



CHAMPVA – Information for Outpatient Providers and Office Managers

Is preauthorization required for services?

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

- Durable medical equipment with a purchase price or total rental price of \$2,000 or more
- Mental health/substance abuse services
- Organ and bone marrow transplants
- Dental procedures that are directly related to covered medical conditions

Approvals for referrals to specialists or for diagnostic tests are not required if they are medically necessary.

Are dental procedures covered under CHAMPVA?

With very few exceptions, dental care is not a covered benefit. There may be times when dental care is covered, but in all cases, preauthorization is required. An example of when dental care is covered would be for a dental condition resulting from the treatment of an otherwise covered medical condition (not dental), such as radiation therapy for oral or facial cancer.

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 Title 38 CFR, Section 17.272(b) (3) and (4), providers who agree to accept the beneficiary must accept the CHAMPVA allowable charges and cannot

balance bill the beneficiary. The sole exception is when the beneficiary is notified prior to any services being rendered that you do not accept CHAMPVA and the beneficiary must pay the entire billed amount up front and file the claim to CHAMPVA.

How do I get a claim paid?

Veterans Health Administration (VHA) accepts electronically submitted 837 claim transactions and X12N 275 attachments. These include the 837 institutional, 837 professional and 837 dental transactions. Transactions are accepted from providers for medical services and supplies provided in the United States, a U.S. Commonwealth or U.S. territories.

You must submit electronic claims through our clearing-house, Change Healthcare. Our Payer ID number is 84146 for medical claims and 84147 for dental claims. You can also check medical claim status and eligibility status through Change Healthcare using the 276 and 270 HIPAA transactions, respectively.

We also accept paper claims, but the turnaround time to payment is, on average, an additional 20 days. The only address for submission of paper claims to CHAMPVA is:

VHA Office of Integrated Veteran Care
ATTN: CHAMPVA Claims
PO Box 30750
Tampa, FL 33630-3750

If the beneficiary has other health insurance (OHI), the OHI should be billed first. The explanation of benefits (EOB) from the OHI should be submitted with the claim for reimbursement to CHAMPVA. By law, CHAMPVA is always the secondary payer, except to Medicaid, Indian Health Service, State Victims of Crime Compensation Programs and supplemental CHAMPVA policies.

As of September 27, 2010, VHA can receive Medicare Cross-over Part A and B, and DMERC claims for CHAMPVA beneficiaries. If your patient is a Medicare beneficiary and we have the Medicare Health Insurance Claim Number (HICN) on file, the claim will be forwarded electronically to CHAMPVA. Review your electronic remittance advice from Medicare to determine if the claim has been forwarded to us.

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 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 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 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 (MbM). MbM provides a safe and convenient way to receive nonurgent (maintenance) medications delivered directly to your home with no cost. Contact CHAMPVA for 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

CHAMPVA can accept HIPAA-compliant electronic 837 institutional and professional claims from health care providers through Change Healthcare at <https://support.changehealthcare.com/customer-resources/payer-lists>.

After opening the Change Healthcare page, click on "Change Healthcare Payer List." 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 files types are supported at this time:

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

Size constraints are as follows:

- Size of any individual attachment must be less than 64 megabytes
- No more than 10 attachments are allowed per claim

CHAMPVA can also receive electronic retail pharmacy claims for our beneficiaries through OptumRx. If a provider is not part of the OptumRx network and is interested in learning more, the provider may contact the OptumRx Provider Network Line at 482-360-5227.

Please remember that for all VHA programs, the beneficiary is always the subscriber. Please ensure the claim uses the first and last name as it appears on the patient's CHAMPVA ID card and includes the Member ID (patient's SSN).

Mail Claims

Claims can be mailed to CHAMPVA at:

VHA Office of Integrated Veteran Care
ATTN: CHAMPVA Claims
PO BOX 30750
Tampa, FL 33630-3750

Where to Obtain Forms

You can request additional claim forms at any time (including evenings and weekends).

Call 800-733-8387 and select the claim form option from our Interactive Voice Response (IVR) system.

Visit the website at <https://www.va.gov/communitycare/pubs/forms.asp> to download all CHAMPVA forms.

Ways to Expedite Claims 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.
- It is more efficient to process your claims if all submitted documents are copied or printed on standard size, 8 ½ by 11 in. paper
 - If a document is small, frayed or torn, make a copy of the information on standard size paper.
 - If it is necessary to submit prescription labels, send copies on standard size paper.
 - Print legibly and make sure text is not too light. Dark text improves accurate scanning of the data.
- Use caution when marking text with highlighters; dark-colored highlighters tend to distort or black out text.

What does CHAMPVA pay and how fast does it pay?

In most cases, CHAMPVA pays equivalent to Medicare and TRICARE allowable charges. 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 OHI. If the beneficiary has OHI, CHAMPVA pays the lesser of either 100% of the allowable amount or the remainder of the charges, and the beneficiary will normally have no cost share.

Electronic claims are paid faster than paper claims. To help us process claims in a timely manner, submit the patient’s name exactly as it is shown on the CHAMPVA Identification Card. If different names are used, it will cause a delay in the handling of claims.

Are there special considerations for Ambulatory Surgery Centers?

Yes, they must have Medicare approval to perform the specific procedure at free-standing surgical centers. For a listing by procedure of those services that are approved to be performed in a free-standing ambulatory setting, refer to the CHAMPVA Policy Manual, Chapter 3, Section 7.1 and addenda on our website listed below.

How do I know if someone is CHAMPVA eligible?

Every CHAMPVA beneficiary has a CHAMPVA Identification Card that looks like the sample shown on this page. You may recertify eligibility through our contact center by talking to an agent or by using your phone’s keypad to input the patient’s SSN into our Interactive Voice Response system. We also accept EDI requests to validate eligibility through our clearinghouse, Change Healthcare, using the HIPAA 270 transaction.

How do I get more information?

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

Phone: 1-800-733-8387, Monday-Friday 8:05 a.m. to 7:30 p.m., Eastern Standard Time

Email: Create a profile and message us securely using [Ask VA \(AVA\)](#).

Website: <https://www.va.gov/communitycare/>

Sample CHAMPVA ID Card

	U.S. Department of Veterans Affairs Veterans Health Administration Chief Business Office/Health and Care Caregiver Support Program		Open Access No Referral Required
	Beneficiary Name		
Include this Member Number on all claims and letters “Patient SSN”			
This is your Identification Card			
Effective Date	Expiration Date	1-877-733-7927 www.va.gov/ communitycare/	

For Electronic Claims Filing please follow the instructions at: <https://www.va.gov/COMMUNITYCARE/programs/caregiver> under “Electronic claims.”

For Mental Health/Substance Abuse Authorization
 Call 1-800-424-4018—Authorization is required:
 • After 23 outpatient mental health visits in a calendar year
 • For all other mental health/substance abuse services

For Durable Medical Equipment (DME) Authorization
 Call 1-800-733-8387—Authorization is required:
 • For DME purchase or rental over \$2,000