How to File a CHAMPVA Claim
Claim Filing Instructions

We encourage beneficiaries to have their health care providers file claims directly with CHAMPVA since providers are more likely to submit all the information necessary for CHAMPVA to process claims. CHAMPVA will provide beneficiaries with an explanation of benefits (EOB) indicating how payment on the claim was determined and the beneficiary’s cost share amount.

1. Claims cannot be processed without a CHAMPVA Claim Form. If you do not use a VA Form 10-7959a, the health care provider will be paid directly.

2. The patient’s name must be listed on the claim form exactly as it is shown on the CHAMPVA Identification Card.

3. The patient’s Social Security number (SSN) must be on the claim form. DO NOT use the Veteran’s SSN.

4. Be sure to sign and date the claim form. We cannot process an unsigned claim form.

5. A separate CHAMPVA Claim Form, VA Form 10-7959a, is required for each patient/beneficiary, even for members of the same family. If family members have similar first and last names, please spell out the middle name on the claim form.

6. For inpatient hospitalizations, payment will be made to the hospital, whether or not you submit the bill.

7. Keep copies of all receipts, invoices and other associated paperwork.

Claims submitted to CHAMPVA must include:

- A completed, signed and dated CHAMPVA Claim Form (beneficiaries only)
- Itemized billing statement(s) are required and should be submitted electronically or on a standardized paper form (CMS-1500 or UB-04). 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 diagnosis/procedure codes (ICD-9, CPT, HCPCS) for each service.
  - If other health insurance (OHI) was billed, provide a copy of the EOC detailing what was paid including remark/reason codes.

Pharmacy Claims

CHAMPVA beneficiaries who do not have OHI with pharmacy benefits (including Medicare Part D) should consider joining Meds by Mail (MbsM). MbsM provides a safe and convenient way to receive nonurgent (maintenance) medications delivered directly to your home with no cost. Contact CHAMPVA for more information.

If you use a pharmacy to obtain your medications, ask your pharmacy if they will file the claim for you. Most pharmacies submit claims to CHAMPVA electronically.

The following information is required for any pharmacy claim:

- Invoice/billing statement that includes the pharmacy name, address and phone number.
- Name of prescribing physician.
- Name, strength and quantity for each drug.
- Eleven-digit National Drug Code for each drug.
- Charge for each drug.
- Date prescription was filled.

If CHAMPVA is your secondary pharmacy coverage, you may not pay a cost share. The pharmacy will bill your primary insurance and then bill CHAMPVA, all electronically.

Filing Claims

Claims Deadlines

Claims must be received within one year from the date of service or one year from the date of discharge from an inpatient facility. Claims sent after the filing deadline will be denied.

Electronic Claims


Search on the “Payer ID” your company is interested in claims for.

To submit electronic claims, please use our Change Healthcare payer ID number: 84146 for medical claims. A provider who is not connected to Change Healthcare should ask their clearinghouse whether our payer IDs have been added to their system.

Claims sent by your provider to Medicare via electronic data interchange will be electronically forwarded to CHAMPVA for those CHAMPVA beneficiaries who have Medicare Parts A and B. Medicare will only forward if the name on your CHAMPVA card matches the name on your Medicare Card. The name will need to match letter for letter. Please ensure that OHI information, including Medicare information, on file with CHAMPVA is accurate to avoid payment delays or non-payment of claims.

Providers can submit appropriate documentation that is relevant to services being reported on an EDI claim for medical treatment. Community providers who want to submit attachments electronically, must first confirm with their vendor or clearinghouse of choice that they currently support the “X12 275 attachment transaction.” The submitting vendor or clearinghouse will need to contact Change Healthcare to contract for this new service. Community providers can contact Change Healthcare’s sales department directly at 844-217-1199 or visit their website at https://www.changehealthcare.com/contact/sales to explore electronic attachment solutions.

The following file types are supported at this time:

- Portable Document Format (PDF)
- Joint Photographic Experts Group (JPEG/JPG)
- Graphics Interchange Format (GIF)
Contact Information

Mail: Veterans Health Administration
CHAMPVA
PO BOX 469063
Denver, CO 80246-9063

You can submit questions, obtain pre-authorization, ask about eligibility or check the status of a claim via the Inquiry Routing & Information System (IRIS) at https://iris.custhelp.va.gov. Click on the “Ask a Question” link and complete the electronic inquiry form.

You can also visit the VHA website at https://www.va.gov/communitycare/pubs/forms.asp for fact sheets containing information regarding the CHAMPVA program.

Ways to Expedite Claim Processing:

- Ensure medical providers are billing with the correct information:
  - Name, SSN and date of birth of the person receiving medical services is on the claim
  - Supporting documents submitted with the claim must clearly show patient information that matches the information on the claim form
  - Spell out the middle name if two or more family members have similar first and last names

- When submitting pharmacy summaries, your pharmacy can provide a printout of all medications for the date range you specify.

- AVOID using staples, tape, paper clips or sticky notes on documents. Those items may cause damage to the equipment used to scan your claim(s), and thus delay your claim.

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