 - exact beginning and ending dates of each semester or enrollment term,
 - number of semester hours or equivalent (high schools excluded) certification of full-time status, and
 - title and signature of a school official.
- Full-time attendance is defined as twelve semester credit hours for spring or fall semesters or the equivalent number of hours on a quarter-based academic calendar (rather than semesters).
- Summer breaks are not considered an interruption in full-time school attendance when the student is enrolled full-time in the semester (or quarter) prior to the summer break and pre-enrolled full time in the semester (or quarter) following summer break as verified by the educational institution.
- If a student withdraws from school during the semester (or quarter), full-time school status is not established and CHAMPVA eligibility will be discontinued.
- If a student incurs a disabling illness or injury while enrolled as a full-time student, eligibility may continue for six months after the disability ceases, for two years after the onset of the disability, or until the 23rd birthday—whichever occurs first. Medical documentation is required to support that the illness or injury is of a disabling nature and prevents the child from attending school.

Impact of Divorce or Remarriage of Spouse on Child's Eligibility: The eligibility of a child is not affected by the divorce or remarriage of the spouse except in the case of a stepchild. When a stepchild leaves the sponsor's household, the child is no longer eligible for CHAMPVA.

Helpless Child: A child who, before the age of 18, became permanently incapable of self-support and was rated as a helpless child by a VA Regional Office, is eligible for CHAMPVA with no age limitation. However, eligibility will end if the child marries.

SPOUSE

Eligibility for CHAMPVA ends with termination of the marriage to the qualifying sponsor by annulment or divorce. CHAMPVA eligibility terminates as of midnight on the effective date of the dissolution of the marriage, as stated in the annulment or divorce decree.

WIDOW(ER)

Remarriage: Eligibility for CHAMPVA ends at midnight on the date of remarriage if the widow(er) remarries prior to age 55. Effective February 4, 2003, a CHAMPVA-qualifying widow(er) who remarries at age 55 or older continues to be eligible for CHAMPVA.

Termination of Remarriage: A widow(er) of a qualifying sponsor who remarries and the remarriage is later terminated by death, divorce, or annulment may establish CHAMPVA eligibility. The beginning date of eligibility is the first day of the month after termination of the remarriage or December 1, 1999, whichever date is later. To re-establish CHAMPVA eligibility, copies of the marriage certificate and death, divorce, or annulment documents (as appropriate) must be provided.

MEDICARE ENTITLEMENT

If you are eligible for CHAMPVA and also have Medicare Part A entitlement (premium-free hospitalization coverage) and Medicare Part B (outpatient coverage) your medical provider may send us the bills for medical services after the bills are submitted to Medicare and Medicare sends an explanation of benefits form. There are eligibility limitations if you have only Medicare Part A entitlement, so please read the following criteria to determine whether you

meet the eligibility requirements for CHAMPVA when you also have Medicare entitlement.

Important Facts to Remember:

- If you have Medicare Part A entitlement and you have Part B, **do not terminate your Medicare Part B coverage**. You must continue to carry Part B for CHAMPVA eligibility.
- If you are under age 65 and entitled to Medicare Part A, or your 65th birthday was on or after June 5, 2001, **you must be enrolled in Medicare Part B** to have CHAMPVA eligibility.
- If Part B is a requirement for you to have CHAMPVA eligibility, and you are not currently enrolled, contact your local Social Security Administration (SSA) office to enroll.

The following chart and narrative explain when you must enroll in Medicare Part B to be eligible for CHAMPVA.

	Is Medicare Part B Required for CHAMPVA eligibility?
You are under age 65 and entitled to Part A	Yes
You were over age 65 when your spouse first became a qualifying CHAMPVA sponsor and you are entitled to Medicare	Yes
You were 65 or older prior to June 5, 2001, were otherwise eligible for CHAMPVA, and you only have Medicare Part A coverage	No
You were 65 or older prior to June 5, 2001, were otherwise eligible for CHAMPVA, and you had Medicare Part A coverage and were enrolled in Part B as of June 5, 2001	Yes
You became 65 on or after June 5, 2001, and you are entitled to Medicare Part A	Yes

If you are under age 65 and have Medicare Part A entitlement, you MUST have Medicare Part B.

- If you have both Medicare Parts A and B, CHAMPVA will pay after Medicare and any other insurance, such as Medicare HMOs and Medicare supplemental plans, for covered health care services and supplies.
- If you are entitled to Medicare Part A and are not enrolled in Medicare Part B, you are not eligible for CHAMPVA. If you later enroll in Medicare Part B, you may apply for CHAMPVA at that time. In that case, CHAMPVA eligibility will begin on the effective date of your Medicare Part B coverage.

If you are age 65 or older and have Medicare Part A entitlement, in most cases you must also have Medicare Part B. Read the following criteria carefully.

- If you were over age 65 when your spouse first became a qualifying CHAMPVA sponsor, you must have Medicare Part B if you are entitled to Medicare Part A. This is true regardless of when you became age 65.
- If you are over age 65, meet the criteria for CHAMPVA eligibility (see page 18 in this handbook), and are not entitled to Medicare Part A, either under your own or a former spouse's Social Security Number, you are CHAMPVA eligible.
 - If you are not entitled to Part A of Medicare, you must submit a Social Security Administration "Notice of Disallowance" with your application.
 - If you have Medicare Part A through the Premium-HI provisions (available when you do not have eligibility for premium-free Medicare Part A, but obtain Part A coverage through a non-federal financed source) a copy of your Medicare card or other official documentation noting this must be provided.
 - If you have purchased Part B of Medicare, but are not entitled to Part A, a copy of your Medicare card or other official documentation noting this must be provided.

- Age 65 or older prior to June 5, 2001:
 - If you were age 65 prior to June 5, 2001, and your spouse was a qualifying CHAMPVA sponsor, and you are entitled to Medicare Part A, and are not enrolled in Medicare Part B, you are eligible for CHAMPVA. If you did not enroll in Medicare Part B prior to June 5, 2001, you are not required to do so. Medicare will pay first for all services covered under Part A, and CHAMPVA will pay after Medicare (and any other health insurance you may have) for medical services received on or after October 1, 2001. CHAMPVA will be the primary payer (first payer) for covered outpatient services unless you have other health insurance for outpatient care. If that is the case, CHAMPVA will be the secondary payer (paying after the other health insurance has made payment).
 - If you were age 65 prior to June 5, 2001, and your spouse was a qualifying CHAMPVA sponsor, and you are entitled to Medicare Part A, and enrolled in Medicare Part B, you are eligible for CHAMPVA. However, you must continue to carry Medicare Part B to retain CHAMPVA eligibility. CHAMPVA will pay after Medicare (and any other health insurance you may have to include Medicare HMOs and Medicare supplemental plans) for covered medical services received on or after October 1, 2001.
- Age 65 between June 5, 2001, and prior to October 1, 2001:
 - If you became age 65 between these dates, and your spouse was a qualifying CHAMPVA sponsor, and you are entitled to Medicare Part A, you must be enrolled in Medicare Part B, to be CHAMPVA eligible for medical services on or after October 1, 2001. CHAMPVA will pay after Medicare (and any other health insurance you may have to include Medicare HMOs and Medicare supplemental insurance plans) for covered medical services.
 - If you became age 65 between these dates and are entitled to Medicare Part A, but did NOT enroll in Medicare Part B, you are not eligible for CHAMPVA. If you later enroll in Medicare Part B, you may apply for CHAMPVA at that time. In that case, CHAMPVA eligibility will begin on the effective date of your Medicare Part B coverage.

- Age 65 on or after October 1, 2001:
 - If you became age 65 after October 1, 2001, and your spouse was a qualifying CHAMPVA sponsor, and you have entitlement to Medicare Part A and are enrolled in Medicare Part B, you are eligible for CHAMPVA. CHAMPVA will pay after Medicare (and any other health insurance you may have to include Medicare HMOs and Medicare supplemental insurance plans) for covered medical services received on or after the date your Medicare Part A and B coverage begins.
 - If you became age 65, have entitlement to Medicare Part A, but are NOT enrolled in Medicare Part B, you are not eligible for CHAMPVA. If you later enroll in Medicare Part B, you may apply for CHAMPVA at that time. In that case, CHAMPVA eligibility will begin on the effective date of your Medicare Part B coverage.

Benefit Information

Overview

In general, CHAMPVA covers most health care services and supplies that are medically necessary. Special rules and/or limitations do apply to certain services. Some services (even when prescribed by a physician) are not covered under CHAMPVA. Be aware that this handbook does not cover all CHAMPVA policies and the benefits may change over time. Clarification of covered/noncovered services, as well as limitations, can be obtained by calling us, e-mailing us or visiting our website (see *Helpful Resources*, page 2).

Health Care Providers

You have many choices in selecting a provider, but be sure the provider is properly licensed in your state and is not on the Medicare exclusion list (see page 35). CHAMPVA will pay for covered services and supplies (note limitations for some services described in this handbook), including those needed for pre-existing conditions, when received from these professional providers. In the case of physician assistants, some counselors, anesthetists, audiologists, and therapists there is a requirement that the services be supervised (overseen) by the physician. Here is a list of most of the providers covered by CHAMPVA (not all inclusive).

- Anesthetist
- Audiologist
- Certified Midwife
- Certified Nurse Anesthetist (CRNA)
- Certified Nurse Practitioner
- Certified Physician Assistant (PA)
- Certified Psychiatric Nurse Specialist
- Clinical Psychologist (Ph.D.)
- Dentist (when services are a covered benefit and preauthorized)

- Family Counselor/Therapist
- Licensed Clinical Social Worker (Masters Level)
- Licensed Clinical Speech Therapist (LCSP)
- Licensed Practical Nurse (LPN)
- Licensed Vocational Nurse (LVN)
- Medical Doctor (MD)
- Occupational Therapist (OT)
- Osteopath (DO)
- Pastoral Counselor
- Physical Therapist (PT)
- Physician (Medical Doctor, MD)
- Podiatrist (DPM)
- Psychiatrist
- Physiologist
- Registered Nurse (RN)

We do not pay for services provided by:

- Acupuncturist
- Chiropractor
- Naturopath

We do not maintain a provider listing. Most Medicare and TRICARE providers will also accept CHAMPVA (but be sure you ask the provider). If you are having difficulty finding a provider, we recommend you go to the TRICARE website at WWW.TRICARE.OSD.MIL to locate a provider in your area. Under *Top Requested Sites*, select *TRICARE Standard Directory* and follow the prompts. If you choose to see a provider who does not accept CHAMPVA, you will likely have to pay the entire bill and then submit a claim for your reimbursement of the allowable amount to the HAC.

Following this page is a fact sheet that you may wish to remove from the handbook and give to your medical provider. It provides information regarding the CHAMPVA program requirements and payments.



FACT SHEET 01-16

For Outpatient Providers and Office Managers

May 2002

What is CHAMPVA?

CHAMPVA is a health benefits program in which the Department of Veterans Affairs (VA) shares the cost of certain health care services and supplies with eligible beneficiaries (see Eligibility Fact Sheet 01-03 for criteria for CHAMPVA coverage). CHAMPVA is managed by the VA's Health Administration Center (HAC) in Denver, Colorado. We process CHAMPVA applications, determine eligibility, authorize benefits, and process medical claims.

How does CHAMPVA relate to TRICARE?

Both are federal programs, however, an individual who is eligible for TRICARE is not eligible for CHAMPVA. Although similar, TRICARE (formerly CHAMPUS – which is administered by the Department of Defense) should not be confused with CHAMPVA. TRICARE provides coverage to the families of active duty service members, families of service members who died while on active duty, and retirees and their families, whether or not the veteran is disabled.

Is preauthorization required for services?

Certain types of care/services require advance approval commonly known as preauthorization. This approval or preauthorization is extremely important and the failure to obtain it may result in denial of the claim. Preauthorization is required for:

- Dental care
- Durable medical equipment with a purchase price or total rental price of \$300 or more
- Hospice services
- Mental health/substance abuse services (see Mental Health and Substance Use Disorder Benefits Fact Sheet 01-01)

- Transplants

Do I need approvals for referrals to specialists or for diagnostic tests?

No, as long as they are medically necessary.

Are case management and utilization reviews performed?

Yes, clinical claim reviews are performed for a variety of medical services including physical, occupational and speech therapy; home health; skilled nursing; rehabilitation; and utilization of controlled substances. Submit the medical documentation along with the bill. Utilization reviews are also performed for services requiring preauthorization.

Is there a contract or agreement that I must sign to accept/participate in CHAMPVA?

No. CHAMPVA does not have contract providers. You must be properly licensed in your state to receive payment from CHAMPVA and cannot be on the Medicare exclusion list.

Do I have to accept the CHAMPVA allowable rate?

Yes, under 38 CFR section 272(b) (3) and (4), providers must accept the CHAMPVA allowable rate and cannot balance bill the beneficiary.

How do I get a claim paid?

The bill (standard form or electronic claim) should be sent to:

VA Health Administration Center
CHAMPVA
PO Box 65024
Denver, CO 80206-9024

This is the only address that should be used for CHAMPVA claim submissions.

If the beneficiary has other health insurance (OHI), they should be billed first. The explanation of benefits (EOB) from the OHI should then be submitted with the claim for reimbursement to CHAMPVA. By law, CHAMPVA is always

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secondary payer except to Medicaid, State Victims of Crime Compensation Programs, and supplemental CHAMPVA policies.

What does CHAMPVA pay?

In most cases, CHAMPVA pays equivalent to Medicare/TRICARE rates. CHAMPVA has an outpatient deductible (\$50 per person up to \$100 per family per calendar year) and a cost share of 25%. You should collect the 25% allowable cost share from the patient except when the patient has other health insurance.

If the beneficiary has other health insurance, then CHAMPVA pays the lesser of either 75% of the allowable amount after \$50 calendar year deductible is satisfied, or the remainder of the charges and the beneficiary will normally have no cost share.

How fast does CHAMPVA pay?

CHAMPVA normally pays 95% of claims within 30 days.

Are there special considerations for Ambulatory Surgery Centers?

Yes, they must have Medicare approval to perform the specific procedure at free-standing surgical centers.

How do I know if someone is CHAMPVA eligible?

Every CHAMPVA beneficiary has a CHAMPVA member card that looks like this:

<p>CHAMPVA Benefit Coverage/Limitations—See the CHAMPVA handbook for information on covered benefits and limitations</p> <p>This is also your Pharmacy Card.</p> <p>Preauthorization—required for the following services Organ and bone marrow transplants Hospice Services Most mental health/substance abuse services All dental care All durable medical equipment with a purchase or total rental price of \$300 or more</p> <p>Preauthorization requests Medical Services 1-800-733-8387 Mental Health/Substance Abuse 1-800-424-4018</p>	 Department of Veterans Affairs Health Administration Center	<p>Authorization Card P.O. Box 65024 Denver, CO 80206-9024</p>
<p>Subscriber Name:</p>		
<p>A-Card Number</p>		
<p>Note: Include A-Card Number on all claims and correspondence</p>		
<p>Effective Date</p>	<p>Expiration Date</p>	
		<p>Assistance 1-800-733-8387 hac.ing@med.va.gov</p>

How do I get more information?

- Mail: VA Health Administration Center
CHAMPVA
PO Box 65023
Denver, CO 80206-9023
- Phone: 1-800-733-8387 Monday - Friday 8:15 AM - 7:00 PM
Eastern Time
- FAX: 1-303-331-7804
- E-mail: HAC.INQ@MED.VA.GOV
- Website: WWW.VA.GOV/HAC

VA Providers (CITI):

If there is a VA medical facility in your area, check with them to see if they participate in the CHAMPVA In-house Treatment Initiative (CITI – pronounced *city*) program. CITI is a voluntary program for CHAMPVA beneficiaries. You can receive treatment at VA medical facilities, on a space available basis, with **no cost share or deductible**. There is no enrollment in the CITI program. If the VA medical facility in your area participates in the program and has available services, then you can receive care at that facility.

Most VA medical facilities participate in the CITI program and there is a good chance that a VA medical facility near you is a participant. You can check the CITI website at WWW.VA.GOV/HAC and select *CITI* from the left column to find a VA medical center near you. You can also call the nearest VA medical facility in your area to see if they participate in the CITI program and the types of medical care that are available to you through their facility. You may also call us or e-mail us to find out more about this program.

If you are a veteran and a CHAMPVA beneficiary, you may be entitled to receive care through the VA health care system based on your own veteran status or you may be eligible to participate in the CITI program. In each instance where you require medical attention, you may choose the VA health care system or coverage under CHAMPVA (CITI) if the VA facility near you participates in CITI.

Please remember that the VA medical facility decides whether or not they have capacity to provide care. That decision is not made by CHAMPVA.

The CITI program is not available to beneficiaries with Medicare or with an HMO insurance plan.

Pharmacy Providers:

There are several options available to you for pharmacy services. Please refer to *Pharmacy Services*, page 57, for more information.

Preauthorization

Certain types of care/services require advance approval, commonly known as preauthorization. This approval or preauthorization is extremely important and the failure to obtain it may result in denial of the claim. The requirements for preauthorization are described in the referenced benefits section.

Preauthorization is required for:

- Dental care (see page 42)
- Durable medical equipment with a purchase price or total rental price of \$300 or more (see page 43)

Exception:

Durable medical equipment provided to you through the VA CITI program does not require preauthorization.

- Hospice services (see page 47)
- Mental health/substance abuse services (see page 51)

Exceptions:

- Services provided through the VA CITI program do not require preauthorization. However, medical documentation must accompany any claim for services that exceed the allowed benefit.
 - When Medicare is the primary payer and has authorized the care, mental health services do not require preauthorization.
- Transplants (see page 63)

The section entitled *Helpful Resources*, page 5, provides contact information for preauthorization requests.

There are items and services that do not require preauthorization, but do require medical documentation with the claim. We have also indicated in the handbook, next to the benefit, when medical documentation must accompany the billing. This list is not all inclusive, but provides examples of services for which you should tell your physician to send the medical records/notes with the bill.

- allergy testing
- biofeedback
- home health services
- laser surgery
- outpatient diabetes self-management training
- oxygen and oxygen supplies
- physical therapy services
- skilled nursing services
- surgery for morbid obesity (gastric bypass, gastric stapling or gastroplasty)

General Exclusions

We do not cover the following services. In addition to these general exclusions, the benefit descriptions in this handbook provide more detail regarding non-covered services.

- Services and supplies obtained as part of a grant, study, or research program.
- Services and supplies not provided in accordance with accepted professional medical standards or related to experimental/investigational or unproven procedures or treatment regimens.
- Care for which you are not obligated to pay, such as services obtained at a health fair.
- Care provided outside the scope of the provider's license or certification.
- Services or supplies above the appropriate level required to provide the necessary medical care.
- Services by providers suspended or sanctioned by any federal agency. To obtain a listing or search for an excluded provider(s), use the Medicare exclusions link at the Health Administration Center website at WWW.VA.GOV/HAC or access this information directly from the Department of Health and Human Services Office of Inspector General website at [HTTP://EXCLUSIONS.OIG.HHS.GOV](http://EXCLUSIONS.OIG.HHS.GOV).
- Services provided by a member of your immediate family or person living in your household.

General Medical Services

What IS Covered (not all-inclusive)

- Allergy testing and treatment (limitations apply and medical documentation from the provider must accompany the billing)
- Ambulance service when life sustaining equipment is necessary for a medically covered condition or other means of transportation are contraindicated
- Biofeedback to gain some control over autonomic body functions such as cerebral palsy, paralysis, spasm, low back strain and urinary incontinence (limitations apply—see *What IS NOT Covered*, page 39)
- Biotelemetry (electronic transmission of data for diagnosis or monitoring)
- Breast reconstruction following a medically necessary mastectomy
- Breast reduction when there are medically indicated signs and symptoms of macromastia or intractable pain, not amenable to other forms of treatment
- Cardiac rehabilitation programs limited to 36 sessions (usually 3 sessions per week for 12 weeks per cardiac event) normally completed within 12 months following a qualifying cardiac event
- CT scans
- Dermatological procedures for the treatment of covered conditions such as acne and for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events
- Diabetes self-management training program (outpatient) prescribed by a physician for education about self-monitoring of blood glucose, diet, and exercise (limitations apply and medical documentation from the provider must accompany the billing)
- Diagnostic tests and procedures for a covered medical condition

- Eyeglasses, spectacles, contact lenses only when medically necessary after intraocular surgery, ocular injury, or congenital absence of a human lens (see *What IS NOT Covered*, page 40)
- Foot care services (limited) of a routine nature for a diagnosis of a systemic disease such as diabetes or peripheral vascular disease
- Home health care, to include skilled nursing and rehabilitative care, as part of a physician's treatment plan and provided by a licensed or registered caregiver (Home health care is intermittent skilled care in a home setting when you are homebound. Notes from the caregiver must accompany the claims.)
- Kidney (renal) dialysis limited to periods of Medicare ineligibility (Medicare coverage of individuals with end stage renal disease (ESRD) begins 90 days from the date maintenance dialysis treatment begins at which time CHAMPVA becomes secondary payer)
- Magnetic resonance angiography (MRA), magnetic resonance imaging (MRI), and magnetic resonance spectroscopy (MRS)
- Mastectomy bras and prostheses
 - up to 7 bras every 12 months
 - replacement of breast prostheses every 24 months
- Medical supplies prescribed by a physician and related to a covered medical condition (such as crutches, slings, walkers)
- Occupational therapy (Training and assessment cannot relate primarily to employment.)
- Orthopedic braces and other appliances for the neck, arm, back and leg to assist you in movement or to provide support to a limb (claims must be accompanied by a prescription from the attending physician)
- Orthotic shoes for diabetics:
 - one pair custom molded shoes (including inserts) per calendar year

- one pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year
- three pairs of multi-density inserts per calendar year
- Oxygen and related equipment (see *Pharmacy*, page 59)
- Penile implant/testicular prosthesis for organic impotence, correction of a congenital anomaly, or correction of ambiguous genitalia
- Physical therapy (physical therapy notes must accompany the claims)
- Physician services
- Positron emission tomography (PET) (limitations apply and medical documentation from the provider must accompany the billing)
- Prosthetic devices
- Pulmonary rehabilitation programs limited to pre- and post-operative lung or heart/lung transplants and cardiopulmonary disease (COPD) - (limitations apply and medical documentation from the provider must accompany the billing)
- Radiation therapy
- Respiratory therapy
- Single photon emission computed tomography (SPECT)
- Skilled nursing care (in home) when provided by an individual professional provider for the treatment of a specific illness or condition (nursing notes must always accompany the claims)
- Speech therapy for physical impairments to include:
 - brain injury (i.e., traumatic brain injury, stroke/cerebrovascular accident, etc.)
 - congenital anomalies (i.e., cleft lip and cleft palate)
 - neuromuscular disorders such as cerebral palsy
 - sensory disorders (The Individuals with Disabilities Education Act (IDEA) requires schools to provide speech therapy services for

- children to age 21. If services are not available through the state, documentation from the state is required.)
- dysfunction from a therapeutic process (i.e., vocal cord surgery, laryngectomy, radiation therapy, etc.)
 - vocal cord nodules
 - Surgically implanted devices for a covered diagnosis
 - Wig or hairpiece as a result of treatment for cancer (one per lifetime)

What IS NOT Covered (not all-inclusive)

- Acupuncture
- Air conditioners, humidifiers, dehumidifiers, and purifiers
- Autopsy and post-mortem examinations
- Biofeedback treatment of ordinary muscle tension, psychosomatic conditions, hypertension or migraine headaches
- Chemical peeling for facial wrinkles
- Chiropractic services
- Chronic fatigue syndrome
- Cosmetic surgery
- Counseling services for:
 - educational counseling
 - vocational counseling
 - counseling for socioeconomic purposes
 - stress management
 - life style modifications
- Custodial care (such as bathing, feeding)
- Electrolysis (hair removal)

- Exercise programs (general)
- Eye and hearing examinations (routine)
- Eyeglasses, contact lenses, spectacles or other optical devices except as noted above in *Covered* benefits
- Foot care services of a routine nature, such as removal of corns, calluses, trimming of toenails, except as noted above in *Covered* benefits
- Hair transplants
- Health club membership
- Hearing aids or hearing aid exams
- Housekeeping, homemaker, and attendant services (custodial care)
- Hypnosis
- Medical photography
- Modifications to home or vehicle
- Naturopathic services
- Orthoptics (eye exercises or visual training)
- Orthotic shoe devices, such as heel lifts, arch supports, shoe inserts, etc., unless associated with diabetes
- Penile implant/testicular prosthesis for a psychiatric cause
- Premenstrual syndrome treatment
- Radial keratotomy
- Services or advice provided by telephone
- Tattoo removal
- Transportation services that do not require life sustaining equipment
- Weight control or weight reduction programs

Ambulatory Surgery

Ambulatory surgery is performed on an outpatient, walk-in, or same-day basis in an appropriately equipped and staffed facility. Surgery is usually conducted under general anesthesia with no overnight stay required. Our coverage of ambulatory surgical procedures is dependent on where the surgery takes place. Most ambulatory surgical procedures performed in a hospital are covered when medically necessary. Certain procedures are also covered when performed in a Medicare-approved free-standing ambulatory surgical center. If you are scheduled to have a procedure performed in a free-standing surgical center, ask the surgical center if they are Medicare approved to perform the specific procedure.

What IS Covered (not all-inclusive)

In a hospital setting:

- all surgical procedures identified as covered in any section of this handbook
- associated tests (i.e., x-rays, lab tests, etc.)
- facility service
- professional fees such as physician services

In a free-standing ambulatory surgical center:

- professional fees such as physician services
- surgical procedures to be performed safely in a free-standing facility outside of a hospital setting

What IS NOT Covered (not all-inclusive)

If the service is not approved by Medicare to be performed safely outside of a hospital setting, it will not be covered if it is performed in a free-standing ambulatory surgical center. For a listing by procedure of those services that are approved to be performed safely in a free-standing ambulatory setting, refer to the CHAMPVA Policy Manual on our website at WWW.VA.GOV/HAC, select *CHAMPVA*, then *CHAMPVA Policy Manual*, and then Chapter 3, *Payments, Section 7.1A, Ambulatory Surgical Center (ASC) Reimbursement, Addendum 1*.

Dental Services

With very few exceptions, dental care is **not** a covered benefit. There may be times when dental care is covered (as noted below), but in all cases preauthorization is required. Requests for preauthorization must include the following statements:

- Physician statement explaining why the requested dental treatment is required and how it relates to the CHAMPVA-covered medical treatment.
- Dentist statement specifying what treatment is required, why the treatment is required, how it relates to a CHAMPVA-covered medical condition, and the estimated cost.

Preauthorization can be requested by telephone or FAX. See the *Helpful Resources*, page 6, of this handbook for contact information.

What IS Covered (not all-inclusive)

- Ankyloglossia (total or complete tongue-tie)
- Correction of a cleft palate
- Dental conditions resulting from the treatment of an otherwise covered medical condition (not dental) such as radiation therapy for oral or facial cancer
- External incision and drainage of cellulitis
- Extraoral abscess
- Gingival hyperplasia (when caused by prolonged medication therapy for conditions such as epilepsy or seizure disorders)
- Intraoral abscess
- Loss of jaw substance due to direct trauma or treatment of neoplasm
- Mercury hypersensitivity
- Myofascial pain dysfunction syndrome
- Orthodontia care as a result of a cleft palate or congenital anomaly

- Temporomandibular Joint (TMJ)
 - initial radiographs,
 - up to 4 office visits,
 - physical therapy for acute phase treatment only, and
 - construction of occlusal splint.

What IS NOT Covered (not all-inclusive)

- Bridges (adding or modifying)
- Dental caries (decay)
- Dentures or partial dentures (adding or modifying)
- Examinations (routine, general health)
- Fillings
- Injuries (trauma) to teeth only
- Orthodontia care (braces) except as noted above
- Root canals
- Treatment of generally poor dental health
- Treatment of dry mouth (xerostomia)

Durable Medical Equipment (DME)

DME is equipment that can withstand repeated use; is primarily used to serve a medical purpose; is generally not useful in the absence of an illness or injury; and is appropriate for use in the home. DME includes such items as a wheelchair or a hospital bed.

The DME must be ordered by a physician and be preauthorized by us if the total cost (for rental or purchase) exceeds \$300. Contact information for preauthorization is in *Helpful Resources*, page 6. Preauthorization allows us to purchase the DME through the Veterans Affairs (VA) at a discounted rate. There is no cost share if the DME is preauthorized and obtained by us through our VA source. Requests for preauthorization must include the doctor's DME

order or certificate of medical necessity. This information can be submitted in the form of a letter or by using a Medicare certificate of medical necessity form. In either case, the following information must be included:

- the name, address, and tax identification number of the provider,
- the required equipment (the make and model number, cost and specifications for any customization),
- diagnosis,
- the medical necessity, and
- the anticipated duration that the item is needed.

In the case of an emergency, immediate rental will be authorized from a local supply center until the equipment can be provided through VA sources. In urgent need situations (such as being discharged from the hospital to the home and requiring a hospital bed), preauthorization may be requested by phone. If purchase of the equipment is required, rental can be approved while the purchase of the equipment is arranged through the VA. A certificate of medical necessity is still required.

If you have Medicare coverage and the DME needed is a covered benefit under Medicare, you do not need to obtain preauthorization from us. If Medicare denies coverage of the DME because their rules for coverage were not followed or medical necessity was not established, we will also deny coverage of the item.

What IS Covered (not all inclusive)

- Customization, accessories, or supplies that are essential to provide a therapeutic benefit and to ensure proper functioning of the equipment
- DME that is prescribed by a physician for the treatment of a covered illness or injury and provides the necessary level of performance
- Duplicate item of DME when it is essential to provide a fail-safe, in-home, life-support system
- Maintenance by a manufacturer's authorized technician
- Repair and adjustment

- Replacement needed as a result of normal wear or a change in the medical condition
- Temporary rental when the purchased DME is being repaired
- Vehicle wheelchair lift (detachable)

What IS NOT Covered (not all-inclusive)

- Any DME denied as not medically necessary by Medicare
- Exercise equipment
- Hearing aids
- Hot tubs
- Household and recliner chairs
- Luxury or deluxe equipment (we cover only the cost of basic equipment that meets your medical needs)
- Maintenance agreements/contracts
- Repair and adjustment costs on rented/leased equipment (Those costs should be included in the rental/lease agreements.)
- Spas
- Swimming pools
- Vehicle lifts that are non-detachable and/or manufactured for a specific vehicle that cannot be removed from one vehicle and used on another
- Whirlpools

Family Planning and Maternity

We cover most treatment related to prenatal, delivery, and postnatal care, to include complications associated with pregnancy such as miscarriage, premature labor, and hemorrhage. Services provided to the mother and those provided to the child must be billed separately.

What IS Covered (not all inclusive)

- Amniocentesis
- Care and treatment provided by free-standing or institution-affiliated birthing centers
- Care provided by certified nurse midwives
- Cesarean section
- Diaphragms (including replacements)
- Fetal fibronectin enzyme immunoassay
- Hospital and/or nursery charges
- Infertility testing and treatment
- Intrauterine devices (insertion, removal, replacement)
- Physician's care, diagnostic tests, and services
- Prescription contraceptives including Norplant
- Surgical sterilization (i.e., tubal ligation and vasectomy)
- Ultrasound related to high-risk pregnancy or neonatal complications

What IS NOT Covered (not all-inclusive)

- Abortion counseling
- Abortions except when a physician certifies that the life of the mother would be endangered if the fetus were carried to term
- Artificial insemination
- Contraceptives not requiring a physician's prescription such as condoms, spermicidal foams, and jelly
- Diagnostic tests to determine the sex of a child
- Diagnostic tests to establish a child's paternity
- Embryo transfer
- In vitro fertilization

- Natural childbirth classes
- Postpartum home visits for non-medical reasons
- Postpartum inpatient stay of an infant for purposes of staying with the mother (when the mother requires continued treatment, but the newborn does not)
- Postpartum inpatient stay of a mother for purposes of staying with the newborn (when the newborn requires continued treatment, but the mother does not)
- Reversal of sterilization

Hospice

We cover hospice care for terminally ill patients who have a life expectancy of six months or less. The CHAMPVA benefit closely resembles Medicare's hospice benefit. The program is designed to provide care and comfort to our beneficiaries and emphasizes supportive services such as pain control, home care, and patient comfort.

Preauthorization is required and contact information for the service is in the *Helpful Resources*, page 6. Your hospice caregiver will be asked to provide the following information:

- Hospice tax identification number
- Medicare hospice provider number
- Address of hospice
- County in which hospice is located
- Remit to address (where the payment is to be mailed)
- Name of attending physician
- Name of hospice physician
- Diagnosis
- Whether request is for inpatient, home care, or respite care
- Physician certification of terminal illness

- Patient's election of hospice (signed by patient or patient's representative based on a health care power of attorney)
– forms provided by the hospice
- Medicare hospice per diem (daily) reimbursement rate
- Itemized list of medications or any other services not included under the hospice per diem

What IS Covered (not all inclusive)

- Counseling for patient and caregiver
- Custodial care
- Dietary counseling
- Home health aide services under the supervision of a registered nurse (Nursing notes and the treatment plan must be provided with the billing.)
- Medical social services by a qualified social worker under the direction of a physician
- Medical supplies that are part of a written plan of care
- Personal comfort items related to pain relief
- Pharmaceuticals (drugs) primarily for the relief of pain and control of symptoms related to the terminal illness
- Respite care (Furnished in a facility such as a hospital or in the home. The purpose is to relieve the patient's caregiver from the day-to-day patient care tasks. Respite care is of limited duration.)
- Short-term inpatient care, both respite and general care, provided in a Medicare participating hospice inpatient unit, hospital, or skilled nursing facility
- Therapy (physical, occupational, speech-language pathology services) provided to control symptoms or to enable activities of basic living and basic functional skills

Inpatient Services

What IS Covered (not all-inclusive)

General:

- Intensive care
- Private room and board when medically necessary
- Semi private room and board

Surgical Services:

- Anesthesia services (performed by other than the operating surgeon, obstetrician, or assistant surgeon)
- Diagnostic procedures which require sedation or anesthesia, such as endoscopies and biopsies
- Gastric bypass, gastric stapling, gastroplasty (limitations apply, medical documentation must be submitted with billing)
- Invasive procedures, including treatment of fractures and dislocations
- Panniculectomy to correct body function (not for cosmetic purposes, limitations apply, medical documentation must be submitted with billing)
- Surgical procedures for a covered diagnosis (to include pre and post operative care)

Inpatient Professional Services:

- Attending physician (includes physician care/visits received in a hospital or other specialized facility for a covered diagnosis)
- Chemotherapy
- Concurrent inpatient care (a physician's care of a patient confined in a hospital when required to treat another condition outside the specialty of the primary care physician)
- Diagnostic tests and procedures

- Patient-initiated second opinion consultation to determine medical necessity
- Physician specialist consultations requested by the attending physician
- Surgical assistant, if required by the complexity of the surgical procedure being performed (supporting medical documentation must be submitted with the billing)

What IS NOT covered (not all-inclusive)

- Cosmetic surgery performed to improve physical appearance or for psychological purposes
- Custodial care, retirement or rest homes, halfway houses, and domiciliaries (house or place of permanent residence)
- Personal comfort items such as telephones and televisions
- Services/supplies that could have been (and are) performed routinely on an outpatient basis
- Staff consultations required by the policies of a hospital or other institution
- Surgery for psychological reasons
- Telephone consultation

Mental Health Services

Preauthorization is required for most mental health and substance abuse services. Requests for preauthorization are to be made to our mental health contractor, Magellan Behavioral Health (see *Helpful Resources*, page 6). Institutional providers rendering care in residential treatment centers (RTC), psychiatric partial hospitalization facilities (PHP), and free-standing substance abuse rehabilitation facilities must be on a TRICARE-approved provider listing or be a Medicare-certified facility.

Any independent mental health provider who is appropriately licensed and/or certified may provide mental health services.

Providers who may render care without an attending physician's referral and supervision are:

- Certified Psychiatric Nurse Specialist
- Clinical Psychologists
- Family Counselors
- Licensed/Certified Clinical Social Workers (Master's Level)
- Medical Doctors (MDs)
- Osteopaths (DO)
- Psychiatrists

Providers requiring a physician's referral and supervision include:

- Mental Health Counselors
- Pastoral Counselors

MENTAL HEALTH INPATIENT CARE

What IS Covered (not all-inclusive)

- Acute care to include room, board, and other hospital services - preauthorization is required from the CHAMPVA mental health contractor
- 30 days for beneficiaries ages 19 and over, per fiscal year (October 1 through September 30) or during a single episode of care
- 45 days per fiscal year for acute inpatient care for beneficiaries ages 18 or younger
- One psychotherapy session per day not to exceed seven (7) sessions per week (More than seven (7) sessions per week requires authorization from the mental health contractor.)

The CHAMPVA mental health contractor may consider a waiver of the 30/45-day limit.

What IS NOT Covered (not all-inclusive)

- Cosmetic surgery performed for psychological reasons
- Inpatient stay to primarily control or detain a runaway child
- Outpatient psychotherapy provided while a beneficiary is participating in an inpatient program

MENTAL HEALTH OUTPATIENT CARE**What IS Covered** (not all-inclusive)

- 23 outpatient psychotherapy sessions per fiscal year (October 1 – September 30) when medically necessary.
- Two psychotherapy sessions per week in any combination of individual, family, collateral or group.
- More than 23 visits per year and more than two visits per week when preauthorized by the CHAMPVA mental health contractor.
- Individual psychotherapy (limited to 60 minutes unless for crisis intervention).
- Individual psychotherapy sessions in excess of 50 minutes that have been preauthorized by the CHAMPVA mental health contractor.
- Multiple sessions on the same day to allow for crisis intervention and preauthorized by the CHAMPVA mental health contractor.

What IS NOT Covered (not all-inclusive)

- Multi-family group therapy
- Sex therapy counseling or sexual behavior modification

PSYCHIATRIC PARTIAL HOSPITALIZATION PROGRAM (PHP)**What IS Covered** (not all-inclusive)

- 60 days per fiscal year (October 1 – September 30) - preauthorization is required from the CHAMPVA mental health contractor

- A program that is at least 3 hours per day, and available 5 days per week (day, evening, or weekend program)

What IS NOT Covered (not all-inclusive)

- Outpatient psychotherapy while a beneficiary is participating in a partial hospitalization program (PHP)
- Services billed separately by the institutional provider (PHPs are paid based on an all-inclusive per diem rate.)

RESIDENTIAL TREATMENT CENTER (RTC)

What IS Covered (not all-inclusive)

- 150 days per fiscal year (October 1 – September 30) - preauthorization is required by the CHAMPVA mental health contractor at least two days before admission
- Care in a TRICARE-authorized facility
- Care for adolescents ages 18 and younger (or under the age of 21 if a full-time student)
- Care when a psychiatrist recommends admission for a diagnosable psychiatric disorder and a psychiatrist or clinical psychologist directs the treatment plan. Note: the treatment plan must include a provision for family therapy.
- Geographically Distant Family Therapy (GDFT) when preauthorized by the mental health contractor

What IS NOT Covered (not all-inclusive)

- Admissions primarily for substance use disorder rehabilitation
- Therapeutic absences

MENTAL HEALTH SUBSTANCE ABUSE BENEFITS

Under CHAMPVA, you are entitled to three (3) substance use disorder treatment benefit periods in your lifetime. A benefit period begins with the first

date of covered treatment and ends 365 days later (regardless of the total services actually used within that one-year benefit period).

What IS Covered (not all-inclusive)

- Outpatient rehabilitation
 - 60 group therapy sessions for outpatient rehabilitation, when medically necessary, per benefit period (individual therapy is not covered for Substance Use Disorder Rehabilitation)
 - 15 sessions per benefit period for family therapy provided on an outpatient basis
- Detoxification
 - Inpatient services for detoxification. Preauthorization is required by the CHAMPVA mental health contractor
 - Limited to 7 days per admission and counts toward the 30/45 - inpatient mental health day limit.
 - Detoxification can only be approved if care is under general medical supervision.
- Inpatient and Partial Hospitalization Rehabilitation
 - Preauthorized services as approved by the CHAMPVA mental health contractor.
 - Limited to no more than one inpatient stay during a single benefit period of 21 days.
 - Limited to three benefit periods or rehabilitation stays per lifetime.

What IS NOT Covered (not all-inclusive)

- Aversion therapy
- Domiciliary care/services including halfway houses and rest cure facilities

OTHER MENTAL HEALTH BENEFITS

What IS Covered (not all-inclusive)

- Attention Deficit Hyperactivity Disorder (ADD or ADHD)
- Crisis Intervention: individual psychotherapy over 60 minutes or family therapy over 90 minutes. Preauthorization is required from the CHAMPVA mental health contractor.
- Eating disorders. Preauthorization is required from the CHAMPVA mental health contractor.
- Electroconvulsive therapy (ECT)
- Psychotropic pharmacological management
- Psychological testing, limited to 6 hours per fiscal year (October 1 through September 30). Preauthorization is required from the CHAMPVA mental health contractor for testing over six hours.
- Psychoanalysis provided by a graduate or candidate of a psychoanalytic training institute recognized by the American Psychoanalytic Association. Preauthorization is required from the CHAMPVA mental health contractor.

What IS NOT Covered (not all-inclusive)

- Acupuncture/acupressure
- Biofeedback for mental health conditions
- Carbon dioxide therapy
- Care for antisocial behavior
- Care for specific development disorders, learning disabilities, and other conditions not attributable to a mental health disorder
- Care or supplies furnished or prescribed by a person in the immediate family

- Counseling/self-help services, i.e., nutritional counseling, stress management, lifestyle modifications, counseling services related to tobacco use, safe sexual practices
- Court-ordered treatment in which the patient is directed to a specific treatment provider, and the treatment program is available at no cost to the beneficiary
- Drug maintenance programs where one addictive drug is substituted for another, such as methadone for heroin
- Electroshock therapy (EST) as negative reinforcement
- Eye movement desensitization reprocessing (EMDR)
- General or special education
- Guided imagery
- Holistic therapy (such as bioenergetics and orthomolecular therapies)
- Hypnosis
- Learning disorders such as reading disorders or dyslexia, mathematics disorders, disorders of written expression/and or learning disorders not otherwise specified
- Light therapy for seasonal affective disorder (SAD)
- Marathon therapy
- Marriage counseling
- Megavitamin therapy
- Mind expansion or elective psychotherapy, i.e., Z therapy and transcendental meditation, environmental ecological treatments, primal therapy
- Multi-family group therapy
- Narcotherapy with LSD
- Psychotherapy within 24 hours of electroconvulsive therapy (ECT) or electroshock therapy (EST)
- Rolfing

- Services by a provider who is not licensed/certified for the service being provided
- Sexual dysfunction, paraphilias and gender identity disorders
- Telephone consultations

Pharmacy Services

Local Retail Pharmacy: You can choose any pharmacy. The CHAMPVA member card is your proof of coverage. Advise the pharmacy that we do not have a special drug coverage card for prescriptions. When using a local retail pharmacy, you may request reimbursement from us by submitting a CHAMPVA Claim Form (VA Form 10-7959a), the itemized pharmacy statement (see pages 84-85 in this handbook), and the explanation of benefits statement from any other health care plan that may have paid on the claim.

Meds by Mail: If you have submitted a current CHAMPVA Other Health Insurance Certification (VA Form 10-7959c) that supports that you do not have another health insurance plan with pharmacy coverage, you can use Meds by Mail for your non-urgent, maintenance medication needs. There are **no copayments, no deductible requirements, and no claims to file!** Prescribed maintenance medication is mailed to your home. This program is a great benefit and we highly encourage its use.

The following are some important facts to keep in mind when using Meds by Mail:

- To begin using Meds by Mail, fill out the Meds by Mail Order Form and Patient Profile form (see pages 107-110 for sample forms).
- Maintenance medications (those you take for a longer period of time such as blood pressure, heart, arthritis, and chronic pain medication) are available through Meds by Mail.
- Certain controlled medications are available through this program. For example, Tylenol No. 3, Valium, Klonopin, and Vicodin are available. These are medications in Schedules 3, 4, and 5 for controlled drugs (your physician can tell you if the medication prescribed to you is on one of these schedules). Narcotic medications such as Percocet, Percodan,

Ritalin, and Oxycontin are NOT available and must be filled at your local pharmacy.

- Most prescriptions are filled with the generic equivalent.
- Over-the-counter medications that do not need a prescription are not covered by CHAMPVA and cannot be obtained through Meds by Mail. The ONLY exception is for insulin and insulin-related supplies.
- You can still use your local pharmacy for urgent care medications or any that are not available through Meds by Mail.
- If you obtain other health insurance that includes a pharmacy benefit, you will no longer be eligible to use Meds by Mail.

Medical Matrix Network Pharmacies: Many pharmacies use the billing agent, Medical Matrix, that has over 45,000 pharmacies in its network. If you have submitted a CHAMPVA Other Health Insurance Certification Form (VA Form 10-7959c) and do not have another health insurance plan that includes pharmacy coverage, you can use this network of pharmacies. The advantage to you is that you need only pay your cost share for the medication (after your outpatient deductible has been met) and there are no claims to file. To obtain information on local pharmacies in your area that are a part of the Medical Matrix network of pharmacies, refer to *Helpful Resources*, page 4.

What IS Covered (not all inclusive)

- Drugs and medications, whether administered by a physician or obtained by prescription, are covered when all of the following are met:
 - Drug has a valid National Drug Code (NDC)
 - Drug is approved by the Department of Health and Human Services' Food and Drug Administration (FDA) for the treatment of the condition for which it is administered
 - Drug is medically necessary and appropriate for the treatment of the covered condition for which it is administered
 - Drug is prescribed by an authorized provider and dispensed in accordance with state law and licensing requirements

- Insulin and diabetic related supplies (covered even though a prescription may not be required by State law)
- Oxygen and related supplies (to include oxygen concentrators)
 - Preauthorization is not required.
 - A certificate of medical necessity is required that includes the oxygen flow rate with frequency and duration of use, estimated length of time oxygen will be required, and the method of delivery. A Medicare certificate of medical necessity can be used or the physician can provide this information on his/her letterhead.
 - If the initial certificate of medical necessity shows an indefinite or lifetime need, a new prescription is not required with each billing as long as the diagnosis supports a continued need.

What IS NOT Covered (not all-inclusive)

- Cosmetic drugs (i.e., Retin A, Botox)
- Drug maintenance programs where one addictive drug is substituted for another (such as methadone for heroin)
- Experimental, investigational or unproven drugs that are not approved by the FDA for commercial marketing
- Group C drugs for terminally ill cancer patients (these medications are available free from the National Cancer Institute through its registered physicians)
- Over-the-counter medications that do not require a prescription (except for insulin and diabetic related supplies which are covered even when a physician's prescription is not required under state law)
- Smoking cessation medication and products
- Weight control medication

Preventive Health Care

Preventive care includes diagnostic and other medical procedures for periodic health screenings that are not directly related to a specific illness, injury, or definitive set of symptoms.

What IS Covered (not all-inclusive)

- Cancer screenings to include colorectal, oral cavity, prostate, skin, testicular, breast, and thyroid (some limitations apply)
- Chest x-rays prior to undergoing an inpatient surgical procedure involving general anesthesia
- Cholesterol screening
- Electrocardiograms (ECG) prior to undergoing an inpatient surgical procedure involving general anesthesia
- Genetic testing and counseling during pregnancy for any of the following
 - women 35 years of age or older
 - one parent has had a previous child born with a congenital abnormality
 - one parent has a history (personal or familial) of congenital abnormality
 - mother contracted rubella during first trimester of pregnancy
 - history of cystic fibrosis or recessive genetic disorder
- Genetic testing for breast cancer and sickle cell anemia (limitations apply)
- HIV testing in cases of HIV exposure or symptoms of infection
- Immunizations (see following charts which note an X under the age recommended by the Center for Disease Control (CDC) for each immunization). Your physician will advise you if it is appropriate for you or your child to have these immunizations based on CDC recommendations and other specific factors. Recommended ages for the vaccines are noted in the charts. Catch-up immunizations should be done during any visit when feasible.

RECOMMENDED IMMUNIZATION SCHEDULES

Age Vaccine	Birth	1 Mo	2 Mos	4 Mos	6 Mos	12 Mos	15 Mos	18 Mos	24 Mos	4-6 Yrs	11-12 Yrs	14-17 Yrs
Hepatitis B												
B1	X	X	X									
B2		X	X	X								
B3					X	X	X				X	
<u>Diphtheria, Tetanus, Pertussis</u>			X	X	X	X	X	X		X	X	X
<u>Haemophilus influenza type b</u>			X	X	X	X	X	X		X		
Inactivated Polio			X	X	X	X	X	X		X		
Measles, Mumps, Rubella						X	X			X	X	X
Varicella						X	X	X	X	X	X	X
Pneumococcal			X	X	X	X	X	X	X	X	X	X
Hepatitis A									X	X	X	X
Influenza					X	X	X	X	X	X	X	X

Benefit Information

Age Vaccine	18-24 yrs	25-64 yrs	65+ yrs
Influenza	X	X	X
Pneumococcal	X	X	X
Measles	X	X	
Mumps	X	X	
Rubella	X	X	
Varicella	X	X	X
Tetanus/Diphtheria (Td)	X	X	X
Polio	X	X	
Hepatitis B-4	X	X	X
Hepatitis A	X	X	X

- Isoniazid therapy for individuals at high risk for tuberculosis
- Mammograms and x-ray mammography routine screening (medical documentation is required with the billing to show high risk—such as family history of breast cancer, personal history of breast cancer, benign breast disease)

Age	No Symptoms	High Risk
35-40	One Baseline	Yearly
40+	Yearly	Yearly

- Pap screenings for patients age 18 and older or those younger than 18 when recommended by a clinician
- Physical exams (school-required for enrollment) for students through the age of 17
- Rabies vaccine following an animal bite
- Rh immune globulin when administered to an Rh negative woman during pregnancy and following the birth of an Rh positive child
- Tetanus immune globulin (human) and tetanus toxoid
- Tuberculosis screening
- Well-child care up to 6 years of age - the office visit charge may include:
 - history and physical exam
 - developmental and behavioral appraisal
 - sensory screening (vision/hearing)
 - dental screening (dental work requires preauthorization)
 - heredity and metabolic screening
 - health guidance and counseling (including breast feeding and nutrition counseling)
 - lab screening (hemoglobin, hemocrit, urinalysis and blood lead level)

What IS NOT Covered (not all-inclusive)

- Counseling services related to tobacco use, safe sexual practices, dental health, etc.
- Employment required examinations
- Eye/vision examinations unless required in connection with a covered illness/injury
- Hearing examinations unless in connection with a covered illness/injury
- Pre-employment physicals
- Routine physical examinations unless related to well-child care or school-required physicals for students through age 17

Skilled Nursing Facility Care

A skilled nursing facility (SNF) provides skilled nursing or rehabilitative care to patients who need 24 hour per day care under the supervision of a registered nurse or physician. A service is considered skilled care when it cannot be done by a non-medical person (or yourself) after reasonable instructions. Skilled care may be provided in a facility that is separate from a hospital or it may be a distinct part of a hospital. Skilled nursing does not require preauthorization, but all claims are subject to medical review. Claims should be accompanied by medical documentation that justifies that level of care on a daily basis. SNF care is limited to periods that are documented to clearly show this level of care is medically necessary and appropriate.

Transplants

Transplants must be preauthorized. A summary from the transplant team indicating the medical necessity and any contraindications for the procedure must be provided with the request for authorization.

What IS Covered (not all-inclusive)

- Allogeneic bone marrow transplantation
- Autologous bone marrow transplantation

- Corneal transplantation
- Donor costs when:
 - Both the donor and recipient are CHAMPVA beneficiaries
 - The donor is a CHAMPVA beneficiary and the recipient is not a CHAMPVA beneficiary
 - The donor is the sponsor and the recipient is the beneficiary (In this case, donor costs are paid as part of the recipient costs.)
 - The donor is not a CHAMPVA beneficiary, but the recipient is a CHAMPVA beneficiary
- Heart transplantation
- Heart-kidney transplantation
- Heart-lung transplantation
- Kidney transplantation
- Liver transplantation
- Liver-kidney transplantation
- Lung transplantation
- Multivisceral transplantation
- Pancreas transplantation
- Pancreas after kidney transplantation
- Pancreas-kidney simultaneous transplantation
- Peripheral stem cell transplantation
- Small intestine transplantation
- Small intestine-liver transplantation
- Umbilical cord blood stem transplantation

Cost and Payment Information

Overview

YOUR COSTS

There are two parts to your costs. First, for outpatient care (for example, pharmacy and doctor's appointments), there is an annual deductible. Second, most medical services and supplies have a cost share (copayment).

ANNUAL DEDUCTIBLE

The annual (calendar year) outpatient deductible is the amount that you must pay before we pay for a covered outpatient medical service or supply. The deductible is \$50 per beneficiary or a maximum of \$100 per family per year. The annual deductible must be paid prior to our paying 75% of the allowable amount. As claims are processed for covered services, charges are automatically credited to individual and cumulative family deductible requirements for each calendar year. Do NOT send checks to us to satisfy your deductible requirement.

There is no deductible for inpatient services, ambulatory surgery facility services, partial psychiatric day programs, hospice services, services provided in VA CITI facilities, or for medications received through the Meds by Mail program.

COST SHARE

A cost share, or copayment, is the portion of the CHAMPVA-determined allowable amount that you are required to pay. With few exceptions, you will pay something toward the cost of your medical care. For covered outpatient services, we pay up to 75% of the CHAMPVA-determined allowable amount after the deductible is met. For your inpatient service cost share, please refer to the chart in this section entitled *CHAMPVA Costs and Payments Summary*, page 71.

There is no cost share for hospice or for services received through VA medical facilities. This includes durable medical equipment items obtained through the VA, services received at VA facilities under the CITI program, or medications obtained through the Meds by Mail program.

CATASTROPHIC CAP

To provide financial protection against the impact of a long-term illness or serious injury, we have established an annual (calendar year) limit for out-of-pocket expenses for covered services paid by each CHAMPVA-eligible family. This is the maximum out-of-pocket expense a family can incur for CHAMPVA-covered services and supplies in a calendar year. The CHAMPVA catastrophic cap is \$3,000 per calendar year.

Credits to the catastrophic cap are applied starting January 1st of each year and run through the end of the calendar year, December 31st. Upon meeting the limit, you or your family's cost share for covered services for the remainder of the calendar year is waived, and we pay 100% of the allowable amount for covered services for the remainder of the calendar year.

Each time we pay a bill, your deductible and cost share are calculated and credited to your catastrophic cap. The cumulative amount credited to your catastrophic cap is shown on the explanation of benefits (EOB) you receive after services are paid. Although we automatically track catastrophic cap credits, you are encouraged to keep track of how much you pay in annual deductibles and the amount you pay for your covered medical expenses within the calendar year. To ensure that all applicable costs are appropriately applied, it is suggested that the EOBs be carefully reviewed for accuracy and that all inaccuracies be immediately reported to us.

CHAMPVA DETERMINED ALLOWABLE AMOUNT

The allowable amount is the maximum payment that we will authorize for a covered medical service or supply. The allowable amount is determined prior to cost sharing and the application of the deductible and other health insurance payment. The CHAMPVA-determined allowable amount is generally equivalent to that allowed by the Department of Defense TRICARE program and Medicare for similar services.

PAYMENT IN FULL

The CHAMPVA-determined allowable amount for medical services and supplies is payment in full. The medical provider cannot bill you for the difference between the amount billed to us and the CHAMPVA-determined allowable amount. You are responsible, however, for payment of your cost share, any applicable deductibles, and services and supplies that are not covered under CHAMPVA.

CHAMPVA COSTS AND PAYMENT SUMMARY

BENEFITS	DEDUCTIBLE?	YOU PAY	CHAMPVA PAYS
Ambulatory Surgery Facility Services	NO	25% of CHAMPVA allowable	75% of CHAMPVA allowable
Professional Services	YES	25% of CHAMPVA allowable after deductible	75% of CHAMPVA allowable
Durable Medical Equipment (DME): Non-VA Source	YES	25% of CHAMPVA allowable after deductible	75% of CHAMPVA allowable
Inpatient Services: DRG Based	NO	Lesser of: 1) per day amount X number of inpatient days; 2) 25% of billed amount; or 3) DRG rate	CHAMPVA allowable less beneficiary cost share
Inpatient Services: Non-DRG Based	NO	25% of CHAMPVA allowable	75% of CHAMPVA allowable
Mental Health: High Volume/ RTC	NO	25% of CHAMPVA allowable	75% of CHAMPVA allowable
Mental Health: Low Volume	NO	Lesser of: 1) per day amount X number of inpatient days; or 2) 25% of billed amount	CHAMPVA allowable less beneficiary cost share
Outpatient Services (i.e. doctors visits, lab/radiology, home health, skilled nursing visits, ambulance)	YES	25% of CHAMPVA allowable after deductible	75% of CHAMPVA allowable
Pharmacy Services	YES	25% of CHAMPVA allowable after deductible	75% of CHAMPVA allowable
VA Source (DME, MbM, CITI)	NO	Nothing	100% of VA cost

Ambulatory Services

Facility charges associated with procedures performed in an ambulatory surgery setting (includes both hospital-based settings and free-standing surgical centers) are based on a payment system in which a fixed rate for the surgical procedure is adjusted for local costs. We pay 75% of the allowable amount for costs incurred in this type of facility and you pay 25%. The allowable for ambulatory surgery is the lesser of the CHAMPVA established maximum allowable amount or the billed charge.

Dental Services

For authorized dental services, we pay 75% of the allowable amount after the deductible has been met and you pay 25%. The allowable for dental services is the lesser of the CHAMPVA-established maximum allowable amount or the billed charge.

Durable Medical Equipment

Durable Medical Equipment (DME) obtained through the VA: We pay the full cost for covered items obtained by us through our VA source. There is no cost to you (no cost share or deductible).

DME obtained through a local supplier: The CHAMPVA-determined allowable for DME is the lesser of the maximum allowable amount or the billed charge. We will pay 75% of the allowable amount after the deductible is met and you pay 25%.

NOTE: As described in *Benefit Information*, page 33, preauthorization is required for all durable medical equipment (DME) with a purchase price or total rental cost of \$300 or more. In addition to confirming medical necessity, the DME preauthorization process affords us the opportunity to determine the most economical source for purchasing the required equipment.

Home Health Care

We pay 75% of the allowable amount after the outpatient deductible is met for covered services and you are responsible for the remaining 25%. The allowable is the lesser of the CHAMPVA established maximum allowable amount or the actual billed charge.

Hospice Services

There is no deductible and no cost share requirement for hospice services. Our allowable amount is based on national Medicare rates for hospice services. There are Medicare pre-determined rates for routine home care; continuous home care; inpatient respite care; and general inpatient care. These rates are updated each fiscal year. Services provided by the hospice physician are included in the hospice rate.

Separate payments are made for direct patient care services provided by an attending physician.

Inpatient Services

There is no deductible requirement for inpatient services.

Facility Charges:

- We use a Diagnostic Related Group (DRG) payment system to calculate the cost for most inpatient hospital services provided. This payment system is based on an episode of care. The DRG payment rates are based on an average cost of local care and the allowable amount may be either more or less than the billed amount. This is generally equivalent to the DoD TRICARE or Medicare rate.
- Under this system, we pay the allowed amount less your cost share. You pay the lesser of:
 - the annual adjusted per day amount multiplied by the number of inpatient days, or
 - 25% of the hospital's billed charges, or

- the DRG rate.
- The DRG rate does not apply to all inpatient facilities. DRG rates are not applicable to cancer hospitals, Christian Science sanitoriums, foreign hospitals, long-term hospitals, non-Medicare participating hospitals, skilled nursing facilities, rehabilitation hospitals, and sole community hospitals (that have a special exemption from Medicare). When the DRG rate does not apply, we pay 75% of the billed amount for covered services and supplies and you pay 25%.

Professional Services:

- These services include physician's fees and anesthesia services. The CHAMPVA-determined allowable is the lesser of the CHAMPVA established maximum allowable amount or the billed charge. We pay 75% of the allowed amount and you pay 25%.

Mental Health Services

The allowable amount for inpatient care in psychiatric hospitals and discrete psychiatric units within hospitals that do not use the DRG payment system is based on a daily rate. The daily rate is based on locally determined costs. High volume and low volume treatment centers may bill differently for services. A facility in which a large number of CHAMPVA beneficiaries are treated would be considered a high volume center while a center that sees few CHAMPVA beneficiaries would be considered a low volume facility.

High Volume: Your cost share for care in a high volume facility (a facility with a combined total of more than 25 CHAMPVA and TRICARE admissions per fiscal year) is 25% of the CHAMPVA-allowable amount. This includes residential treatment centers (RTCs). The allowable amount is the lesser of the facility specific fixed daily rate multiplied by the number of authorized days in the facility or the billed charge.

Low Volume: Your cost share is the lesser of 25% of the billed amount or a per day amount times the number of inpatient days. The allowable amount is the lesser of the annually adjusted regional fixed daily rate multiplied by the number of covered inpatient days or the billed amount.

Professional Services: There are other charges for services that may not be included in the daily rate charges such as physician's services. You are responsible to pay 25% of the allowable amount. The allowable amount of these services is the lesser of the CHAMPVA established maximum allowable amount or the actual billed charge.

Outpatient Services

After the deductible has been met, we will pay 75% of the allowable amount for covered services and you are responsible for the remaining 25%. The allowable amount for outpatient services is the lesser of the CHAMPVA established maximum allowable amount or the actual billed charge.

Pharmacy Services

Medications obtained from a local pharmacy: The CHAMPVA allowable amount for pharmacy services is the average wholesale price (AWP) plus a \$3.00 dispensing fee. We pay 75% of the allowable amount after the deductible has been met and you pay 25%. If you go to a local retail pharmacy, that is not part of the Medical Matrix network (see *Pharmacy Services*, page 58), the pharmacy may have you pay 100% of the bill and you will then need to submit the claim to us for reimbursement. If you go to a local pharmacy that is part of the Medical Matrix network, you will be required to pay 25% of the cost (after your deductible has been met) at the time you pick up the prescription and the pharmacy will bill us for the remainder of the cost.

Medications obtained through Meds by Mail: We pay the full cost of covered prescriptions. There is no cost to you.

Medications obtained through VA medical facilities that participate in the CITI program: We pay the full cost of covered prescriptions. There is no cost to you.

Medications obtained through your other health insurance (OHI): The other health insurance will pay first. We will reimburse your copayment up to the CHAMPVA allowable for covered prescriptions. The OHI explanation of

benefits must be submitted. In the case of health maintenance organizations (HMOs), we do not require documentation of the actual prescription cost to process the claim. The full HMO copayment will be reimbursed to you as long as it does not exceed what our payment would have been in the absence of other health insurance.

Skilled Nursing Facility Care

We pay 75% of the allowed amount for covered services and supplies and you pay 25%.

Other Health Insurance (OHI)

Other health insurance (OHI) is another health plan that you may have through your employer, your spouse's employer, or other government program such as Medicare. Claims involving a payment from another health insurance plan may result in reduced costs to you or, depending on the combined OHI and CHAMPVA payment, no cost share at all. You or the provider must file the claim with the other insurance plan before submitting it to CHAMPVA for payment. Upon receiving the explanation of benefits (EOB) statement from the other insurer, you or the provider may file a CHAMPVA claim for any remaining balance. In addition to the EOB from the other health insurance, claims (billings) must include the provider's itemized billing statement. Please ensure all documents are legible.

We are always the secondary payer (by law) unless you are receiving care under Medicaid, State Victims of Crime Compensation Program, or you have a CHAMPVA supplementary insurance policy. In these cases, we will pay first.

DEFINITIONS

Primary Payer: A health insurance plan that will pay first on the bills for service. These are typically major medical health plans.

Secondary Payer: A health insurance plan that pays after the primary payer has determined what they will pay on the claim.

Supplemental Insurance: A health insurance plan that pays after the primary payer has determined what they will pay on the claim. We will pay before a CHAMPVA supplemental policy, but will pay after a Medicare supplemental policy. For more information, see *Supplemental Health Insurance*, page 82.

Coordination of Benefits: We must be aware of other health insurance to know when there may be double coverage. Knowing this, we can ensure that there is not a duplication of benefits paid between the other health insurance coverage and CHAMPVA. The explanation of benefits from the OHI provides the documentation for us to coordinate benefits and pay your claim appropriately.

OHI CERTIFICATION

Periodically, we ask you to complete a CHAMPVA OHI Certification Form (Form 10-7959c) and submit it to us at the address or FAX listed in *Helpful Resources*, page 4. **You must inform us of any change to any family member's OHI status.** If the OHI is cancelled, we must be notified of this in writing immediately. Failure to provide us accurate information regarding OHI coverage could be considered fraud. If it is determined that you had other insurance when we paid as the primary (first) insurer, recoupment action from you and/or the provider for the services paid will be taken. Failure to provide OHI certification will result in denial of CHAMPVA claims.

CHAMPVA AND HMO COVERAGE

If you have a health maintenance organization (HMO) plan, we will cost share your out-of-pocket expenses (your copayments under the HMO). When medical services are available through your HMO and you choose to obtain care outside the HMO (for example, from a physician who is not associated with your HMO or you do not follow the rules and procedures of your HMO to obtain the care), we will not pay for that medical care. When submitting the OHI Certification (Form 10-7959c), include a copy of the HMO copayment information/schedule of benefits.

CHAMPVA AND MEDICARE

When payment for covered services and supplies may be made under both Medicare and CHAMPVA, Medicare is the primary payer. For health care services covered under both plans, you often have no out-of-pocket

expenses. The amount of the Medicare copayment is published yearly in your Medicare handbook. It is important to be aware that when you have Medicare and CHAMPVA, you must follow Medicare's rules and procedures for covered services. If you fail to do so, the service will not be covered under CHAMPVA. Also, if Medicare finds the service is not medically necessary or appropriate, we will also not provide coverage. If you or your provider disagrees with the Medicare decision, an appeal of the decision should be made with Medicare.

SERVICE	MEDICARE PAYS	CHAMPVA PAYS	YOU PAY
Part A - Hospital			
Hospital Stay 1-60 days	All but the Medicare copayment	Your Medicare copayment	\$ 0
Hospital Stay 61-90 days	All but the Medicare copayment	The CHAMPVA allowable less the Medicare payment. In most cases, this will cover the Medicare copayment.	The remaining balance between the CHAMPVA payment and the Medicare copayment. In most cases, you will have no out-of-pocket expense.
Hospital Stay 91-150 days	All but the Medicare copayment	The CHAMPVA allowable less the Medicare payment. In most cases, this will cover the Medicare copayment.	The remaining balance between the CHAMPVA payment and the Medicare copayment. In most cases, you will have no out-of-pocket expense.
Hospital Stay >150 days	\$ 0	Up to the CHAMPVA allowable less beneficiary cost share	25% of the amount billed or per diem rate X the number of inpatient days not to exceed the catastrophic cap of \$3000.
Part A - Skilled Nursing Facility (SNF)			
1-20 days	There must be a 3-day inpatient stay prior to admission to the SNF 100% of Medicare allowable	There must be a 3-day inpatient stay prior to admission to the SNF The CHAMPVA allowable (billed amount) less Medicare's payment	\$ 0
21-100 days	All but the Medicare copayment	The CHAMPVA allowable (billed amount) less Medicare's payment	In most cases, \$ 0
>100 days	\$ 0	75% of the CHAMPVA allowable	25% of CHAMPVA allowable

SERVICE	MEDICARE PAYS	CHAMPVA PAYS	YOU PAY
Part B - Outpatient			
	(after \$100 deductible met)	(after \$50 deductible met)	
Outpatient medical care to include: <ul style="list-style-type: none"> • Office visits (doctor) • Durable Medical Equipment • Cancer screenings • Mammograms • PAP smears • Immunizations(including flu shots) • Diabetes supplies (test strips, monitors, etc.) • Diabetes self-mgmt training • Bone mass measurements 	80% of Medicare allowable amount	In most cases, the CHAMPVA allowable will cover the Medicare copay and a portion of the beneficiary's Medicare outpatient deductible.	In most cases, \$ 0
Clinical laboratory	100% of Medicare allowable	The CHAMPVA allowable less Medicare's payment	\$ 0 *
Mental Health Visit	50% of Medicare allowable	The CHAMPVA allowable less Medicare's payment	In most cases \$0
Hospice	100% of Medicare allowable	The CHAMPVA allowable less Medicare's payment	\$ 0 *
Outpatient Medications	All but \$5 per prescription		
Respite care	95% of Medicare allowable		
Pharmacy	\$ 0 (with a few exceptions)	Retail: 75% of allowable amount Meds by Mail: 100%	25% of CHAMPVA allowable amount \$ 0

*Where Medicare has paid 100% of the allowable representing payment in full, in most cases, there will be no out-of-pocket expense for you.

Additionally, please note the following:

- The full Medicare inpatient deductible for the first 60 days is covered by CHAMPVA.
- CHAMPVA will cover a portion of your Medicare outpatient deductible.
- For health care services payable only under one plan, and not both, you will continue to be responsible for payment of the applicable Medicare or CHAMPVA cost share and deductible.
- Custodial care is not covered under CHAMPVA.
- Medicare Part B premiums are not covered by CHAMPVA.

CHAMPVA AND MEDICAID

Whenever you are also eligible for Medicaid, we become the primary payer. In those instances where Medicaid may have made payment for medical services and supplies first, we will reimburse the appropriate Medicaid agency for the amount we would have paid in the absence of Medicaid benefits or the amount paid by Medicaid, whichever is less.

CHAMPVA AND STATE VICTIMS OF CRIME COMPENSATION PROGRAM

We are always the primary payer for services that you are eligible for under a State Victims of Crime Compensation Program.

CHAMPVA AND WORKERS' COMPENSATION

We do not cover medical services and supplies provided to treat a work-related illness or injury when benefits are available under a workers' compensation program. It is your responsibility to apply for workers' compensation benefits. If you exhaust available workers' compensation benefits, we will make payment for covered services and supplies. Provide a copy of the final disposition of the workers' compensation claim to avoid any delay in payment of future claims.

CHAMPVA AND THIRD PARTY INSURANCE

We are a secondary payer in all instances where there is third party liability. For example, if you are involved in an automobile accident you are required to file a medical claim with your (or responsible party's) automobile insurance before submitting it to us. Upon receiving the explanation of benefits (EOB) statement from the automobile insurance company, you may file a CHAMPVA claim for any remaining balance. To ensure your medical needs are met, we will provide payment for medically required services while a determination of third party liability is being made. If another party is determined to be responsible for covering the bills, we will take action to collect from you or that other insurance on payments that we have made.

SUPPLEMENTAL HEALTH INSURANCE

There are a number of companies that offer CHAMPVA supplemental policies. After CHAMPVA (the primary insurance policy) makes a payment for health care services, the remaining out-of-pocket expenses such as deductibles and copayments often are payable under a supplemental insurance policy. If you have a policy that was specifically obtained for the purpose of supplementing CHAMPVA, we will compute the CHAMPVA maximum allowable amount, pay the claim, and then you can submit the balance due on the claim to the supplemental insurer.

We do not endorse one policy over another and you should carefully consider your family's needs for the additional coverage. Information on supplemental insurance is available on the HAC website at WWW.VA.GOV/HAC. Further information can be obtained from Federal Publishing at WWW.FEDERALPUBLISHING.COM. Federal Publishing is not affiliated with the government and we do not endorse their products or services.

If you have a Medicare supplemental plan, please be aware we pay after a Medicare supplemental plan.

Claim Filing Instructions

GENERAL CLAIM FILING INSTRUCTIONS

Claims (bills for services) are to be sent to CHAMPVA, PO Box 65024, Denver, CO 80206-9024.

- Your name must be listed on the claim form exactly as it is on the CHAMPVA member card.
- Your Social Security Number must be on the claim. DO NOT USE the veteran's Social Security Number.
- If you have other health insurance (OHI), include a copy of the OHI explanation of benefits.
- Keep copies of all receipts, invoices, etc.
- Separate claim forms are required for each patient/beneficiary.
- If you do not complete CHAMPVA Claim Form 10-7959a, payment will be made directly to the health care provider instead of to you.
- For inpatient hospitalizations, payment will always be made to the hospital whether or not you submit the billing.
- After billing your other health insurance, you can file with CHAMPVA for the remaining balance.

CLAIMS SUBMITTED BY THE BENEFICIARY

When you are requesting reimbursement for services you paid to the medical provider, you must include the following three items:

- CHAMPVA Claim Form, VA Form 10-7959a,
- the provider's itemized billing statement to include all information listed under *Claims Submitted by the Provider*, and
- explanation of benefits (EOB) if other insurance was billed.

CLAIMS SUBMITTED BY THE PROVIDER

Claims submitted by the provider must include the following:

- An itemized billing statement. This can be submitted on a HCFA 1500 form or UB-92 form. The following information must be provided:
 - Full name, address, and tax identification number of the provider
 - Address where payment is to be sent
 - Address where services were provided
 - Provider professional status (doctor, nurse, physician assistant, etc.)
 - Specific date of each service provided. Date ranges are acceptable only when they match the number of services/units of services
 - Itemized charges for each service
 - Appropriate code (ICD-9, CPT, HCPCS) for each service
- If other health insurance was billed, provide a copy of their explanation of benefits detailing what they paid. Sometimes the definition/ explanation of their codes is on the reverse of their explanation of benefits (please include a copy of that as well).
- Medical records or notes must be submitted with the bill in some cases. The handbook notes many of those services that require the medical documentation such as for skilled nursing, home health, physical therapy, specialized testing and some surgical procedures.

PHARMACY CLAIMS

Most pharmacies submit claims to us electronically. The following information is required for pharmacy claims regardless of whether submitted electronically or on paper and regardless of whether submitted by the pharmacy or by you:

- An invoice/billing statement that includes:
 - Name, address, and phone number of the pharmacy
 - Name of prescribing physician
 - Name, strength, quantity for each drug

- National Drug Code for each drug
- Charge for each drug
- Date prescription was filled
- If the billing is submitted by you, a CHAMPVA Claim Form (VA Form 10-7959a) must be submitted. Also provide the sales receipt (cash register receipt) with the date and dollar amount that corresponds to the date and dollar amount on the pharmacy invoice/billing statement.
- If the billing is submitted by you and you have other health insurance, your copayment amount must be included on your receipt.

WHERE TO MAIL CLAIMS

Mail claims to: VA Health Administration Center
CHAMPVA
PO Box 65024
Denver, CO 80206-9024

FILING DEADLINES

You have one year after the date of service in which to file any claims. In the case of inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the filing deadline will be denied.

HOW TO OBTAIN ADDITIONAL CLAIM FORMS

Additional claim forms can be requested at any time (including evenings and weekends) by calling us and selecting the claim form option from our voice-mail menu or printing a copy from our website (see page 4).

Reconsideration and Appeal Rights

Helpful Resources, page 7, provides the contact information for reconsideration/appeal requests.

What is Not Considered a Formal Appeal

Although the following claim decisions are not formal appeal issues, adverse decisions such as these are reviewed by the VA Health Administration Center, CHAMPVA Program, Customer Service Department. The mailing address for *Customer Service* is on page 3.

- Claim denials for missing code information (Current Procedural Terminology (CPT), Health Care Common Procedure Coding System (HCPCS), Internal Classification of Diseases (ICD9), National Drug Codes (NDC).
- Decisions on claims where we are requesting more information before an action is taken on your claim. Examples of this may include claim denials requesting medical documentation, operative reports, treatment plans, or a certificate of medical necessity.
- Claim denials requesting an Explanation of Benefits (EOB) letter from your primary health plan or requests to adjust the amount of the primary health insurance payment, due to miscalculation.
- Billing errors (i.e., incorrect date of service, incomplete or missing procedure codes, and/or billed charges) where a corrected bill is submitted to modify the original claim.

Decisions Regarding Eligibility

You have the right to request reconsideration or request an appeal to the Board of Veterans Appeals when we have denied your eligibility for CHAMPVA.

Reconsideration Request: Submit a letter to the us, requesting reconsideration. The request must:

- be submitted in writing within one year of the date of decision denying eligibility,

- identify why you believe the decision is in error, and
- include new and relevant information not previously submitted.

If the reason for the dispute is not identified, the request will be denied.

After reviewing the request for reconsideration and supporting documentation, a written decision will be sent to you if a change to the original decision cannot be made. If you still disagree with the decision, you may request a second review. That request for review must be made within 90 days of the date of the first reconsideration determination. Your request must be submitted in writing, identify why you believe the decision is in error, and include any further relevant information.

Appeal to the Board of Veterans Appeals: Submit a letter (also called a Notice of Disagreement) to us requesting an appeal to the Board of Veterans Appeals. The request must be submitted in writing within one year of the date of decision denying eligibility.

We will provide you with a Statement of the Case. This is a summary of the evidence relating to the issue and the applicable laws and regulations affecting the determination. This Statement of the Case will be provided to you along with a form (VA Form 9) that provides instructions on how to file your request with the Board of Veterans Appeals.

Decisions on Authorization, Benefit Determinations or Payment of Claims for Medical Services/Supplies

You have the right to request reconsideration if you disagree with a decision regarding authorization, benefit determinations or payment of claims for medical services or supplies. A request for reconsideration must:

- Be submitted in writing within one year of the date of the Explanation of Benefits (EOB),
- Identify why you believe the payment is in error,
- Include a copy of the EOB or other determination letter, and

- Submit any new and relevant information not previously considered.

If the reason for the dispute is not identified, the request will be denied.

After reviewing the request for reconsideration and supporting documentation, a written decision will be sent to you if a change to the original decision cannot be made. If you still disagree with the decision, you may request a second review. That request for review must be made within 90 days of the date of the first reconsideration determination. Your request must be submitted in writing, identify why you believe the decision is in error, and include any further relevant information. The decision on a second level appeal/reconsideration is final.

Decisions on Mental Health Medical Determinations *(Such as the Need for or Appropriateness of a Specific Treatment)*

First Level: You may request reconsideration from the mental health contractor (Magellan) within one year of the denial. The request must include the entire medical record and the reason for the appeal. Submit the request to Magellan Behavioral Health.

Second Level: If the mental health contractor does not change the original decision to deny services, a request for reconsideration may be submitted to the VA Health Administration Center – CHAMPVA Program within 90 days of the mental health contractor’s decision. The request must include the entire medical record and the reason for the appeal. The decision on a second level appeal/reconsideration is final.

DISPUTED ISSUE	RIGHT TO RECONSIDERATION?	RIGHT TO APPEAL TO BOARD OF VETERANS APPEALS?
CHAMPVA eligibility	Yes	Yes
Payment decisions	Yes	No
Medical/benefit determinations (to include those related to mental health care)	Yes	No
Preauthorization decisions	Yes	No

Decisions that are Not Appealable

- Decisions where a medical provider is sanctioned by the Department of Health and Human Services, Office of Inspector General (HHS-OIG).
 - Providers may be sanctioned for failure to maintain proper medical credentials, fraud and abuse, default on public loans, or other various reasons. Only the sanctioned provider or appointed representatives can appeal this decision. The appeal also must be directed to the proper sanctioning authority, which in most cases is the HHS-OIG.
- Benefits that are specifically excluded by regulation.
 - Reference *General Exclusions*, page 35, for further information.
- Determinations of a veteran's service-connected disability.
 - Service-connected disability ratings are determined by the local servicing Veterans Administration Regional Office (VARO) handling the veteran's file.
- The cost-share amount for an individual.
- The amount of an individual or family's annual deductible.

Actions on Claims

Explanation of Benefits (EOB)

The EOB is a summarization of the action taken on the claim and contains the following information:

- amount billed by the provider
- amount allowed by CHAMPVA
- amount not covered
- amount paid by other health insurance plan or program
- annual catastrophic cap accrual
- beneficiary and family deductible accrual
- CHAMPVA payment(s)
- date(s) of service
- description of service
- provider name
- remarks

When a provider files a claim, the EOB is sent to both you and the provider. When you file a claim, the EOB is sent only to you. When a DME item or other health care service is received through a VA source, an EOB is not sent to you.

Help Fight Fraud

Combating fraud and abuse takes a cooperative effort from each of us. One way for you to help is by reviewing your Explanation of Benefits (EOB) to be sure that the services billed to us were reported properly. If you should see a service and/or supply billed to us that you did not receive, please report that immediately in writing. Indicate in your letter that you are filing a fraud complaint and document the following facts:

- The name and address of the provider,
- The name of the beneficiary who was listed as receiving the service or item,
- The claim number,
- The date of the service in question,
- The service or item that you do not believe was provided,
- The reason why you believe the claim should not have been paid, and
- Any additional information or facts showing that the claim should not have been paid.

DETECTION TIPS

You should be suspicious of practices that involve:

- Providers who routinely do not collect your cost share (co-payment).
- Billing by your provider for services that you did not receive.
- Providers billing for services or supplies that are different from what you received.

PREVENTION TIPS

- Always protect your CHAMPVA card. Know who you are giving your CHAMPVA ID number to. Do not provide your ID number to someone over the phone.
- Be skeptical of providers who tell you that a particular item or service is not usually covered by us, but knows how to bill for the item or service to get it paid.

Sample Forms

Forms

Forms are available on the website at WWW.VA.GOV/HAC. Click on *Forms* in the left panel.

- CHAMPVA Application VA Form 10-10d
- CHAMPVA Claim Form VA Form 10-1059a
- OHI Certification VA Form 10-7959c
- Meds by Mail Registration (No Form Number)
- Provider billing forms HCFA-1500 and UB-92
- Request for Authorization VA Form 10-5345
to Release Medical
Records of Health
Information

To view and print forms, you must have Adobe Acrobat Reader version 5.05. This is available to download for free from the website, if you do not currently have it loaded on your computer.

FORM 10-10d CHAMPVA APPLICATION

OMB
Estimate

Enter the veteran's Social Security Number.

 Department of Veterans Affairs		Application for CHAMPVA Benefits			
VA Health Administration Center	CHAMPVA Eligibility	PO Box 469028	Denver, CO 80246-9028	1-800-733-8387	FAX 303-331-7806
Attention: After reviewing the reverse side, complete form in its entirety (print or typewritten only) and return with a copy of the veteran's DD214 (Report of separation from Active Duty) along with other required documentation. Please do NOT exceed the designated space (i.e., do NOT extend Last Name into First Name area).					
Section I – Sponsor Information					
Veteran's Last Name		First Name	MI	Social Security Number	VA File Number (Claim Number)
Street Address		City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)		Is veteran military retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is veteran deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death (mm/dd/yyyy)		Did veteran die while on active military service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section II – Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)					
Last Name		First Name	MI	Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)
Last Name		First Name	MI	Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)
Last Name		First Name	MI	Social Security Number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State	Zip Code
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)
Section III – Certification					
Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious, or fraudulent statements or claims. I certify that the above information is correct and true to the best of my knowledge and belief. (Sign and date on right.) If certification is signed by a person other than an applicant, complete the following.					
				Signature X	Date
Last Name		First Name	MI	Telephone Number (including area code)	Relationship to Applicant(s)
Street Address		City		State	Zip Code

Enter veteran's C file number

Veteran's contact information

Dependant's contact information

Sign the form here

Enter today's date

VA FORM 10-10d JUN 2003 (R)

(retain this portion for your records)

Application for CHAMPVA Benefits

Appendix

Privacy Act: All information collected is subject to the provisions of the Privacy Act under 5 USC 552a.
Authority: This information is solicited under 38 USC 501 and 1781. **Disclosure:** Disclosure is voluntary, but failure to provide the information may result in delay or denial of CHAMPVA eligibility. Failure to furnish this information will have no adverse impact on any other VA benefits to which you may be entitled.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.

VA FORM 10-10d JUN 2003 (R)

FORM 10-10d CHAMPVA APPLICATION FILLED OUT

OMB Number 2900-0219
Estimated Burden: 10 minutes

VA Department of Veterans Affairs		Application for CHAMPVA Benefits			
VA Health Administration Center	CHAMPVA Eligibility	PO Box 469028	Denver, CO 80246-9028	1-800-733-8387	FAX 303-331-7809
Attention: After reviewing the reverse side, complete form in its entirety (print or typewritten only) and return with a copy of the veteran's DD214 (Report of separation from Active Duty) along with other required documentation. Please do NOT exceed the designated space (i.e., do NOT extend Last Name into First Name area).					
Section I - Sponsor Information					
Veteran's Last Name	First Name	MI	Social Security Number	VA File Number (Claim Number)	
Doe	John	D	234567890	11122333	
Street Address		City		State	Zip Code
500 South Florida Ave.		Metropolis		IL	23456
Telephone Number (include area code)		Date of Birth (mm/dd/yyyy)		Is veteran military retired?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(555)-444-3333		01/01/1950			
Is veteran deceased?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death (mm/dd/yyyy)	Did veteran die while on active military service?		
	If no go to sect. II		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Section II - Applicant Information (if necessary, continue on additional 10-10d and complete in its entirety)					
Last Name	First Name	MI	Social Security Number	Sex	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Doe	Jane	J	123456789		
Street Address		City		State	Zip Code
500 South Florida Ave.		Metropolis		IL	23456
Telephone Number (include area code)	Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)	
(555)-444-3333	01/01/1954		If yes, attach copy of Medicare card	Spouse	
Last Name	First Name	MI	Social Security Number	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State	Zip Code
Telephone Number (include area code)	Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)	
			If yes, attach copy of Medicare card		
Last Name	First Name	MI	Social Security Number	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City		State	Zip Code
Telephone Number (include area code)	Date of Birth (mm/dd/yyyy)	Children age 18 to 23 (see reverse)	Eligible for Medicare? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Relationship to the veteran (i.e., spouse, child, stepchild)	
			If yes, attach copy of Medicare card		
Section III - Certification					
Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting false, fictitious, or fraudulent statements or claims					
I certify that the above information is correct and true to the best of my knowledge and belief. (Sign and date on right). If certification is signed by a person other than an applicant, complete the following.			Signature	Date	
			X Jane Doe	01/10/2003	
Last Name	First Name	MI	Telephone Number (including area code)	Relationship to Applicant(s)	
Street Address		City		State	Zip Code

VA FORM 10-10d
JUN 2003 (R)

(retain this portion for your records)

Application for CHAMPVA Benefits

Appendix

Privacy Act: All information collected is subject to the provisions of the Privacy Act under 5 USC 552a.
Authority: This information is solicited under 38 USC 501 and 1781. **Disclosure:** Disclosure is voluntary, but failure to provide the information may result in delay or denial of CHAMPVA eligibility. Failure to furnish this information will have no adverse impact on any other VA benefits to which you may be entitled.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to determine eligibility for CHAMPVA benefits.

VA FORM 10-10d
JUN 2003 (R)

FORM 10-7959c OHI CERTIFICATION FORM

4332419950

OHI



Department of Veterans Affairs

OMB Number 2900-0219

Estimated burden: 10 minutes

CHAMPVA OTHER HEALTH INSURANCE (OHI) CERTIFICATION

VA Health Administration Center PO BOX 65023 Denver, CO 80206-9023 1-800-733-8387 www.va.gov/hac Fax (303) 331-7808
Failure to provide the requested information will result in a delay or denial of reimbursement until OHI information is received.

This form is also used to report any changes in your other health insurance status.

PLEASE READ INSTRUCTIONS AND INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

SECTION I: BENEFICIARY INFORMATION

USE A SEPARATE FORM FOR EACH FAMILY MEMBER

NAME: LAST NAME FIRST NAME MI
ADDRESS (NUMBER, STREET, PO BOX, APT #)
SEX: M F
STATE ZIP CODE
PHONE # (INCLUDE AREA CODE) SOCIAL SECURITY #
CHECK IF NEW ADDRESS

SECTION II: THE BENEFICIARY'S OTHER HEALTH INSURANCE (OHI)

A. DO YOU HAVE MEDICARE? (IF YES, ATTACH A COPY OF YOUR MEDICARE CARD.)

PART A: YES NO

EFFECTIVE DATE (MMDDYYYY) _____

PART B: YES NO

EFFECTIVE DATE (MMDDYYYY) _____

B. OTHER THAN CHAMPVA OR MEDICARE, DO YOU HAVE OR HAVE YOU HAD OHI SINCE BECOMING CHAMPVA ELIGIBLE? *

YES IF YES, COMPLETE SECTION III. SEND A COPY OF YOUR MEMBER IDENTIFICATION CARD(S) OR A COPY OF THE POLICY'S SCHEDULE OF BENEFITS. THEN COMPLETE SECTION IV. *SEE REVERSE SIDE.

NO IF NO, CONTINUE ON TO SECTION IV. READ THE CERTIFICATION, THEN SIGN AND DATE.

SECTION III: OTHER HEALTH INSURANCE - OTHER THAN CHAMPVA OR MEDICARE

INSURANCE PROVIDER
POLICY # CUSTOMER SERVICE PHONE #
EFFECTIVE DATE: (MMDDYYYY) TERMINATION DATE: (MMDDYYYY)
[ONLY PUT THE TERMINATION DATE IF POLICY IS NO LONGER ACTIVE]
IS THIS INSURANCE THROUGH EMPLOYMENT? YES NO
DOES THIS INSURANCE SUPPLEMENT CHAMPVA? YES NO
DOES THIS INSURANCE SUPPLEMENT MEDICARE? YES NO
DOES THIS INSURANCE COVER PRESCRIPTION DRUGS? YES NO
IF MEDIGAP, SPECIFY PLAN (A-J) _____
(SEE DEFINITIONS ON REVERSE)

INSURANCE PROVIDER
POLICY # CUSTOMER SERVICE PHONE #
EFFECTIVE DATE: (MMDDYYYY) TERMINATION DATE: (MMDDYYYY)
[ONLY PUT THE TERMINATION DATE IF POLICY IS NO LONGER ACTIVE]
IS THIS INSURANCE THROUGH EMPLOYMENT? YES NO
DOES THIS INSURANCE SUPPLEMENT CHAMPVA? YES NO
DOES THIS INSURANCE SUPPLEMENT MEDICARE? YES NO
DOES THIS INSURANCE COVER PRESCRIPTION DRUGS? YES NO
IF MEDIGAP, SPECIFY PLAN (A-J) _____
(SEE DEFINITIONS ON REVERSE)

SECTION IV: CERTIFICATION BY BENEFICIARY, SPONSOR OR LEGAL GUARDIAN.

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious or fraudulent statements of claims.

I certify that the above information is correct to the best of my knowledge and belief. If there is any change in insurance status for the above person, I agree to promptly notify VA's Health Administration Center. Sign date below and return to the address at the top of the form.

SIGNATURE:

X _____

DATE: _____

VA FORM 10-7959c
AUG 2002 (T)

Your contact information

If you have Medicare, enter Medicare Part A and B information here

If you do not have Medicare, but have another Health Insurance, check the box marked yes

If Section II(B) is checked yes, then complete Other Health Insurance information in Section III

Enter today's date here

Enter your signature here

Check boxes yes or no to determine if the Other Health Insurance is a supplement to CHAMPVA or Medicare, and if the insurance covers prescription drugs

FORM 10-7959c OHI CERTIFICATION FILLED OUT

4332419950

OHI



Department of Veterans Affairs

OMB Number 2900-0219
Estimated burden: 10 minutes

CHAMPVA OTHER HEALTH INSURANCE (OHI) CERTIFICATION

VA Health Administration Center PO BOX 65023 Denver, CO 80206-9023 1-800-733-8387 www.va.gov/hac Fax (303) 331-7808

Failure to provide the requested information will result in a delay or denial of reimbursement until OHI information is received.

This form is also used to report any changes in your other health insurance status.

PLEASE READ INSTRUCTIONS AND INFORMATION ON THE REVERSE SIDE BEFORE COMPLETING THIS FORM

SECTION I: BENEFICIARY INFORMATION

USE A SEPARATE FORM FOR EACH FAMILY MEMBER

LAST NAME: DOE FIRST NAME: JANE MI: J

ADDRESS (NUMBER, STREET, PO BOX, APT #): 500 SOUTH FLORIDA AVENUE SEX: M F

CITY: METROPOLIS STATE: IL ZIP CODE: 23456-1234

PHONE # (INCLUDE AREA CODE): 555-444-3333 SOCIAL SECURITY #: 123-45-6788 CHECK IF NEW ADDRESS:

SECTION II: THE BENEFICIARY'S OTHER HEALTH INSURANCE (OHI)

A. DO YOU HAVE MEDICARE? (IF YES, ATTACH A COPY OF YOUR MEDICARE CARD.)

PART A: YES NO PART B: YES NO

EFFECTIVE DATE (MMDDYYYY): 09041999 EFFECTIVE DATE (MMDDYYYY): 09041999

B. OTHER THAN CHAMPVA OR MEDICARE, DO YOU HAVE OR HAVE YOU HAD OHI SINCE BECOMING CHAMPVA ELIGIBLE? *

YES IF YES, COMPLETE SECTION III. SEND A COPY OF YOUR MEMBER IDENTIFICATION CARD(S) OR A COPY OF THE POLICY'S SCHEDULE OF BENEFITS. THEN COMPLETE SECTION IV. *SEE REVERSE SIDE.

NO IF NO, CONTINUE ON TO SECTION IV. READ THE CERTIFICATION, THEN SIGN AND DATE.

SECTION III: OTHER HEALTH INSURANCE - OTHER THAN CHAMPVA OR MEDICARE

INSURANCE PROVIDER: GRAND FORKS

POLICY #: 987654321 CUSTOMER SERVICE PHONE #: 555-444-3333

EFFECTIVE DATE: (MMDDYYYY) 09041999 TERMINATION DATE: (MMDDYYYY) [ONLY PUT THE TERMINATION DATE IF POLICY IS NO LONGER ACTIVE]

IS THIS INSURANCE THROUGH EMPLOYMENT? YES NO

DOES THIS INSURANCE SUPPLEMENT CHAMPVA? YES NO

DOES THIS INSURANCE SUPPLEMENT MEDICARE? YES NO IF MEDIGAP, SPECIFY PLAN (A-J) []

DOES THIS INSURANCE COVER PRESCRIPTION DRUGS? YES NO

INSURANCE PROVIDER: []

POLICY #: [] CUSTOMER SERVICE PHONE #: []

EFFECTIVE DATE: (MMDDYYYY) [] TERMINATION DATE: (MMDDYYYY) [ONLY PUT THE TERMINATION DATE IF POLICY IS NO LONGER ACTIVE]

IS THIS INSURANCE THROUGH EMPLOYMENT? YES NO

DOES THIS INSURANCE SUPPLEMENT CHAMPVA? YES NO

DOES THIS INSURANCE SUPPLEMENT MEDICARE? YES NO IF MEDIGAP, SPECIFY PLAN (A-J) []

DOES THIS INSURANCE COVER PRESCRIPTION DRUGS? YES NO

SECTION IV: CERTIFICATION BY BENEFICIARY, SPONSOR OR LEGAL GUARDIAN.

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious or fraudulent statements of claims.

I certify that the above information is correct to the best of my knowledge and belief. If there is any change in insurance status for the above person, I agree to promptly notify VA's Health Administration Center. Sign, date below and return to the address at the top of the form.

SIGNATURE: Jane Doe

DATE: 01/10/201

FORM 10-7959a CHAMPVA CLAIM FORM

OMB Number: 2900-0219
Est. Burden: 10 minutes
Expiration Date: 3/31/2004

Department of Veterans Affairs **CHAMPVA Claim Form**
VA Health Administration Center CHAMPVA PO Box 65024 Denver CO 80206-9024 1.800.733.8387

Attention: After reviewing the following, complete form in its entirety (print or typewritten only) and return with required documentation. Do not enter more than one character per block and do NOT exceed the designated space (i.e. do NOT extend last name into First Name area).

Claim form usage: This form is to be completed by the patient, sponsor, or guardian and is mandatory for all beneficiary claims. This form is NOT to be used for provider submitted claims.

Other health insurance (OHI): If OHI exists, attach OHI's Explanation of Benefits (EOB) to the provider's itemized billing statement(s). Dates of service and provider charges on EOB must match billing statements.

Timely filing requirement: Claims must be received no later than one year after the date of service or, in the case of inpatient care, within one year of the discharge date.

Itemized billing statements: An itemized statement must be attached and contain:

- patient name, date of birth, and CHAMPVA Authorization Card (A-Card) number (same as patient's Social Security Number);
- provider name, degree, tax identification number (TIN), address and telephone number; and
- service dates, itemized charges and appropriate procedure/diagnosis codes for each service (i.e. CPT-4, HCPCS, and ICD-9-CM codes), including narrative descriptions. Pharmacy claims are to include name, quantity, strength, and NDC of each drug.

Section I - Patient Information

Last Name	First Name	MI	Social Security Number
Street Address		Date of Birth (mm/dd/yyyy)	
State		Zip Code	Telephone Number (include area code)

Section II - Other Health Insurance (OHI) Information

By law, other coverage must be reported. Except for CHAMPVA supplemental policies, CHAMPVA is always the secondary payer. If more space is needed, please continue in the same format on a separate sheet.

Was treatment for a work-related injury or condition? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of Other Health Insurance (OHI)	OHI Telephone Number (include area code)
Was treatment for an injury or accident outside of work? <input type="checkbox"/> yes <input type="checkbox"/> no	OHI Policy Number	OHI Telephone Number (include area code)
Is patient covered by other primary health insurance to include coverage through a family member (supplemental or secondary insurance excluded)? <input type="checkbox"/> Yes (check type below and provide coverage information on the right) <input type="checkbox"/> employer sponsored (group) <input type="checkbox"/> private (non group) <input type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> No (proceed to Section III)	Name of Other Health Insurance (OHI)	OHI Telephone Number (include area code)
	OHI Policy Number	OHI Telephone Number (include area code)

Section III - Sponsor Information

Last Name	First Name	MI	Social Security Number
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Section IV - Claimant Certification

Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious, or fraudulent statements or claims.

Release of Medical Information: Signature in this section authorizes the patient's providers to release medical record documentation related to the services associated with this claim. This consent pertains to all medical records, including records related to treatment for psychological and psychiatric conditions, drug and alcohol abuse, acquired immunodeficiency syndrome, human immunodeficiency virus infection, and sickle cell disease.

I certify that the above information and attachments are correct and represent actual services, dates, and fees charged. (Sign and date on right). If certification is signed by a person other than the patient, complete the information, the signature and date.

Signature	Date
-----------	------

Last Name	First Name	MI	Relationship to Patient
Street Address		Date Claim Form here	
City		State	Zip Code
		Telephone Number (include area code)	

VA Form 10-7959a
JUL 1999 (R)

Enter Veteran's last name, first name, middle initial here

Sign Claim Form here

If there is Other Health Information check all boxes that apply

Information collection is in accordance with the clearance requirements of Section 3507 of the Privacy Act, 5 U.S.C. 552a. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing existing data sources, gathering and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to provide a mechanism to claim CHAMPVA benefits.

VA Form 10-7959a
JUL 1999 (R)

FORM 7959a CHAMPVA CLAIM FORM FILLED OUT

OMB Number: 2900-0219
Est. Burden: 10 minutes
Expiration Date: 3/31/2004

 Department of Veterans Affairs		CHAMPVA Claim Form					
VA Health Administration Center		CHAMPVA		PO Box 65024		Denver CO 80206-9024	1.800.733.8387
<p>Attention: After reviewing the following, complete form in its entirety (print or typewritten only) and return with required documentation. Limit entries to one character per block and do NOT exceed the designated space (i.e. do NOT extend last name into First Name area).</p> <p>Claim form usage: This form is to be completed by the patient, sponsor, or guardian and is mandatory for all beneficiary claims. This claim form is NOT to be used for provider submitted claims.</p> <p>Other health insurance (OHI): If OHI exists, attach OHI's Explanation of Benefits (EOB) to the provider's itemized billing statement(s). Dates of service and provider charges on EOB must match billing statements.</p> <p>Timely filing requirement: Claims must be received no later than one year after the date of service or, in the case of inpatient care, within one year of the discharge date.</p> <p>Itemized billing statements: An itemized statement must be attached and contain:</p> <ul style="list-style-type: none"> • patient name, date of birth, and CHAMPVA Authorization Card (A-Card) number (same as patient's Social Security Number); • provider name, degree, tax identification number (TIN), address and telephone number; and • service dates, itemized charges and appropriate procedure/diagnosis codes for each service (i.e. CPT-4, HCPCS, and ICD-9-CM codes), including narrative descriptions. Pharmacy claims are to include name, quantity, strength, and NDC of each drug. 							
Section I – Patient Information							
Last Name		First Name		MI	Social Security Number		
D O E		J A N E		J	1 2 3 4 5 6 7 8 9		
Street Address		check if new		Date of Birth (mm/dd/yyyy)			
5 0 0 S O U T H F L O R I D A A V E N U E				0 1 0 3 1 9 8 0			
City		State	Zip Code		Telephone Number (include area code)		
M E T R O P O L I S		I L	2 3 4 5 6		5 5 5 4 4 4 3 3 3 3		
Section II – Other Health Insurance (OHI) Information							
By law, other coverage must be reported. Except for CHAMPVA supplemental policies, CHAMPVA is always the secondary payer. If more space is needed, please continue in the same format on a separate sheet.							
• Was treatment for a work-related injury or condition? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no • Was treatment for an injury or accident outside of work? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no • Is patient covered by other primary health insurance to include coverage through a family member (supplemental or secondary insurance excluded)? <input checked="" type="checkbox"/> Yes (check type below and provide coverage information on the right) <input type="checkbox"/> employer sponsored (group) <input checked="" type="checkbox"/> private (non group) <input checked="" type="checkbox"/> Medicare (Part A or B) <input type="checkbox"/> other (specify) _____ <input type="checkbox"/> no (proceed to Section III)		Name of Other Health Insurance (OHI)					
		G r a n d F o r k s					
		OHI Policy Number		OHI Telephone Number (include area code)			
		9 8 7 6 5 4 3 2 1		5 5 5 3 3 3 4 4 4 4			
		Name of Other Health Insurance (OHI)					
		OHI Policy Number		OHI Telephone Number (include area code)			
Section III – Sponsor Information							
Last Name		First Name		MI	Social Security Number		
D O E		J O H N		D	2 3 4 5 6 7 8 9 0		
Section IV – Claimant Certification							
Federal Laws (18 USC 287 and 1001) provide for criminal penalties for knowingly submitting or making false, fictitious, or fraudulent statements or claims.							
Release of Medical Information: Signature in this section authorizes the patient's providers to release medical record documentation related to the services associated with this claim. This consent pertains to all medical records, including records related to treatment for psychological and psychiatric conditions, drug and alcohol abuse, acquired immune deficiency syndrome, human immunodeficiency virus infection, and sickle cell disease.							
I certify that the above information and attachments are correct and represent actual services, dates, and fees charged. (Sign and date on right.) If certification is signed by a person other than the patient, complete the information the signature and date.				Signature	Date		
				01/02/03			
Last Name		First Name		MI	Relationship to Patient		
Street Address							
City		State	Zip Code		Telephone Number (include area code)		

(retain this portion for your records)

CHAMPVA Claim Form

Appendix

Privacy Act: All information collected is subject to the provisions of the Privacy Act under 5 USC 552a. **Authority:** This information is solicited under 38 USC 501 and 1713; 10 USC 1079 and 1086. **Disclosure:** Disclosure is voluntary, but failure to provide the information may result in delay and/or denial of future CHAMPVA benefit claims. Failure to furnish this information will have no adverse impact on any other VA benefits to which the patient may be entitled.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to provide a mechanism to claim CHAMPVA benefits.

MEDS BY MAIL PATIENT PROFILE FILLED OUT

A patient profile must be completed for each beneficiary.

PATIENT'S NAME: Judy J. Doe DATE OF BIRTH 01/01/1954

SOCIAL SECURITY #: 123456789 SEX: Male Female

ALLERGIES

- NONE
- AMPICILLIN
- ASPIRIN
- CEPHALOSPORINS
- OTHER (SPECIFY) _____
- CODEINE
- ERYTHROMYCIN
- PENICILLIN
- SULFA

HEALTH CONDITIONS

- DIABETES
- GLAUCOMA
- HEART
- HIGH BLOOD PRESSURE
- OTHER (SPECIFY) _____
- INTESTINAL
- LUNG
- THYROID

Judy J. Doe _____ 09/07/2003
SIGNATURE RELATIONSHIP TO BENEFICIARY DATE

MEDS BY MAIL ORDER FORM

Send this form to this address

Meds by Mail a mail order prescription service for qualified CHAMPVA beneficiaries		Order Form	
Meds by Mail	PO Box 20330	Cheyenne WY 82003-7008	1-888-385-0235

New Prescriptions and/or Initial Orders Only

CAUTION: Do NOT postpone taking prescribed medications! Since your Meds by Mail delivery can take up to 21 days from the date you mail your order, have your physician write two (2) prescriptions—one to be FILLED IMMEDIATELY by your local pharmacy and the other to be MAILED IMMEDIATELY to Meds by Mail with a completed Order Form. To help ensure that there is no medication interruption while awaiting your Meds by Mail shipment, make sure that the local pharmacy prescription is adequate for at least a 30-day supply.

INSTRUCTIONS: This Order Form is to be completed by the beneficiary/family member (NOT the prescribing physician) for NEW maintenance prescriptions only (such as those required for extended periods of time). To order REFILLS on previously filled Meds by Mail prescriptions, see the below instructions—do NOT use this Order Form. While this form is designed to handle multiple prescriptions, it is limited to one beneficiary only—a separate Order Form is required for each additional Meds by Mail family member. To place an initial order, simply send the following to the ABOVE address (do NOT send orders to VA's Health Administration Center in Denver):

- 1) the original prescription (no copies) with the prescribing physician's Drug Enforcement Agency (DEA) number (limited to a 90-day supply plus refills—not to exceed one (1) year); and
- 2) a completed *Meds by Mail Order Form*

Refill Orders

Instead of using this Order Form which is designed exclusively for NEW prescriptions, refill orders are placed using the **refill slip** that accompanies all prescriptions that have refills remaining. Refill orders must be placed using this refill slip—**telephone orders are NOT accepted**. To ensure timely delivery, return your refill slip as soon as possible but no later than 21 days before needing the refill.

Patient/Prescription Information

(please PRINT information below and attach the original prescription for each medication requested)

Beneficiary Name (Last, First, MI)		Beneficiary SSN	Date of Order
Prescription	Medication Name	Physician Name	
1			
2			
3			

(continue on back if necessary)

Mailing Information

(indicate where the prescriptions are to be mailed—please PRINT)

Name	Day Phone No. ()
Address <input type="checkbox"/> check if new	

For additional Order Forms you may either photocopy a blank form or call VA's Health Administration Center at 1-800-733-8387, between the hours of 7:30 a.m. to 11:30 a.m. (Mountain Time), Monday through Friday (holidays excluded). If page 2 is photocopied, please ensure that it's either on a two-sided copy (page 1 on front) or ATTACHED to page 1.

Please enter your name here

Enter your Social Security Number

Please indicate if the above address is the address on file or a new address

Enter the order date here

Enter the physician(s) who prescribed the medication

Please enter the name of each medication here

Enter your complete mailing address where prescriptions need to be mailed

Enter a daytime telephone number here

MEDS BY MAIL ORDER FORM FILLED OUT

Meds by Mail

a mail order prescription service for qualified CHAMPVA beneficiaries

Order Form

Meds by Mail

PO Box 20330

Cheyenne WY 82003-7008

1-888-385-0235

New Prescriptions and/or Initial Orders Only

CAUTION: Do NOT postpone taking prescribed medications! Since your Meds by Mail delivery can take up to 21 days from the date you mail your order, have your physician write two (2) prescriptions—one to be FILLED IMMEDIATELY by your local pharmacy and the other to be MAILED IMMEDIATELY to Meds by Mail with a completed Order Form. To help ensure that there is no medication interruption while awaiting your Meds by Mail shipment, make sure that the local pharmacy prescription is adequate for at least a 30-day supply.

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Patient/Prescription Information

(please PRINT information below and attach the original prescription for each medication requested)

Beneficiary Name (Last, First, MI) <i>Doe, Jane D.</i>		Beneficiary SSN <i>123-45-6789</i>	Date of Order <i>09/21/03</i>
Prescription	Medication Name	Physician Name	
1	<i>Premarin</i>	<i>L. R. Stevens M.D.</i>	
2	<i>Clonidine</i>	<i>Jeff R. Jones M.D.</i>	
3			

(continue on back if necessary)

Mailing Information

(indicate where the prescriptions are to be mailed—please PRINT)

Name <i>Doe, Jane, D</i>	Day Phone No. (<i>555</i>) <i>444-3333</i>
Address <input type="checkbox"/> check if new <i>500 South Florida Avenue Metropolis, IL 23456</i>	

For additional Order Forms you may either photocopy a blank form or call VA's Health Administration Center at 1-800-733-8387, between the hours of 7:30 a.m. to 11:30 a.m. (Mountain Time), Monday through Friday (holidays excluded). If page 2 is photocopied, please ensure that it's either on a two-sided copy (page 1 on front) or ATTACHED to page 1.

FORM HCFA 1500 (used by providers only)

APPROVED OMB-0938-0008

PLEASE
DO NOT
STAPLE
IN THIS
AREA



CARRIER

HEALTH INSURANCE CLAIM FORM																													
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> CHAMPUS <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (VA File #) (SSN or ID) (SSN) (ID)</small>					1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)																								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					4. INSURED'S NAME (Last Name, First Name, Middle Initial)																			
5. PATIENT'S ADDRESS (No., Street)					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>					7. INSURED'S ADDRESS (No., Street)																			
CITY STATE					8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>					CITY STATE																			
ZIP CODE TELEPHONE (Include Area Code)					Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>					ZIP CODE TELEPHONE (INCLUDE AREA CODE)																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)					10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER																			
a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>																			
b. OTHER INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>					b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO					b. EMPLOYER'S NAME OR SCHOOL NAME																			
c. EMPLOYER'S NAME OR SCHOOL NAME					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					c. INSURANCE PLAN NAME OR PROGRAM NAME																			
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. RESERVED FOR LOCAL USE					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, return to and complete item 9 a-d.</i>																			
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																			
SIGNED _____ DATE _____										SIGNED _____																			
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY					15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																			
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE					17a. I.D. NUMBER OF REFERRING PHYSICIAN					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																			
19. RESERVED FOR LOCAL USE										20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)										22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.																			
21. 1. _____ 2. _____ 3. _____ 4. _____										23. PRIOR AUTHORIZATION NUMBER																			
24. A DATE(S) OF SERVICE From To		B Place of Service		C Type of Service		D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E DIAGNOSIS CODE		F \$ CHARGES		G DAYS OR UNITS		H EPSDT Family Plan		I EMG		J COB		K RESERVED FOR LOCAL USE								
MM DD YY MM DD YY																													
1																													
2																													
3																													
4																													
5																													
6																													
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.					27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO					28. TOTAL CHARGE \$					29. AMOUNT PAID \$					30. BALANCE DUE \$				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)										32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)										33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #									
SIGNED _____ DATE _____										PIN# _____ GRP# _____																			

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

FORM HCFA-1500 (12-90), FORM RRB-1500, FORM OWCP-1500

FORM 10-5345 REQUEST FOR AUTHORIZATION TO RELEASE MEDICAL RECORDS OF HEALTH INFORMATION

Patient Request for a Copy of their Health Information (Example Form)

First Name: _____ Last Name: _____

Social Security #: _____ Date of Birth: __/__/____

Description of Information Requested: (Check applicable box (es) and state the extent or nature of the information to be copied/printed, giving the dates or approximate dates covered by each)

Copy of Hospital Summary Copy of Outpatient Treatment Note(s) Other (Specify)

How does the patient want to receive the copy of his/her health information?

In-person Home Address Other Address

Address: _____

State: _____ ZIP: _____ Phone: (____) _____

Patient Signature: _____ Date: _____

Note: If someone other than the patient, indicate under what authority (e.g., guardianship or power of attorney) this request is being made.

Notice of Privacy Practices

Department of Veterans Affairs
NOTICE OF PRIVACY PRACTICES
Summary Notice
Effective Date April 14, 2003

We, the Veterans Health Administration (VHA), are providing you with the VA Notice of Privacy Practices. This Summary Notice provides a summary of the VA Notice of Privacy Practices and briefly states:

- How your health information may be used and disclosed;
- Your rights regarding your health information; and
- Our legal duty to protect the privacy of your health information.

For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices. A copy of our detailed notice is available at our website, or can be requested by calling 1-877-222-8387. This Summary Notice does not modify or limit the VA Detailed Notice of Privacy Practices.

Your Health Information Health information is any information we create or receive about you and your past, present, or future:

- Physical or mental health or condition;
- Health care; or
- Payment for medical services.

How We May Use And Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information. However, Federal law allows us to use and disclose your health information without your permission for the following purposes:

- Treatment
- Eligibility and Enrollment for VA Benefits
- Public Health
- Research (with strict limitations)
- Abuse Reporting
- Workers' Compensation
- Payment
- Law Enforcement
- Judicial or Administrative Proceedings
- Services
- Correctional Facilities
- When Required by Law
- Health Care Operations
- Coroner or Funeral Activities (with limitation)
- National Security
- Health Care Oversight
- Military Activities
- Health or Safety Activities

- Patient Directories
- Family Members or Others Involved in your Care (with limitations)

A more detailed description of each use and disclosure purpose is included in the Detailed Notice of Privacy Practices.

Department of Veterans Affairs Summary Notice

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights You have the right to:

- Review your health information;
- Obtain a copy of your health information;
- Request your health information be amended or corrected;
- Request that we not use or disclose your health information;
- Request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner;
- An accounting or list of disclosures of your health information; and
- Receive our VA Notice of the Privacy Practices upon request.

Changes We reserve the right to change the VA Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Complaints If you are concerned that your privacy rights have been violated, you may file a complaint to VHA or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with VHA you may contact your VA health care facility Privacy Officer, the VHA Privacy Officer, or VHA via Contact the VA at [HTTP://WWW.VA.GOV](http://www.va.gov) or dial 1-877-222-8387. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

***Glossary of
Acronyms Used
in the Handbook***

Acronym	Definition
ADD	Attention deficit disorder
CDC	Center for Disease Control
CHAMPVA	Civilian Health and Medical Program of the Department of Veterans Affairs
CITI	CHAMPVA Inhouse Treatment Initiative
CPT	Current Procedural Terminology
CT	Computerized tomography
DME	Durable medical equipment
DO	Doctor of Osteopathy
DoD	Department of Defense
DRG	Diagnostic Related Group
ECG	Electrocardiogram
ECT	Electroconvulsive therapy
EMDR	Eye movement desensitization reprocessing
EOB	Explanation of Benefits
EST	Electroshock therapy
FDA	Food and Drug Administration
GDF	Geographically distant family therapy
HAC	Health Administration Center
HCPCS	Healthcare Common Procedure Coding System
HIV	Human immunodeficiency virus
HMO	Health maintenance organization
ICD	International Classification of Diseases
MbM	Meds by Mail
MD	Medical Doctor
MMI	Medical Matrix, Inc.
MRA	Magnetic resonance angiography
MRI	Magnetic resonance imaging
MRS	Magnetic resonance spectroscopy
NDC	National Drug Code
OHI	Other health insurance
PET	Positron emission tomography
PHP	Partial hospitalization program
RTC	Residential treatment center
SAD	Seasonal affective disorder
SNF	Skilled nursing facility
SPECT	Single photon emission computed tomography
SSN	Social Security Number
TMJ	Temporomandibular joint
VA	Department of Veterans Affairs
VARO	Veterans Affairs Regional Office

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Notice of intent to conduct computer matching: Public Law 100-503, the Computer Matching and Privacy Protection Act of 1988, permits the government to verify information by way of computer matches. Pursuant to 5 USC 552a, the Privacy Act of 1974, as amended, and the Office of Management and Budget Guidelines on the Conduct of Matching Programs, notice is hereby given of the VA's intent to conduct computer matches with Centers for Medicare and Medicaid Services (CMS). Data from the proposed matches will be utilized to verify Medicare entitlement for applicants and recipients for CHAMPVA benefits, whose eligibility for CHAMPVA is based upon entitlement for Medicare.



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