



# Paper Claims Submission Process

The Department of Veterans Affairs (VA) is transitioning paper claims submitted by community providers to an electronic format, known as Electronic Data Interchange (EDI) transactions, using a centralized paper claims intake process. As a part of this transition, community providers should mail the majority of paper claims (note exceptions below) to a single centralized processing location where they will be converted to an electronic claim. This process is currently scheduled to be implemented in mid-to-late 2019. If a community provider already submits claims electronically, there will be no change in their current process.

To increase efficiency and accuracy in claims processing, the paper submission intake system will automatically scan for non-compliant form fields based on national standards, which should reduce the need to correct non-compliant claims fields throughout claims processing. Please be aware, however, that this intake scan may cause an increase in rejections at the beginning of claims processing. Community providers who submit non-compliant claims will receive a letter from VA that includes the rejection code and reason for the claim rejection. Additional information can be found in the FAQs below under "Q4" on how to avoid paper claims rejections. Community providers can also visit the [VHA Office of Community Care website](#) for additional details about the paper claims submission process.

Note community providers who submit paper claims due to the need to provide supporting medical documentation will be able to submit attachments electronically with claims beginning in mid-to-late 2019.

If you are interested in submitting claims through Change Healthcare, you or your clearinghouse may contact them at 888-545-6127, or by accessing their online [contact form](#). They will be able to assist you with submitting your claims and notify you of any associated costs.

## Paper Claims Not Affected by Change to EDI

While most claims are affected by this change, paper claim submissions for the following programs and circumstances are not affected:

- Caregiver Bowel and Bladder
- Federal or Tribal government health care
- Reconsiderations/Appeals
- Other programs that do not bill on a CMS-1500 (HCFA-1500) or CMS-1450 (UB-04)
- Contract Nursing Home
- Veteran Directed Care
- Dental

## Support

For additional assistance:

- Contact your local OCC Claims Adjudication and Reimbursement Department staff member or email [P2Inquiries@va.gov](mailto:P2Inquiries@va.gov)
- Contact Change Healthcare to assist with details on submitting your claims as well as on any associated cost at 888-545-6127 or submit a [contact form](#).
- Learn more about the paper claims process on the [VHA Office of Community Care website](#).

## Frequently Asked Questions

### Q1. Why is VA implementing this change and what are the benefits of doing so?

Centralizing the location of paper submissions will allow VA to convert these claims to an electronic format with the following benefits to both providers and VA:

- Reduce manual entry for VA processing of providers' claims



- Improve accuracy of claims processing, adjudication, and reimbursement by identifying potential errors in claim fields earlier in the process of submission to VA
- Improve overall claims processing turnaround time and payment cycles for providers

### Q2. How do I submit electronic claims?

If you wish to directly submit electronic claims, they must be received in X12 v5010 format for the 837i, 837p and 275 via VA's clearinghouse, Change Healthcare. You may contact Change Healthcare for more information on submitting electronic claims at 888-545-6127 or submit a contact form. Note: The EDI Payer ID numbers at Change Healthcare are 12115 for medical claims & 12116 for dental claims.

### Q3. Does VA accept electronic supporting documentation?

Beginning in mid-to-late 2019, VA will be able to accept unsolicited supporting documentation, i.e. Patient Information in 275 Attachments, also known as Claim Attachments, for both Veterans and family member programs. The payload in the Claim Attachment transaction can be accepted in any format supported that is supported in the X12 v5010 275 including, but not limited to, GIF, MIME, HL7 Clinical Document Architecture (CDA) and PDFs.

### Q4. How can I avoid a delay to processing my claim due to a rejection?

Rejections can occur for a number of reasons, including, but not limited to, inaccurate, conflicting, or incomplete information; a misread during the conversion of paper claims to an electronic format; or inconsistency with the National Uniform Billing Committee (NUBC) Guidelines. The reason for the claim rejection and the rejection code will be included in a letter. Providers can also avoid unnecessary rejections by adhering to the following minimum requirements:

1. Providing full identifying information, to include: the patient's full name, full nine-digit numerical Insured ID/social security number (SSN), provider's tax identification number (TIN), National Provider Identifier (when applicable), and all other required fields.
2. Avoiding conflicting information (e.g. checking the box that there is Other Health Insurance, but not identifying the other health plan).

Please also note the following tips to avoid the most common reasons for a paper claims rejection:

- **All Claims:** The "Insured ID," which is also the patient's social security number (SSN), must be in box 1a and total exactly nine numeric digits. A combination of numbers and letters, or an incomplete entry of less than nine digits, will result in rejection.
- **CMS-1500 (HCFA-1500) Claims:**
  - Submissions must include the name of the insurance plan or program in box 9D, "Insurance Plan Name or Program Name."
  - The "Service Facility Address" in box 32 must be a physical street address of a building where the actual service was performed. A PO Box will result in rejection.
- **CMS-1450 (UB-04) Claims:**
  - The "Patient Control Number" in box 3a is a required field for every claim.
  - The diagnosis code, or "Patient Reason DX" in box 70 must provide the reason for the Veteran seeing the provider and at least one official code from the American Medical Association (AMA) database on the form.

A claim rejection is not limited to the examples noted above; therefore, for more information on rejection reasons, to include how to prevent other common rejection reasons and a full list of rejection codes, please visit the [VHA Office of Community Care website](#).