



Department of Veterans Affairs Billing Guidelines for Health Care Provided to Veterans and Beneficiaries

Chief Business Office Purchased Care
Department of Program Integrity (DPI)

July 2013

Introduction

The Department of Veterans Affairs would like to take this opportunity to thank you, the healthcare provider, who ensures our Veterans and their families receive the best level of care and we hope that level of care continues throughout the healthcare community

Applicable Laws

- **18 U.S.C §1031 Major fraud against the United States**
- **18 U.S.C §1035 False statements relating to health care matters**
- **18 U.S.C §1342 Fictitious name or address**
- **18 U.S.C §1346 Definition of “scheme or artifice to defraud**
- **18 U.S.C §1347 Health care fraud**
- **31 U.S.C.§3729 False Claims Act**
- **42 U.S.C. §1320a-7b Health Care Programs**
- **42 U.S.C. §1320a-7b(b) Anti-Kickback Statute**

Applicable Laws

- **Improper Payments Elimination and Recovery Act (IPERA)**
- **The Federal Managers Financial Integrity Act codified in 31 U.S.C § 3512**
- **The Affordable Care Act**
- **Health Insurance Portability and Accountability Act of 1996**
- **Presidential Executive Order 13520 Reducing Improper Payments**
- **OMB Cir No. A-123 Management's Responsibility for Internal Controls**

Target Audience

- **New Health Care Professionals**
- **Existing Health Care Professionals**
- **Medical Coders**
- **Billing Departments**
- **Any Entity Who Submits Medical Claims to the Veterans Affairs**

Training Objectives

- **Convey The Department of Veterans Affairs commitment to excellence**
- **Provide the basics of how claims should be billed**
- **Assist providers on how to bill correctly**
- **Provide practical examples**

Claims Coding Guidance

- **Non VA care is like or similar to Medicare**
- **Very seldom will the VA accept Blue Cross Blue Shield or Medicaid codes**
- **AMA coding guidelines**

Claims Coding Guidance

- **National Correct Coding Initiative (NCCI) and Medically Unlikely Edits (MUE)**
- **Prospective Payment System (PPS)**
- **Excessive charges**
- **Reimbursement**

Program Integrity Claims Reviews

- **Program Integrity Tools**
- **Delay in claims processing**
- **Utilize Medicare's Claims Processing Manual CMS 100-04 at:**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLSort=0&DLSortDir=ascending>

CMS-1500

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA		PICA <input type="checkbox"/> <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)	
TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)	
GROUP HEALTH PLAN <input checked="" type="checkbox"/> (SSN or ID)		FECA BOX (LUNG) <input type="checkbox"/> (SSN)	
OTHER <input type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) PATIENT'S SSN	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) PATIENT'S COMPLETE NAME		3. PATIENT'S BIRTH DATE 00 00 00 M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) PATIENT'S COMPLETE ADDRESS		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY PATIENT'S CITY		STATE ST	
ZIP CODE PATIENT'S ZIP		TELEPHONE (Include Area Code) (PATIENT'S PHONE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
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. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER PATIENT'S SSN	
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 _____		a. INSURED'S DATE OF BIRTH 00 00 00 M <input type="checkbox"/> F <input type="checkbox"/>	
b. EMPLOYER'S NAME OR SCHOOL NAME NAME HERE		b. EMPLOYER'S NAME OR SCHOOL NAME NAME HERE	
c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A&B		c. INSURANCE PLAN NAME OR PROGRAM NAME MEDICARE A&B	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, return to and complete item 9 a-d.		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO # yes, return to and complete item 9 a-d.	

CARRIER - PATIENT AND INSURED INFORMATION

CMS-1500

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 00 MM 00 DD 00 YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE 00 MM 00 DD 00 YY		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY													
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NAME REFERRING OR ORDERING PHYSICIAN			17a. NPI	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 checked="" type="checkbox"/> NO														
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. 000.00 3. 000.00 2. E000.00 4. V00.00			22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. LEAVE BLANK														
23. PRIOR AUTHORIZATION NUMBER LEAVE BLANK			24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. E/PSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #														
1	09	29	2013	09	30	2013	21		99232	AQ		1,2	100.00	2		NPI	INDIVIDUAL NPI
2																NPI	
3																NPI	
4																NPI	
5																NPI	
6																NPI	
25. FEDERAL TAX I.D. NUMBER 12-3456789			SSN <input type="checkbox"/> EIN <input checked="" type="checkbox"/>	26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ 100.00		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. SERVICE FACILITY LOCATION INFORMATION NAME/ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED				33. BILLING PROVIDER INFO & PH # () PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE, AND PHONE NUMBER										
SIGNED			DATE				a. NPI		b.		a. NPI		b.				

PHYSICIAN OR SUPPLIER INFORMATION

CMS-1450 (UB-04)

1 NAME AND PHYSICAL ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED										2 REMIT-TO NAME AND ADDRESS OF FACILITY WHERE PAYMENT IS TO BE MADE TO										3a PAT. CNTL # b. MED. REC. #		FACILITY ASSIGNED PATIENT # SAME AS ON THE MEDICARE CARD				4 TYPE OF BILL 131									
5 FED. TAX NO. 123456789					6 STATEMENT COVERS PERIOD FROM 00/00/00					THROUGH 00/00/00					7																				
8 PATIENT NAME a PATIENT'S COMPLETE NAME										9 PATIENT ADDRESS a PATIENT'S COMPLETE STREET ADDRESS										b PATIENTS CITY										c ST		d ZIP CODE		e	
10 BIRTHDATE 00/00/0000			11 SEX X	12 DATE 00/00/00			13 HR 00	14 TYPE 00	15 SRC 00	16 DHR 00	17 STAT 01	18	19	20	21	22	23	24	25	26	27	28	29 ACDT STATE	30											
31 OCCURRENCE DATE 1-4 00/00/00			32 OCCURRENCE DATE CODE			33 OCCURRENCE DATE CODE			34 OCCURRENCE DATE CODE			35 OCCURRENCE SPAN FROM THROUGH 1-4 00/00/0000 00/00/0000			36 OCCURRENCE SPAN FROM THROUGH CODE			37																	
38										39 VALUE CODES AMOUNT a		40 VALUE CODES AMOUNT b		41 VALUE CODES AMOUNT c		41 VALUE CODES AMOUNT d																			
42 REV. CD. 0510		43 DESCRIPTION CLINIC								44 HCPCS / RATE / HIPPS CODE 99215				45 SERV. DATE 00/00/00		46 SERV. UNITS 1		47 TOTAL CHARGES 100.00		48 NON-COVERED CHARGES		49													
1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6	1	2	3	4	5	6												

CMS-1450 (UB-04)

23		PAGE 1 OF 2		CREATION DATE		00/00/0000		TOTALS		100.00		23					
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI			
A MEDICARE				012345678				Y	Y	000.00				57			
B														OTHER			
C														PRV ID			
58 INSURED'S NAME				59 P.REL.	60 INSURED'S UNIQUE ID				61 GROUP NAME		62 INSURANCE GROUP NO.						
A INSURED'S NAME OR PATIENT'S NAME				01	PATIENT'S SSN OR INSURED'S ID #												
B																	
C																	
63 TREATMENT AUTHORIZATION CODES						64 DOCUMENT CONTROL NUMBER						65 EMPLOYER NAME					
A AUTHORIZATION NUMBERS IF APPLICABLE																	
B																	
C																	
66 DX	296.53		729.1		244.9		279.4		309.81						68		
69 ADMIT DX	296.53		70 PATIENT REASON DX				71 PPS CODE		72 ECI						73		
74 PRINCIPAL PROCEDURE CODE		DATE		a. OTHER PROCEDURE CODE		DATE		b. OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI 187654320			
00.00		00/00/00												QUAL			
c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE		e. OTHER PROCEDURE CODE		DATE				77 OPERATING NPI			
														QUAL			
														LAST			
														FIRST			
80 REMARKS				81CC a								78 OTHER NPI		QUAL			
				b								LAST		FIRST			
				c								79 OTHER NPI		QUAL			
				d								LAST		FIRST			

UB-04 CMS-1450
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OMB APPROVAL PENDING

NUBC National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Qui Tam/Whistleblower

The *Qui Tam* (aka Whistleblower Law) provisions of the False Claims Act, stipulates that a private party (employee of a health care organization) may file a complaint on behalf of the government (Federal & State) to prosecute alleged false claims.

Report allegations to:

**VA Office of Inspector General (VA OIG)
VA Inspector General Hotline (53E)
P.O. Box 50410
Washington, DC 20091-0410
Telephone: 1-800-488-8244
Fax: 1-202-565-7936**

vaoighotline@va.gov

Summary

- **Ensure that the codes reflect the level of care provided**
- **Valid use of modifiers**
- **Align your medical coding with Medicare's billing guidelines**
- **Correct and accurate claims will not be suspect to Program Integrity and will not be delayed**

Helpful Web Resources

- **Form CMS 1500 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf>

- **Form CMS 1450 processing manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

- **Medicare Claims Processing Manual**

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

References

Veterans Affairs manages several health care programs that reimburse private health care providers for caring for our Veterans and their eligible family members. Unfortunately, these health care programs have a different statutory and regulatory authority, which creates diverse payment methodologies. The majority of VA health care programs utilize Medicare's payment methodologies or something very similar.

Therefore, providers and facilities that utilize Medicare's billing and coding guidelines will greatly minimize claim delays or rejections as a result of the Program Integrity Tools Improper Payment Review.

The following Medicare link is an excellent source of billing and coding guidance for all providers and facilities:

Medicare Claim Processing Guide

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>