

# CHAMPVA Benefits Update

Kevin Jobes, Policy & Compliance

CHAMPVA policy allows the Health Administration Center (HAC) to use the date of an application for benefits as the effective date for CHAMPVA eligibility of the spouse when the application is received without a copy of the marriage certificate. Additionally, veteran award letters issued by the VA Regional Office (VARO) that indicate eligibility for veteran benefits and provide the effective date for those benefits can also be accepted by the Health Administration Center (HAC) in establishing CHAMPVA eligibility. This will assist in decreasing the amount of time required to process

your application for CHAMPVA benefits.

CHAMPVA has recently received questions asking if benefits are extended to allow beneficiaries to receive an electric-powered wheelchair and an electric-powered cart/scooter during the same time period. CHAMPVA policy does not allow a beneficiary to receive an electric-powered wheelchair and an electric-powered cart/scooter during the same time period as it represents duplicate services.

CHAMPVA policy does allow for home-schooling programs to be used to establish student status for CHAMPVA benefits. In order

to do so, specific criteria must be met before student status can be granted under the home-schooling program. Home-schooling programs cannot extend beyond the high school education level, must be approved by a school official, and certified by the state or county Board of Education. A home-schooling program beyond the high school level cannot be used to establish student status.



Specific criteria must be met before student status can be granted under the home-schooling program

# Veterans Information Solution

Anthony Jones, Support Services Division

On December 20, 2005, we began using the Veteran Information Solution (VIS) database to aide in the processing of applications for CHAMPVA benefits.

The VIS database provides a veteran's service connected permanent and total disability or service connection death status. Use of this resource has reduced the overall processing time for

nearly 50% of all CHAMPVA applications. We are hopeful that future enhancements of this database will further aide in the reduction of overall processing time for CHAMPVA applicants.



The VIS Database helps process applications

# “CHAMPVA Program Overview” On-Line Training

Terry M. McCullough, Training Division

If you want to know more about CHAMPVA, the HAC offers an on-line tutorial about this program's eligibility, benefits and claims procedures. Go to the following website to gain access to this class:

<http://www.va.gov/hac>

Click on the “For Beneficiaries” tab

Scroll halfway down the page and click on the **CHAMPVA** link (just past the yellow box)

To launch this class, scroll down to the third major heading which is entitled, “Overview – On-Line Class”. Please click on the phrase “Click here to launch this class”. Then click on “Lesson 1” and you will begin viewing the introduction to essential information regarding CHAMPVA eligibility, the application

process, benefits, cost and payment information, effects of other health insurance, and basic claims processing procedures. This class also refers you to additional fact sheets for even more in-depth reading on certain topics. To further help in your understanding of the information there are often review questions about CHAMPVA, including complete answers.

If you complete this training activity and still have a question regarding CHAMPVA, please contact us at our toll-free telephone line at 1-800-733-8387, via fax at 1-303-331-7804, or by e-mail at [hac.inq@va.gov](mailto:hac.inq@va.gov).



The HAC offers an on-line tutorial about CHAMPVA eligibility, benefits and claims procedures

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# From the Director

Ralph Charlip, HAC Director

I'm going to use my column to address two things—the Customer Service Center and a visit from the VA Inspector General staff.

First, the Customer Service Center. As many of you have noticed, the waiting time for our Customer Service Center has increased substantially in the last six months as have the busy signals. The problem started in October of 2004, almost eighteen months ago. In addition, claims processing got so far behind, that more people started calling about the status of their claims, increasing the demand on the Customer Service Center.

The problem is a result of short staffing. We have begun hiring replacements and once they

complete their six week training program, we will start to see improvements in call waiting times and claims processing times.

In the meantime, those of you that have access to e-mail, should consider sending your request via e-mail to [hac.inq@va.gov](mailto:hac.inq@va.gov). If you ask about personal information, we will post the answer on a special web site where you can log in and get the answer. To request a password for this purpose, send an e-mail to [hac.inq@va.gov](mailto:hac.inq@va.gov).

For those with access to the Internet, we are expanding the use of our chat line. On page 3 you can find more details.

Finally, let me assure you that the funding challenges we faced did

not have any impact on the amount of money available to pay your claims—those dollars were always available and always protected.

The second thing I would like to tell you about is a recent visit from the VA Office of Inspector General staff. After two weeks of intensive review, the inspectors gave the HAC a clean bill of health. They looked at claims payments, financial controls, human resources (how we hire and use our staff) as well as how we contract for supplies and services. The reason I wanted to share this good news with you, is so that you feel confident we are using every tax dollar as efficiently and effectively as possible. We're proud of the results as well as the awards that we received this year from several organizations—see the story below for more information.

## VA HAC Tops in ACSI, CPEX and Mayor's Award

VHA, Health Administration Center, Denver, CO

One of the major contributing factors to any organization's success is its ability to deliver high quality customer service. Often times, the definitive measurement of that quality can be elusive and an organization can be left wondering if the data they collect accurately reflects their actual level of service. The VA Health Administration Center in Denver is one such organization. Although the Center has a very active customer survey program, it was decided that for purposes of industry comparison to get an outside entity to measure the current levels of customer satisfaction.

According to its website, the American Customer Satisfaction Index (ACSI)

was established in 1994 as a uniform and independent measure of household consumption experience. The ACSI tracks trends in customer satisfaction and provides valuable benchmarking insights of the consumer economy for companies, industry trade associations, and government agencies.

Contracted late in the summer of 2005, ACSI contacted a statistically valid sampling of Center customers via telephone and administered a battery of questions. The resulting data, although no surprise to the HAC leadership, was truly impressive. The HAC score of 86 was 14 points higher than the federal government average of 72!

"We have made customer service **the** priority of

this organization. In the past three years we've completely revamped our call center, made our publications easier to read and more accessible and have reinvented our websites," said HAC Director, Ralph Charlip.

The HAC also was awarded the Colorado Performance Excellence, Timberline Award, the highest award given by CPEX in 2005. The award is based upon good business practices and customer service as it relates to the Malcolm Baldrige criteria. The HAC was subject to a high level of scrutiny by a team of inspectors who visited the HAC, interviewed the HAC personnel and evaluated all of the HAC's main business practices.

And finally, the Mayor of Denver presented the HAC with its "Top Employer Partner" award for 2005 due to the HAC's support for the Mayor's Office of Workforce Development program which is dedicated to promoting job opportunities for Denver youth during the summer months.

"We have really made a concentrated effort to get to know the desires and needs of our customers and try to accommodate those as best we can. I think that the high scores that we received from our evaluation by the ACSI validate to us and the other members of our industry, that our efforts in customer service improvement are what our customers want and expect from us and that we truly excel in this area," said Charlip.

## CHAMPVA Benefit Information

Lisa Brown, Policy & Compliance

The Health Administration Center (HAC) routinely receives questions asking why CHAMPVA has not expanded some medical benefits. CHAMPVA medical benefits cover most medically necessary health care services and supplies. By law, CHAMPVA is required to provide medical benefits that are similar to the TRICARE program. Special rules and limitations do apply to certain services. Some medical services however, even when prescribed by a physician, cannot be covered under CHAMPVA. Benefits such as chiropractic services, routine eye examinations, and hearing aids are specifically excluded from both TRICARE and CHAMPVA coverage. Dental care is another example of a service that is, by law, not a

covered benefit. There are a few limited exceptions when certain

dental care may be covered, and that is why in all cases regarding dental care, preauthorization is required.

Our beneficiaries often ask; "Why can't CHAMPVA change their medical policies to allow coverage?" We wish it were that easy. Making changes that expand benefits that are specifically excluded by regulation involve more than just a change of policy. Changing the benefit structure sometimes requires changes to laws and regulations, and this process can take several years. We are aware of the medical needs of a very deserving VA beneficiary population, and may pursue legislative and regulatory changes for expanded benefits within the constraints of the VA's budget.

# The Appeals Process

Connie Kiese, Policy & Compliance

A CHAMPVA beneficiary or provider has the right to appeal an initial claim denial regardless of the dollar amount in question. To file an appeal, it must be submitted within one year from date of the initial determination letter. An initial determination letter can be in the form of an Explanation of Benefits (EOB) or denial letter. Once a decision on your appeal has been made, if you still disagree, you may request a second level of appeal. Second level appeals must be filed within 90 days from the date of the first level decision letter. Second level appeal determinations are final decisions; therefore, it is imperative that you ensure all relevant facts and supporting medical documentation is provided for review. By law, no exceptions will be made for appeals that are not submitted timely.

## Who can appeal?

- Any CHAMPVA beneficiary, or a parent/guardian of a beneficiary who is under 18 years of age.
- An appointed guardian of a beneficiary who is not competent to act in his or her own behalf.
- A health care provider who has been denied payment on a claim.
- A representative appointed in writing by the beneficiary or provider.

## What can be appealed?

- Denied benefit coverage through the preauthorization process.
- Services that were not submitted within the claim timely filing requirements.
- Second level mental

health appeals only. Our mental health contractor, Magellan, reviews first level mental health appeals.

- Denied applications for CHAMPVA eligibility.
- Denied services when billed together are found to be incidental or unbundled; reject reason codes 1000-1008 listed on the EOB.
- Benefit coverage decisions that were denied as non-covered, which are not specifically excluded by regulation or program policy.

## Decisions that are not Appealable

- Benefits that are specifically excluded by regulation.
- The cost-share amount for an individual.
- The amount of an individual or family's annual deductible.
- 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 representative can appeal this decision. The appeal also must be directed to the proper sanctioning authority, which in most cases is the HHS-OIG.
- 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 and therefore, the appeal must be sent to them.

## Adverse Decisions

Claim decisions are not formal appeal issues, but adverse decisions can be reviewed by the VA Health Administration Center. Some examples of adverse decisions are:

- 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 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.

To expedite the review, adverse claim disputes must be submitted

in writing with an explanation of the disputed issue, include a copy of the CHAMPVA EOB, and mail to:

Department of Veterans Affairs  
Health Administration Center  
CHAMPVA Program-Customer Service Department  
PO Box 65023  
Denver, Colorado 80206-9023

## Where Do I Send My Formal Appeal?

Department of Veterans Affairs  
Health Administration Center  
ATTN: APPEALS  
PO Box 460948  
Denver, Colorado 80246

## Where do I send a First Level Mental Health Benefits Appeal?

Magellan Behavioral Health  
CHAMPVA  
PO Box 3567  
Englewood, Colorado 80155

## Important Reminders

- Ensure that the appeal is sent to the appropriate address, which will expedite the handling of your appeal.
- Adhere to required appeal filing deadlines.
- Submit a letter requesting an appeal and identify the disputed issue.
- Include the EOB of the appealed claim or denial letter.
- Provide all relevant facts and supporting medical documentation.
- Retain copies of all paperwork.

Please allow 60 days to receive a determination on your appeal.

If you would like to chat live, online with a Customer Service Representative we have new expanded hours! You can now chat live between the hours of 11:00 a.m. to 6:30 p.m. Eastern time, Monday through Friday.

<http://www.va.gov/hac/contact/contact.asp>



# Chat Live!

## Reporting Fraud and Abuse

Connie Kiese, Policy & Compliance

Combating fraud and abuse takes a cooperative effort from all of us. This is why we ask that you thoroughly review your EOBs to ensure that the services billed to CHAMPVA were reported properly. If you should encounter a service and/or supply billed to us that was not provided to you or did not occur as claimed, please report that to us immediately. To assist in expediting the referral, it is helpful if you provide the following information:

- The name and address of the provider;

- The name and SSN of the beneficiary who supposedly received the service or item;
- The claim number;
- The date of service in question;
- The service or item allegedly rendered;
- 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.

Once you have completed documenting the facts for our review, you can contact the Health Administration Center at 1-800-733-8387, fax the information to 1-303-331-7804, contact us by e-mail at [hac.inq@va.gov](mailto:hac.inq@va.gov) or you can remit your referral to the following address:

VA Health Administration Center  
Policy and Compliance Division  
Program Integrity Unit  
ATTN: Fraud Complaint  
PO Box 65020  
Denver, CO 80206-9023

## Medicare Prescription Drug Coverage and CHAMPVA

Michael Cahill, Policy & Compliance

By now, you've certainly heard of it, either by its short name, Part D, or its formal name, Medicare Prescription Drug Coverage. In your household, it may simply be known as, "what does this mean to me as a CHAMPVA beneficiary?"

Whether or not to participate in Medicare Prescription Drug Coverage is a personal decision. Before you make your decision, we suggest you take into account the facts from Medicare and CHAMPVA, for example that CHAMPVA likely offers a more cost effective benefit than Medicare Prescription Drug Coverage with no additional monthly premiums.

Medicare Prescription Drug Coverage is a voluntary program beginning January 1, 2006, with initial enrollment taking place from November 15, 2005, until May 15, 2006. If you are eligible for Medicare, you are eligible for Medicare Prescription Drug Coverage.

Those with low incomes may receive extra help for their plan, leading to low or no premiums or deductibles and small or no co-pays. Some people will automatically qualify for extra help and have been contacted by the Social Security Administration, who manages this part of the program. Others must apply to Medicare to determine

any eligibility for extra help.

You may have heard that people without creditable prescription drug coverage will have to pay a penalty that is permanently added to the Medicare Prescription Drug Coverage premiums if they do not sign up for Medicare Prescription Drug Coverage during the initial enrollment period. This is true. However, CHAMPVA is a creditable prescription drug plan. So, what does this mean to you? This means that if you choose to not enroll in Medicare Prescription Drug Coverage during the initial enrollment period, you will not be penalized, and you will be able to still utilize CHAMPVA for your prescription

drug coverage. If you so choose, you may later enroll in Medicare Prescription Drug Coverage during an annual open enrollment period and not incur a penalty because CHAMPVA is a creditable prescription drug plan. If you lose eligibility for CHAMPVA, you will be allowed to enroll in a Medicare Prescription Drug Plan, but must do so within 62 days of losing your eligibility to avoid a penalty.

For more information on Medicare Prescription Drug Coverage, visit the Medicare websites at [www.cms.hhs.gov/partnerships](http://www.cms.hhs.gov/partnerships) or [www.medicare.gov](http://www.medicare.gov), or call its 24-hour toll-free number at 1-800-Medicare.

## Completing the Other Health Insurance Certification Form

Anthony Jones, Support Services Division

If the Health Administration Center has received your application for CHAMPVA benefits without a CHAMPVA Other Health Insurance (OHI) Certification, VA Form 10-7959c, your application is considered incomplete. In order to completely process your application and issue your CHAMPVA card, we must have a completed OHI certification form on file.

You may complete the OHI certification process by contacting one of our customer service representatives at 1-800-733-8387 to provide OHI verification. If you are eligible for Medicare, a copy of your current Medicare card must be provided with your OHI information and can

be faxed to the customer service representative.

An OHI certification form may also be downloaded from our website (<http://www.va.gov/hac/forms/champva/10-7959c.pdf>), completed, and mailed to:

VA Health Administration Center  
PO Box 469028  
Denver, CO 80246-9028

Don't forget to include a copy of your current Medicare card, if applicable.



Contact our customer service representatives to complete the OHI certification process

# What You Should Know to Prevent Catching the Flu

Nursing Staff, Policy & Compliance

The Center for Disease Control and Prevention (CDC) recommends that the single best way to prevent getting the flu is to get vaccinated. Fortunately, there is not a shortage of the vaccine this year. Those considered at a higher risk from complications of the flu should make it a priority when it comes to getting the flu shot. People who are considered to be at a higher risk include the following:

- Children ages 6 – 23 months;
- Adults ages 65 or older;
- People of any age with chronic medical conditions such as diabetes, asthma, heart or lung disease;
- Pregnant women;
- Children 6 months to 18 years of age who are on a chronic aspirin therapy;
- Health care workers who provide direct patient care; and

- Those who have household contacts of children less than 6 months old.

Though getting a flu shot is one of the best ways to prevent getting the flu, there are additional good health habits that you can follow. The CDC recommends these simple steps that can stop the spread of germs and help protect you from getting sick:

- Try to avoid close contact with people who are sick.
- If you do become sick, try to keep your distance from others to protect them from getting sick also. If at all possible, stay home while you are sick.
- Coughing and unclean hands spread respiratory illnesses. It is recommended that you cover your mouth and nose when you cough or sneeze. If you do not have a tissue handy, it is better if you cough or sneeze into your upper

sleeve instead of your hands. Always wash your hands with soap and water or an alcohol-based hand cleaner after coughing or sneezing.

- Whenever possible, avoid touching your eyes, nose or mouth. This helps to prevent germs from spreading when you touch something that is contaminated.
- Staying healthy during the flu season helps promote your resistance to illness. Getting plenty of sleep, engaging in physical activity on a regular basis, managing your stress, drinking water and maintaining a healthy diet are good habits to practice to prevent getting sick.

In addition, the influenza vaccination shouldn't be administered to individuals who have had the following adverse reactions unless you have discussed this with your physician and he/

she has stated otherwise:

- Severe allergies (such as anaphylactic allergic reaction) to hen's eggs;
- Previously developed the onset of Guillain-Barre' syndrome during the six weeks after receiving a flu vaccine in the past. Guillain-Barre' syndrome is also called acute idiopathic polyneuritis, post infectious polyneuritis, and Landry's paralysis. This is a rare disease affecting the peripheral nervous system especially spinal and cranial nerves.

For more information regarding influenza vaccinations and preventing the flu, you can contact the CDC at [www.cdc.gov/flu](http://www.cdc.gov/flu) or call the National Immunization Hotline at (800) 232-2522 for English, (800) 232-0233 for Espanol and TTY (800) 243-7889.

*Source: Department of Health and Human Services, Center for Disease Control and Prevention.*

## CHAMPVA Meds by Mail

Doug Tekippe, Business Process Office

CHAMPVA provides many services. Meds by Mail (MbM) is one of the pharmacy services provided to permanently and totally disabled veterans' families. If you do not have other health care insurance that covers pharmacy benefits, MbM may be a program you could use. MbM covers non-urgent, maintenance medications. Examples of maintenance medications are ones that are used for high blood pressure, heart conditions, arthritis and high cholesterol. For those enrolled in MbM there are NO co-payments, NO deductible requirements, and NO claims to file.

MbM is a generic program and will supply the patient with a generic equivalent drug whenever possible. There has been extensive testing of the generic drugs MbM uses; therefore

we have the utmost confidence in the generic medications we dispense. If MbM determines that a generic does not meet the established therapeutic standards the brand name will be used.

There are some drugs that MbM does not dispense. Over the counter (OTC) drugs are not covered. OTCs are drugs that do not require a prescription. The only exception is insulin and insulin related supplies. MbM does not cover certain controlled medications, specifically Schedule 2 narcotics. Schedules 3, 4 and 5 are covered and dispensed.

Please remember if you purchase other health insurance, with pharmacy coverage, while you are on MbM you will no longer be able to participate in the MbM program. This includes Medicare Part D.

To determine if you are eligible for the MbM pharmacy service you will need to submit a current CHAMPVA Other Health Insurance Certification (VA Form 10-7959c). This is found at [www.va.gov/hac](http://www.va.gov/hac). You can find instructions on how to fill this form out in the 2004 CHAMPVA Handbook on pages 103 and 104.

The MbM service is easy to use. Once you get a prescription from your doctor you will need to fill out a MbM order form (VA Form 10-0426). You then send your prescription along with the order form to your MbM pharmacy. Pharmacists and other health care professionals will prepare your prescription. It will then be mailed back to you. Once you receive your prescriptions you will then send back your refill slips. Your next refill will be sent to you in the time frame your doctor determines. Check us out. We would love to serve you.

## Annual Deductible Requirement, 2006

Glenn Johnson, Communications

On January 1, 2006 the annual deductible requirement for your CHAMPVA benefits began again. 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. 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.

The deductible is applied to the first medical service you receive in 2006. You will be asked by your local pharmacy or your doctor to pay a higher than normal cost share for your first episode of care in order to satisfy the \$50 deductible.

# The CITI Program

Dave Hetherington, Business Process Office

Last year over 23,000 CHAMPVA beneficiaries nationwide were able to receive a portion of their health care at a VA Hospital or clinic. The CHAMPVA Inhouse Treatment Initiative (CITI) is a voluntary program that allows for the treatment of CHAMPVA beneficiaries at participating VA medical facilities.

The CITI program is available to any CHAMPVA beneficiary who is not insured by Medicare or an HMO type health insurance plan. We must limit beneficiary participation this way because VA medical facilities are unable to bill Medicare. Also, CHAMPVA, by law, is a secondary payer to other health insurance and you must follow the rules of your primary insurance. If the VA Medical Center is not a part of your primary insurance's group of doctors under your HMO or PPO plan, then you also cannot use the CITI program for care.

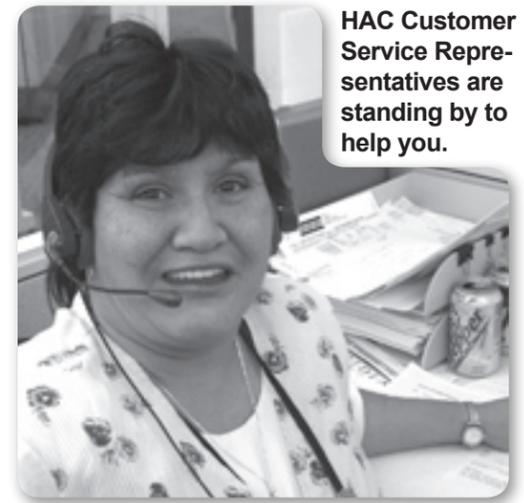
CHAMPVA beneficiaries that receive treatment at a VA medical facility DO NOT have a

cost share. Not even the annual \$50 deductible is charged under the CITI program. VA medical facilities that choose to participate in the CITI program are able to see CHAMPVA beneficiaries on a space available basis, so they may not have the ability to provide for all of your needs. Services they cannot provide are normally referred to a commercial health care provider that will bill CHAMPVA directly, and are not a part of the CITI program. The beneficiary will need to pay their typical cost share for these commercial services provided outside the VA facility.

About two-thirds of all VA hospitals and a variety of community based clinics currently participate in the CITI program. The best way to see if there is a VA medical facility near your home that participates in the CITI program is to visit our web site at [www.va.gov/hac](http://www.va.gov/hac) and click on the "for beneficiaries" tab, then scroll down to the CHAMPVA Inhouse Treatment Initiative link. This page will provide you with a link

to a nationwide contact list of all the facilities that participate in the program. You may also call your local VA medical facility and ask them if they participate in the CITI program.

Once you identify a facility that participates in CITI, you can call them to find out what treatment options they have available to CHAMPVA beneficiaries. Remember, participation by the medical facility is voluntary, and is limited to space available services since their primary mission is to provide health care to veterans. If you need assistance in locating a facility, you can call the Health Administration Center at 1-800-733-8387 and speak to a Customer Service Representative.



HAC Customer Service Representatives are standing by to help you.

## Children between the ages of 18 and 23

Anthony Jones, Support Services Division

### Is your child between the ages of 18 and 23?

If so, CHAMPVA requires school certification in order to maintain their eligibility. Students may establish eligibility up to a full year with a letter from the certifying school, which demonstrates the student as currently enrolled in a higher educational program. Thereafter, the student will be required to recertify annually until their 23<sup>rd</sup> birthday to ensure there is no lapse in eligibility. Any changes to student status must immediately be reported to CHAMPVA.

Certifications must be on school letterhead with the signature and title of a school official and include the students name, social security number, academic year beginning and ending dates, number of semester hours or equivalent certifying full-time status (generally 12 semester hours). Even if you have updated student enrollment status with the Veterans Benefit Administration (VBA) or are receiving VBA education benefits, you must still provide full-time student certification to CHAMPVA.

## On-line registration to "MyCHAMPVA.com"

Kip Jones, Support Services Division

Public Law requires that we obtain a written request from you whenever a copy of your record, or a document in your record, is made available to you. Because you may download and print information from this web page, we must have a written request from you in our files before we may grant your re-

quest for electronic access.

**Note:** We are unable to grant access to information available on this web page to persons other than the beneficiary unless that person is the legal parental custodian of a minor child. Access granted to a person other than the beneficiary will be terminated when their legal standing ends, for example access granted to a child's legal parental custodian will be

terminated on the child's 18th birthday. For this reason, an on-line registration for each CHAMPVA beneficiary who wants access must be electronically submitted and a completed VA Form 10-5345 mailed to VA Health Administration Center. The legal parental custodian must sign the VA Form 10-5345 for registrations submitted in behalf of a minor child and immediately notify the VA Health Administration

Center of any change in legal status.

You may download VA Form 10-5345, complete it, and mail to us. The form is located at our website at <http://www.va.gov/vaforms/medical/pdf/vha-10-5345-fill.pdf> (instructions for completing the form are included).

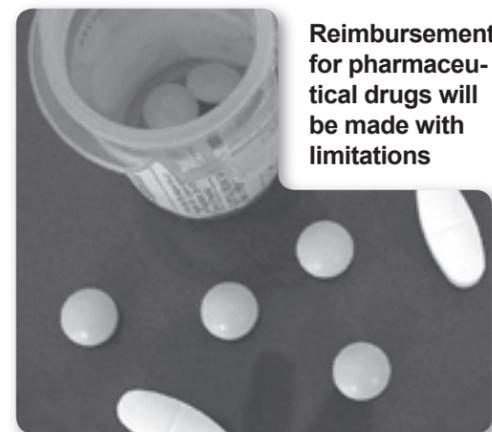
If you have any questions about the [MyCHAMPVA.com](http://www.va.gov/MyCHAMPVA.com) web site please feel free to contact us at [hac.inq@va.gov](mailto:hac.inq@va.gov)

# Pharmaceutical Drugs and Biological Products Reimbursement

Program Integrity, Policy & Compliance

Reimbursement for pharmaceutical drugs or biological products rendered during the course of an outpatient service or at a pharmacy is limited to the average wholesale price (AWP), as reflected in the Drug Topics Red Book, plus a \$3 dispensing fee. This includes drugs administered other than the oral method and found in

the HCPCS coding book under the J codes. To expedite the claims processing of injectibles administered in an outpatient service, we advise that both the J code and the appropriate NDC be provided on the claim for adjudication. When billing CHAMPVA, please ensure that pricing of these pharmaceuticals are conducive to the Redbook AWP plus \$3 dispensing fee based on



Reimbursement for pharmaceutical drugs will be made with limitations

the appropriate dosage and quantity of the biological product or drug.

## Professional and Technical Component Modifiers

Program Integrity, Policy & Compliance

Modifier –26 should be appended to the appropriate CPT codes when a physician is billing for the professional component or physician interpretation of the procedure.

Modifier –TC should be appended to the appropriate CPT codes when the service represents the technical component of the procedure.

Unappended

procedures represent global procedures and include the reimbursement for both the professional and technical component of the service. Please ensure that the appropriate

application of these modifiers are being used in your billing process. In some instances, services may be inappropriately reported resulting in either an under or overpayment.

## Claim Tips

Don McIntosh, Claims Processing Division

- Include a medical history regarding the original surgery for all claims with a diagnosis related to breast prosthesis failure.
- Submit typed invoices/billing statements (handwritten entries are subject to additional review).
- Include a copy of the admission history/physical when submitting claims for surgical procedures.
- Include a copy of our authorization (when preauthorization is required) with the applicable claim.
- Use patient's name exactly as it appears on the CHAMPVA Authorization Card – no nicknames please.

Be sure to include a copy of the admission history/physical when submitting claims for surgical procedures



- As a secondary payer to other health insurance, we must have a copy of the OHI's Explanation of Benefits—please include it with your submissions.
- The number one reason claims are returned is missing medical and pharmacy codes.

Don McIntosh, Claims Processing Division

As many of you have noticed, we are currently experiencing delays in the processing of claims. Although we are taking active measures to address this problem, you can significantly help our efforts by allowing even more time before submitting a Second Notice billing. While we normally ask

## Claim Delays

you to allow at least 30 days before rebilling, a 45-day wait would be even better. Another way to minimize processing delays is to limit your billing statements to current charges only—please don't send us cumulative statements that include services that were previously submitted.

Please limit your billing statements to current charges



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Providers can help us with claim delays by allowing more time before submitting a Second Notice billing

# Do You Have a New Address? Please Let Us Know

If you have had a recent change of address please write or type it in below, cut out this section and mail it to the address following the questions below.



Write your name and new address here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Help Us Serve You

Do you have access to the Internet?

Yes

No

If yes, please answer the following question.

Have you used our new interactive CHAMPVA website?

Yes

No

Please cut out the survey, place it in an envelope and mail it to:

CHAMPVA - 2006 Survey  
PO Box 65023  
Denver, CO 80206-9023



**CHAMPVA Newsletter**

**ATTN: HAC Communications**

**PO Box 65020**

**Denver, CO 80206-9020**