

HEALTH CARE BENEFITS FOR CHILDREN OF VIETNAM VETERANS

CHAPTER: 3
SECTION: 1
TITLE: CLAIMS FOR REIMBURSEMENT

AUTHORITY: 38 CFR 17.903

I. POLICY

A. Providers should use a standard billing form to provide the required information as indicated in this policy.

1. Patient identification:
 - a. patient's full name (as it appears on identification card),
 - b. Social Security Number (SSN),
 - c. address, and
 - d. date of birth.
2. Provider Identification:
 - a. full name and address of hospital or physician,
 - b. remittance address,
 - c. physical location where services were rendered,
 - d. individual providers' professional status (MD, PhD, RN, etc.), (If member of a group, the group name must be included.)
 - e. provider tax identification number (TIN) – may be Employer Identification Number (EIN) or Social Security Number (SSN), and
 - f. Medicare provider number (inpatient institutions only).
3. Inpatient treatment information (standard billing form UB-92 or electronic equivalent).
 - a. dates of services (specific and inclusive),
 - b. summary level itemization of billed charges (by revenue codes),

c. dates for all absences from a hospital or other approved institution during the period for which inpatient benefits are being claimed,

d. principal diagnosis (ICD-9 code and description, established, after study, to be chiefly responsible for causing the patient's hospitalization),

e. all secondary diagnoses (ICD-9 codes and descriptions),

f. all procedures performed (ICD-9 codes and descriptions), and

g. discharge status of the patient.

4. Treatment information and ancillary outpatient services (standard billing form UB-92, HCFA 1500 or electronic equivalent).

a. specific dates of service,

b. diagnoses (ICD-9 codes and descriptions),

c. all procedures performed (ICD-9 codes and descriptions when applicable),

d. procedure codes (CPT-4, HCPCS, ADA) and descriptions for each procedure, service, or supply for each date of service, and

e. individual billed charges for each procedure, service, or supply for each date of service.

5. Prescription drugs and medicines (VA Form 10-7959E, Claim for Miscellaneous Expenses for beneficiary submissions or standard form HCFA-1500 for pharmacy submissions):

a. original pharmacy receipt,

b. name and address of pharmacy,

c. drug name and National Drug Code (NDC),

d. strength and quantity,

e. date dispensed, and

f. diagnosis code for condition relating to prescription.

6. Over-the-counter medicines and/or supplies may be filed by beneficiaries for covered conditions.

7. Travel (VA Form 10-7959E, Claim for Miscellaneous Expenses):

a. Receipts for all travel expenses must include:

(1) certification of medical appointment by the provider (either copy of medical claim or certification on VA Form 10-7959E, Claim for Miscellaneous Expenses).

(2) date of service, and

(3) place of service.

B. Filing Deadlines.

1. Claims must be filed no later than:

a. one year after the date of service,

b. in the case of inpatient care, one year after the date of discharge,

or

c. in the case of a VA regional office award for retroactive eligibility, 180 days following beneficiary notification of the award.

C. Explanation of Benefits (EOB). Upon completion of claim processing, an EOB will be mailed to the beneficiary. If a provider files the claim, an EOB will also be mailed to the provider. The EOB is a summary of the action taken on the claim and contains, at a minimum, the following information:

1. beneficiary name,
2. description of services and/or supplies provided,
3. dates of service or supplies provided,
4. amount billed,
5. VA-allowed amount,
6. to whom payment, if any, was made, and
7. reasons for denial (if applicable).

II. POLICY CONSIDERATIONS

Original receipts are required with the VA Form 10-7959E, Claim for Miscellaneous Expenses, for out-of-the-pocket expenses.

END OF POLICY

TRANSMITTAL #: 1
DATE: 01/31/02