VA | U.S. Department of Veterans Affairs

CHAMPVA GUIDEBOOK

Helping you take an active role in your health care

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U.S. Department of Veterans Affairs

MISSION STATEMENT

"To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors."

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ABOUT CHAMPVA

1

KEEP THIS GUIDE

This guide provides important information about CHAMPVA.

Visit the CHAMPVA website at **www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/** for the latest information.

The guide is not reprinted every year. If there is a change that could impact your eligibility, benefits, or costs, we will notify you.

Welcome to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

CHAMPVA is a health care program which shares the cost of certain medically necessary procedures and supplies with eligible beneficiaries. We do not have a network of health care providers, so you can visit most authorized providers.

Due to the similarity between CHAMPVA and the Department of Defense TRICARE programs, the two are often mistaken for each other. CHAMPVA is a VA program, while TRICARE is a regionally managed health care program for active duty and retired members of the uniformed services, their families, and **survivors**[1]. In some cases, a Veteran may appear to be eligible for both or either program on paper; however, if you are a military retiree or the spouse of a Veteran who was killed in action, you are and may always be a TRICARE **beneficiary**[2] and cannot choose between the two programs.

APPLYING FOR CHAMPVA BENEFITS

Information on how to apply for CHAMPVA can be found on our website at www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/ or by calling 800-733-8387.

ACCESSIBILITY

When English is not your first language, you can request a translator. When you call us, we will ask our translation service to participate in the phone call. Hearing-impaired callers can use the Federal Relay Operator at 800-877-8339.

1 Survivors: Widow(er)s and dependent children
2 Beneficiary: A CHAMPVA-eligible spouse, widow(er) or child. Beneficiaries may also be referred to as dependents.

2 CONTACT INFORMATION

Customer Service

If you have questions about CHAMPVA, or need approval for any medical procedure that requires pre-authorization, please call us to speak directly to a customer service representative.

Phone: 800-733-8387 (open M–F, 8:00 a.m. to 7:30 p.m. ET)

Ask VA: Visit https://ask.va.gov

- Follow the directions to message a CHAMPVA representative.
- Include your full name in the body of the message.
- We usually reply within one business day.

No sensitive or personal info, please – until you are logged into your account (create an account to log in).

Mail: Send change of address, school certification forms, or application forms to:

VHA Office of Integrated Veteran Care
CHAMPVA Eligibility
P.O. Box 137
Spring City, PA 19475

If you have **general questions** or need to update your **other health insurance**[3] information, please mail us at:

VHA Office of Integrated Veteran Care
CHAMPVA Beneficiary Claims
P.O. Box 500
Spring City, PA 19475

Fax: 303-331-7807

RESOURCES

You will find the latest information and forms on our website at https://www.va.gov/family-and-caregiver-benefits/health-and-disability/champva/

3 Other health insurance: Other health insurance, such as Medicare or a commercial health insurance policy.

ELIGIBILITY 3

To be eligible for CHAMPVA, you cannot be eligible for TRICARE. You must be in one of these categories:

1. The **spouse**[4] or **child**[5] of a Veteran who has been rated permanently and totally disabled for a **service-connected**[6] **disability**[7] by a VA regional office.
2. The surviving spouse or child of a Veteran who died from a VA-rated service-connected disability.
3. The surviving spouse or child of a Veteran who was rated **permanently**[8] and totally disabled from a service-connected disability at the time of death.
4. The surviving spouse or child of a military member who died in the line of duty, not due to misconduct (in most of these cases, these family members are eligible for TRICARE, not CHAMPVA).
5. The **primary family caregiver**[9] for a Veteran if you do not already have health insurance.

Factors Impacting Eligibility

Some factors impact your eligibility for CHAMPVA benefits:

- Your marriage status
- The student status of children ages 18 to 23
- Your caregiver status
- Eligibility for Medicare or TRICARE

Report status changes to us immediately by phone, mail, or online.

Eligibility *continues on next page*

4 Spouse: A person who is married to a qualifying Veteran sponsor.
5 Child: Includes birth, adopted, stepchild or helpless child as determined by a VA regional office (VARO).
6 Service-connected: A VARO determination that a Veteran's illness, injury or death is related to military service.
7 A service-connected disability: A disability that we've concluded was caused or made worse by the Veteran's active-duty service. A permanent disability is one that's not expected to improve.
8 Permanent disability: A permanent disability is one that's not expected to improve
9 Primary family caregiver: An individual who has been approved by VA and designated as primary provider of personal care services for the Veteran.

Spouse/Marriage Status

If your marriage to a **qualifying Veteran sponsor**[10] ends in divorce or annulment, you will lose CHAMPVA eligibility. This change takes effect at midnight on the date of the divorce or annulment is finalized.

Child and Student Status

Your child is ineligible for CHAMPVA when:

- Your child (other than a **helpless child**[11]) turns 18. The exception is when the child enrolls in a higher education course and submits the enrollment information to CHAMPVA to prove their student status.
- Your child turns 23 (regardless of student status).
- Your child marries.
- Your child becomes eligible for TRICARE.
- Your stepchild no longer lives in the household of the sponsor.
  Note: There is an exemption for stepchildren ages 18–23, living in on- or off-campus housing during academic terms at a higher education institution.

Caregiver Eligibility

Support Program for CHAMPVA Caregivers

CHAMPVA for the Primary Family Caregiver is a health care benefits program in which VA covers some of the cost of certain health care services and supplies with the Primary Family Caregiver. A Primary Family Caregiver must first be approved by VA and designated as primary provider of personal care services for the Veteran. You must be at least 18 years old, and at least one of these statements must be true:

- You're a spouse, son, daughter, parent, stepfamily member, or extended family member of the Veteran.
- You live full time with the Veteran, or you're willing to live full time with the Veteran if VA designates you as a family caregiver.

All of these must be true for the Veteran you're caring for:

- The Veteran has a VA disability rating (individual or combined) of 70% or higher.
- The Veteran was either discharged from U.S. military service or has a date of medical discharge.
- The Veteran needs at least six months of continuous, in-person personal care services.
- The Veteran is enrolled in VA health care.

CHAMPVA for the Primary Family Caregiver is different than the standard CHAMPVA and is led by VA's Caregiver Support Program. Visit VA's Caregiver Support Program webpage at www.caregiver.va.gov/support/support_benefits.asp to learn more.

10 Qualifying Veteran sponsor: A Veteran in receipt of a VARO award that establishes eligibility for CHAMPVA benefits for their dependents. These dependents cannot be entitled to Department of Defense TRICARE benefits.

11 Helpless child: A child who, before 18, becomes permanently incapable of self-support and is rated as a helpless child by a Veterans Affairs Regional Office (VARO).

TO APPLY to become a designated Primary Family Caregiver, visit www.va.gov/family-and-caregiver-benefits/health-and disability/comprehensive-assistance-for-family-caregivers/apply-form-10-10cg/introduction.

CHAMPVA Eligibility for the Primary Family Caregiver

If you have no other health insurance coverage, you are eligible to participate in CHAMPVA for the Primary Family Caregiver.

If you do obtain health insurance since becoming eligible for CHAMPVA, call **833-930-0816** to inform us about your updated health insurance information. Failure to contact us immediately will possibly result in **recoupment**[12] action issued by CHAMPVA's Debt Collection Unit for payments made during your period of ineligibility.

VA Caregiver Support Program

The VA Caregiver Support Program website (www.caregiver.va.gov) provides information on more than two dozen services specific to caregivers of Veterans of all eras that are currently being offered by VA. You can find contact numbers to your local Caregiver Support Coordinator for information on all caregiver resources and services. Call the **caregiver support coordinator**[13] at a VA medical center near you at **855-260-3274**.

CHAMPVA and Medicare

Your Medicare status has an impact on your eligibility for CHAMPVA benefits.

- Beneficiaries must enroll in Medicare 90 days before their 65th birthday.
  - After you enroll in Medicare, you will receive a Medicare card indicating whether you have both Medicare Part A and Medicare Part B coverage.
  - When you receive your Medicare card, immediately send us a copy along with a CHAMPVA Other Health Insurance Certification Form (VA Form 10-7959c – www.va.gov/find-forms/about-form-10-7959c), so we can continue your CHAMPVA benefits without interruption.
- To continue receiving CHAMPVA benefits, you **MUST enroll and stay enrolled in Medicare Part B.**

When you have Medicare and CHAMPVA, Medicare will be your primary insurance.

- Medicare should be billed first for health care services.
- Medicare will electronically forward claims for CHAMPVA beneficiaries to us after they process them.

Eligibility continues on next page

12 Recoupment: Collection of a debt owed to the government.
13 Caregiver support coordinator: A licensed professional who can support you by matching you with services for which you are eligible and providing you with valuable information about resources that can help you stay smart, strong, and organized as you care for the Veteran you love.

- For Medicare supplemental plans (usually referred to as Medigap plans), CHAMPVA will process the remaining portion of the bill after we receive the Medicare supplemental plan's **explanation of benefits (EOB)**[14].
  - If you have a Medicare supplemental plan, you may have to file a claim and the Medicare EOB with us.

A Brief Overview of Medicare Parts A, B, C and D

(Only Parts A and B affect your CHAMPVA eligibility.)

- **Part A: Premium-free hospital insurance.** You are eligible for Part A coverage if you are 65 or older or under age 65 with certain disabilities.
- **Part B: Outpatient insurance.** You may be required to pay a premium. As of January 2007, Medicare Part B premiums are based on yearly income.
- **Part C: Medicare Advantage Plan.** It provides the benefits you would receive under Parts A and B and administered like an HMO. You must see an identified network provider.
- **Part D: Prescription drug coverage.** The cost will vary depending on the plan.

YOU AND MEDICARE	IS MEDICARE PART B REQUIRED FOR CHAMPVA ELIGIBILITY?
You are under age 65 and entitled to Part A	Yes
You were over age 65 when your spouse first became a qualifying CHAMPVA sponsor and you are entitled to Medicare	Yes
You were 65 or older before June 5, 2001, were otherwise eligible for CHAMPVA, and you only have Medicare Part A coverage	No
You were 65 or older prior to June 5, 2001, were otherwise eligible for CHAMPVA, and you had Medicare Part A coverage and were enrolled in Part B as of June 5, 2001	Yes
You became 65 on or after June 5, 2001, and you are entitled to Medicare Part A	Yes

14 Explanation of benefits (EOB): A form that provides details of what was paid and the amount of payment.

Frequently Asked Questions on Medicare and CHAMPVA

View the below frequently asked questions and answers about continued eligibility for CHAMPVA when there is also a Medicare entitlement, or about coverage and payment.

If I am eligible for Medicare Part A, do I need Medicare Part B also to be eligible for CHAMPVA?

Yes. However, there are certain circumstances that may vary such as:

- If you become eligible for Medicare Part A, you must obtain and stay enrolled in Medicare Part B to be eligible for CHAMPVA.
- If you are over age 65 and were never eligible for premium-free Medicare Part A, you do not need Part B

I am enrolled in Medicare Part B. Is there any time I can cancel Medicare Part B coverage and still be eligible for CHAMPVA?

- No. If you have Medicare Part B, do not cancel it. If you cancel Medicare Part B coverage, your eligibility for CHAMPVA benefits will end on the same day your Part B coverage ends.

I am a CHAMPVA beneficiary and will soon have my 65th birthday. What do I need to do so that my CHAMPVA benefits continue uninterrupted?

- As you prepare to enroll in Medicare 90 days before your 65th birthday, make sure to also enroll in Medicare Part B. Once you receive your Medicare card, send a copy of the card to us along with the CHAMPVA Other Health Insurance Certification Form (VA Form 10-7959c – www.va.gov/communitycare/pubs/forms.asp).
- We will update your records when this information is received and issue a new CHAMPVA identification card with an extended expiration date.

Can I use a VA medical center (VAMC) under the CHAMPVA In-house Treatment Initiative (CITI)[15] (pronounced like "city") to obtain my care if I am Medicare eligible?

- No. CHAMPVA beneficiaries with Medicare cannot use a VAMC under CITI. If you are currently being seen at a VAMC but will become entitled to Medicare soon, you must find a different health care provider.

Must I enroll in Medicare Part D, the prescription drug plan, to be eligible for CHAMPVA?

- No, you do not need to enroll in Medicare Part D to maintain your CHAMPVA eligibility. In fact, you cannot use the Meds by Mail program if you are enrolled in a Part D plan. Meds by Mail provides maintenance medications at no charge to you (no premiums, no deductibles, and no copayments) if you don't have any other prescription drug coverage. Part D is optional, and you would pay an additional Medicare premium. For more information, refer to the Pharmacy Providers section of this guide.

15 CITI: The acronym for CHAMPVA In-House Treatment Initiative that permits CHAMPVA beneficiaries to receive care at participating VA medical centers.

Additional Information about Medicare and CHAMPVA Eligibility

- If you did not obtain Medicare Part B previously, you will need to contact the Social Security Administration to enroll in Medicare Part B to be eligible for CHAMPVA. Visit www.ssa.gov/medicare/sign-up/part-b-only to enroll in Part B. Once you are enrolled, your CHAMPVA eligibility will establish on the effective date of your Medicare Part B.
- If you are 65 or older and live overseas, you must be enrolled in Medicare Part B if you are also eligible for Part A, even though Medicare generally does not provide benefits for medical care received overseas. In this case, CHAMPVA will be the primary **payer**[16] for the benefits, and you will receive the same level of coverage provided to those under age 65.
- CHAMPVA pharmacy benefits are considered a "creditable prescription drug plan." CHAMPVA beneficiaries who initially chose not to enroll in a Medicare Part D plan will not have to pay a late enrollment penalty if they decide to enroll in a Medicare drug plan during a later enrollment period.

CHAMPVA and TRICARE

TRICARE is a Department of Defense health care program for active duty and retired uniformed service members and their families. If you become eligible for TRICARE benefits, you are no longer eligible for CHAMPVA, and you must notify us immediately of this change in your status. You may, for example, become TRICARE eligible when the qualifying Veteran sponsor is a retired reservist or National Guard member and becomes eligible to receive retired pay at age 60.

16 Payer: Provides payment for a covered medical procedure or supply. A primary payer pays on the claim first; secondary payers and payers of last resort, if available, pay after the primary payer.

HEALTH BENEFITS AND SERVICES 4

CHAMPVA Covered Services and Supplies

CHAMPVA will only cover care that is medically necessary and appropriate.

We cover a wide range of medical services, including preventive services.

Care that is required for an extended time may be medically reviewed periodically, and medical documentation may be requested. Examples include physical therapy, medication, mental health services and skilled nursing services. We will notify you when additional documentation or a treatment plan is needed from your medical provider.

Pre-authorization for Care
In most cases, you do not need advance approval for care from us. To obtain pre-authorization for a medical service (see below), our customer service representatives will assist your provider with questions they may have by:

Phone: 833-930-0816

Mail: VHA Office of Integrated Veteran Care
CHAMPVA Beneficiary Claims
P.O. Box 500
Spring City, PA 19475

Email: VHAHAC.preauthorizationFM@va.gov

Services that require pre-authorization:

- Mental health care (contact CHAMPVA for required approval)
  - Non-emergent inpatient mental health or substance abuse services
  - Care at Residential Treatment Facilities (RTF)
  - Care in Partial Hospital Programs (PHP)
  - Care in Intensive Outpatient Programs (IOP)
- Dental care coverage (dental coverage is limited and, in most circumstances, not covered)
- Organ transplants
- Applied behavior analysis (ABA) for treatment only (not the evaluation)

Exceptions to the pre-authorization requirement:

- All services listed under "Services that require pre-authorization" (above), do not require pre-authorization when provided through CITI.

Health Benefits and Services continues on next page

- When other health insurance has authorized a service listed under "Services that require pre-authorization" (above), we do not require pre-authorization for that service. If other health insurance denies coverage because their rules for coverage were not followed or **medical necessity**[17] was not established, we will also deny coverage.

To Obtain Pre-authorization for Mental Health and Substance Abuse Services

Mail: VHA Office of Integrated Veteran Care
CHAMPVA Beneficiary Claims
P.O. Box 500
Spring City, PA 19475

Phone: 833-930-0816

Email: VHAHAC.preauthorizationFM@va.gov (For pre-authorization requests)

17 Medical necessity: Services, drugs, supplies, or equipment provided by a hospital or covered provider that we determine:
- Are appropriate to diagnose or treat the patient's condition, illness, or injury,
- Are consistent with standards of good medical practice in the U.S.,
- Are not primarily for the personal comfort or convenience of the patient, the family, or the provider
- Are not a part of or associated with the scholastic education or vocational training of the patient and,
- In the case of inpatient care, cannot be provided safely on an outpatient basis.

OTHER COVERED SERVICES 5

The following is an alphabetical list of services that are covered when medically necessary. This list is NOT all-inclusive. For additional information, please refer to the CHAMPVA Policy Manual, Chapter 2, available on our website at www.vha.cc.va.gov/system/templates/selfservice/va_ssnew/help/customer/locale/en-US/portal/554400000001036/topic/554400000006745/Chapter-2-Benefits.

Behavioral Health Services

CHAMPVA pre-authorization for mental health services is not required when your other health insurance has already authorized the otherwise covered benefit.

ADD or ADHD: Attention Deficit Hyperactivity Disorder (ADHD) has coverage as outlined under **Behavioral Health Outpatient Care.**

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Autism – **Applied Behavioral Analysis (ABA)** requires pre-authorization for treatment only (not evaluation).

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Behavioral Health Acute Inpatient Care:

CHAMPVA requires pre-authorization for all inpatient acute psychiatric hospitalizations.

Inpatient Mental Health **High Volume** Facility and CHAMPVA is Primary Payer:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

Inpatient Mental Health **High Volume** Facility and CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Mental Health **Low Volume** Facility and CHAMPVA is **Primary Payer:**

PATIENT PAYS	CHAMPVA PAYS
The lesser of: • Per-day cost-share amount times the number of inpatient days, or • 25% of the billed amount	• Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount

Inpatient Mental Health **Low Volume** Facility and CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Behavioral Health Outpatient Care:

Only psychotherapy sessions performed by a provider listed in the CHAMPVA Operational Policy Manual, Chapter 2, Section 18.1 are covered.

Sessions include individual, group, family, collateral, multiple family group and interactive group.

Medication management, psychological evaluation, psychological testing, and electro-convulsive therapy are not included in these sessions and are covered separately.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Drug and Alcohol Abuse: Pre-authorization is required. Refer to **"Substance Abuse"** for full benefit coverage.

Eating Disorders: Refer to **"Behavioral Health Outpatient Care"** for full benefit coverage.

Intensive Outpatient Program (IOP) and Psychiatric Partial Hospitalization Program (PHP):

The facility must be TRICARE-approved or Medicare-certified.

Pre-authorization is required from CHAMPVA except when other health insurance is the primary payer. In that case, when other health insurance has authorized the care, the service does not require pre-authorization through CHAMPVA.

Residential Treatment Center (RTC): The RTC must be state-licensed and accredited by one of the following: The Joint Commission (TJC), Council on Accreditation (CoA), Commission on the Accreditation of Rehabilitation Facilities (CARF) or TRICARE.

When CHAMPVA is **Primary Payer:**

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Substance Abuse

Substance Abuse Drug Maintenance Programs: Where one addictive drug is substituted for another (such as methadone for heroin), see CHAMPVA Operational Policy Manual for coverage information.

Detoxification: An inpatient service that requires pre-authorization by CHAMPVA. Unless a waiver is granted, the service is limited to seven days per admission. Detoxification will be approved only if it is performed under general medical supervision.

Outpatient Mental Health

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***Substance Abuse Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Substance Abuse continued

Inpatient and Partial Hospitalization Rehabilitation: Pre-authorization is required. The facility must be state-licensed and approved by one of the following: The Joint Commission (TJC), Council on Accreditation (CoA), Commission on the Accreditation of Rehabilitation Facilities (CARF) or TRICARE.

Inpatient Mental Health **High Volume** Facility

When CHAMPVA is **Primary Payer:**

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Mental Health **Low Volume** Facility

When CHAMPVA is **Primary Payer:**

PATIENT PAYS	CHAMPVA PAYS
The lesser of: • Per-day cost-share amount times the number of inpatient days, or • 25% of the billed amount	• Up to 100% of Allowed Amount minus patient per-day payment, or • 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Behavior Health Services that are NOT covered

- **Learning Disorders:** For example, reading disorders or dyslexia, mathematics disorders, disorders of written expression and/or learning disorders not otherwise specified.

  Note: Public Law 94-142 requires states to provide diagnostic and evaluation services and special education and related services (including speech therapy) for children determined to have a learning disability.
- **Marriage Counseling**
- **Sex Changes, Therapy, or Sexual Behavior Modification**
- **Stress Management**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Dental Services

All dental requires pre-authorization. Coverage is limited to dental treatments as part of the appropriate treatment of some other (non-dental) covered medical condition.

Adjunctive[18] **Dental Care:** (extremely limited coverage) Covered only when the dental treatment is part of the appropriate treatment of some other (non-dental) covered medical condition.

Gingival Hyperplasia: When caused by prolonged medication therapy for conditions such as epilepsy or seizure disorders.

Loss of Jaw Substance: Covered when due to direct trauma or treatment of neoplasm. Requires documentation that provides the diagnosis, history of the trauma or treatment of the neoplasm, and the patient's age. Include a detailed description of the prosthetic treatment plan when applicable.

Mercury Hypersensitivity: The removal of dental amalgam mercury source is covered under the following conditions:

- Independent diagnosis by a physician allergist based on generally accepted test(s) for mercury hypersensitivity.
- Documentation that reasonably rules out sources of mercury exposure other than the dental amalgam.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an **Ambulatory Surgery Center** (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

18 Adjunctive: The treatment is necessary for approved care for a covered medical condition.

Dental Services that are NOT covered

- **Dental Care** (routine)
- **Dentures or Partial Dentures** (adding or modifying)
- **Orthodontia Care** (braces)

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Diabetic Services

Diabetes Screening:
Screenings can be covered when medically necessary:

- High blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity or a history of high blood sugar.

Screenings can also be covered if you have two or more of the following characteristics:

- Age 65 or older; overweight; immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information.

Note: When part of a preventive visit, see the **"Preventive Services"** section for more information.

Diabetes Self-Management Training Program (outpatient): Prescribed by a physician for education about self-monitoring of blood glucose, diet, and exercise (limitations apply and medical documentation from the provider must accompany the bill).

Eye Exam: Covered when there is a diagnosis of diabetes.

Insulin and Diabetic-related Supplies: Covered benefit. Insulin pumps are also covered when the claim is accompanied by a **certificate of medical necessity**[19] (CMN) or doctor's order with the diagnosis of diabetes mellitus.

Foot Care Services: Very limited coverage; routine foot care services for peripheral vascular disease, metabolic or neurological disease is covered (such as diabetes).

Shoes for Diabetics: One pair of custom molded shoes (including inserts), per calendar year. One pair of extra-depth shoes (not including inserts provided with such shoes), per calendar year. Three pairs of multi-density inserts, per calendar year.

Weight Loss Medications: Covered when there is a diagnosis of Type 2 diabetes.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

19 Certificate of medical necessity: A certificate of medical necessity (CMN) is a document provided by your physician that indicates the medical necessity for the care or services prescribed as part of your treatment plan.

Diabetes Services that are NOT covered

- **Weight Reduction Programs**

Durable Medical Equipment Services (DME)

Durable Medical Equipment (DME) is equipment that can withstand repeated use, is primarily used to serve a medical purpose, is generally not useful in the absence of an illness or injury and is appropriate for use in the home. **DME must be ordered by a physician.**

Barrier-free Lift: Claim should be accompanied by a Certificate of Medical Necessity (CMN) to include medical documentation. Medical documentation should show a history of inability to get out of bed and no caregiver to get the patient in or out of bed. Home modifications are not covered.

DME: Must be ordered by a physician. Coverage may be authorized for customization, accessories, or supplies; maintenance by manufacturer's authorized technician; repair and adjustment; and/or replacement needed due to normal wear or a change in medical condition.

Mastectomy Bras and Prostheses: Covers up to seven bras every 12 months. Replacement of breast prostheses every 24 months.

Orthopedic Braces and Other Appliances: Orthotic devices are covered when appropriate based on benefit operational policy and provided by an authorized provider. Covered orthotic devices include, but are not limited to, braces for the neck, arm, back and leg to assist in movement or to provide support to a limb. (Orthopedic shoes are excluded from benefit coverage except for diabetics.)

Oxygen and Related Equipment (to include oxygen concentrators): Requires a CMN that includes the oxygen flow rate with frequency and duration of use, estimated length of time oxygen will be required and the method of delivery.

If the initial CMN shows an indefinite or lifetime need, a new prescription is not required with each billing, as long as the diagnosis supports a continued need.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***DME Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.

Prosthetic Devices: Artificial limbs, eyes, voice and other prostheses, and FDA-approved surgical implants are covered.

Shoes for Diabetics: One pair of custom molded shoes (including inserts) per calendar year. One pair of extra-depth shoes (not including inserts provided with such shoes) per calendar year. Three pairs of multi-density inserts, per calendar year.

TENS (transcutaneous electrical nerve stimulation), Neurostimulator: Requires CMN or doctor's order containing the diagnosis.

Wheelchair or Scooter (motorized): Claims should be accompanied by a CMN or doctor's order containing the diagnosis. Seating evaluation must be performed with proof that vehicle can be used inside the home.

Wig or Hairpiece: When needed during or after treatment for a malignant disease such as cancer, which causes hair loss (one per lifetime).

Wound Vacuum-Assisted Closure (VAC) (negative pressure wound therapy): Claim should be accompanied by a CMN or doctor's order. Provide the wound measurements (length/width/depth) and the starting date and length of time the VAC will be required.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

DME Services that are NOT covered

- **Durable Medical Equipment (DME):** Denied by Medicare and other health insurance as not medically necessary.
- **Exercise Equipment**
- **Hearing Aids: Hearing aids that are not surgically implanted/anchored** (cochlear implants and bone-anchored hearing aids are covered).
- **Hot Tubs**
- **Luxury or Deluxe Equipment**
- **Maintenance Agreements/Contracts**
- **Modifications to Home or Vehicle**
- **Orthotic Shoe Devices:** For example, heel lifts, arch supports, shoe inserts, etc., unless associated with extra-depth shoes for diabetes.
- **Spas**
- **Vehicle Lifts:** That are non-detachable and cannot be removed from one vehicle and used on another.
- **Whirlpools**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Extended Care

Cardiac Rehabilitation Programs: Limited to 36 sessions and normally completed within 12 months following a qualifying cardiac event.

Home Health Care: Coverage is limited to intermittent skilled level home care for a homebound patient. The care must be medically necessary and ordered by a physician and care must be provided by a registered nurse (RN), licensed practical nurse (LPN) or licensed vocational nurse (LVN).

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Hospice: Care is covered for terminally ill patients with a life expectancy of six months or less. The program is designed to provide care and comfort to patients and emphasizes supportive services such as pain control, home care and patient comfort.

There are **four levels** on which reimbursement is based. They are:

1. **Routine Home Care** – reimbursed as routine home care when not receiving continuous care.
2. **Continuous Home Care** – minimum of 8 hours per 24-hour period.
3. **Inpatient Respite Care** – maximum of 5 days including day of admission but not including day of discharge.
4. **General Inpatient Care** – reimbursed at the inpatient rate when general inpatient care is provided.

Full Hospice benefit information can be found in the ***CHAMPVA Policy Manual***, Chapter 2, Section 16.4.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Hospice Inpatient Services

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount minus other health insurance payment.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Skilled Nursing Care: Skilled care may be provided by a variety of licensed professional caregivers, including a registered nurse (RN), licensed practical nurse (LPN), licensed vocational nurse (LVN), physical therapist, occupational therapist, respiratory therapist or social worker. The skilled care can be provided in different settings, such as the patient's home or a rehabilitation facility, depending on the amount and frequency of care needed and the severity of the illness.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Skilled Nursing Facility (SNF): A SNF provides skilled nursing or rehabilitative care to patients who require 24-hour care under the supervision of a registered nurse or physician. A service is considered skilled care when it cannot be performed by a nonmedical person in a hospital or a separate facility.

Skilled nursing care does not require pre-authorization, but all claims for such services are subject to medical review. Provide medical documentation that justifies this level of care.

Note: There must be a three-day inpatient qualifying stay before admission to an SNF.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

When **Medicare is primary payer:**

PATIENT PAYS	CHAMPVA PAYS
• 1–20 days $0 (in most cases) • 21–100 days $0 (in most cases) • >100 days 25% Cost Share	• 1–20 days $0 (in most cases) • 21–100 days $0 (in most cases) • >100 days 75% of allowed amount

Extended Care Benefits that are NOT covered

- **Custodial Care**
- **Housekeeping, Homemaker, and Attendant Services**
- **Services provided by a member of your immediate family or person living in your household**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Family Care Services

Birth Control: Family planning benefits are provided for FDA-approved prescription drugs and devices such as intrauterine devices (IUDs), diaphragms, birth control pills, long-term reversible contraceptive implants, and sterilization (vasectomy or tubal ligation).

Over-the-counter forms of birth control are not a covered benefit; except for emergency contraceptives (for example, Plan B).

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount minus other health insurance payment.

Family Planning and Maternity: Coverage includes treatment related to prenatal, delivery and postnatal care, including for complications associated with pregnancy, such as miscarriage, premature labor, and hemorrhage.

Maternity benefits may not be restricted in connection with childbirth for the mother or newborn child to:

- Less than 48 hours, following a normal vaginal delivery.
- Less than 96 hours, following a cesarean section.

Note: Services provided to the mother and those provided to the child must be billed separately. Other than routine facility-provided inpatient well-childcare, services for the child will only be covered if the child is also eligible for CHAMPVA.

Outpatient Services

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Diagnosis Related Group (DRG) Based and CHAMPVA is Primary Payer:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible The lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	The lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Non-DRG Based

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Fetal Fibronectin Enzyme Immunoassay (to determine risk of preterm delivery): Benefits are covered for pregnant women with indications of preterm delivery.

Genetic Testing During Pregnancy: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.

Infertility Testing and Treatment: Services include diagnostic testing, surgical intervention, hormone therapy and other covered procedures to correct the cause of infertility.

Newborn Care: The newborn period is considered 0 to 30 days. Well-childcare for newborns includes the routine care of the newborn in the hospital, newborn circumcision and newborn screening as recommended by the American Academy of Pediatrics (AAP).

Note: Services for the child, other than routine facility-provided inpatient well-childcare, will only be covered if the child is also eligible for CHAMPVA. Separate bills for the mother and newborn are needed when the child is covered under CHAMPVA.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***Family Care Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Surgical Sterilization: Tubal ligation and vasectomy are covered.

Outpatient Services

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services- Diagnosis Related Groups (DRG) Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible Lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	Lesser of: • Up to 100% of Allowed Amount minus patient per-day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Non-DRG Based

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Well-Childcare: Care up to six years of age to include routine physical examinations, immunizations, vision and hearing screenings, behavioral assessments, and developmental assessments in accordance with the most current American Academy of Pediatrics (AAP) guidelines, and lab screenings.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• Up to 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Family Care Services NOT Covered

- **Abortion Counseling:** Except when the mother's life is in danger, or as a result from rape or incest. (See **"Mental Health"** section for covered cost shares.)
- **Abortions:** Except when a physician certifies that the life of the mother would be endangered if the fetus were carried to term or as a result from rape or incest. (See "Surgical" section for cost-shares.)
- **Artificial Insemination**
- **Diagnostic Tests:** To determine the sex or paternity of a child.
- **Embryo Transfer**
- **Genetic Testing/Screening:** Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child, or sex of an unborn child, are excluded from coverage.
- **In Vitro Fertilization**
- **Marriage Counseling**
- **Postpartum Inpatient Stay:** Of a mother for purposes of staying with the newborn (when the newborn requires continued treatment, but the mother does not) or of a newborn for purposes of staying with the mother (when the mother requires continued treatment, but the newborn does not).
- **Reversal of Surgical Sterilization** – tubal ligation or vasectomy.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

General Medical Services

Ambulance Service: Covered when life-sustaining equipment is necessary for a medically covered condition. Air ambulance to the nearest facility where necessary treatment is available is covered if no emergency ground transportation is available or suitable and the patient's condition warrants immediate evacuation. Trip reports may be required for consideration of payment.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Autologous Blood Collection (blood transfusion): This is the collection of the patient's blood. Transfusion services are covered when there is a scheduled surgical procedure.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Foot Care Services (very limited coverage)**:** Routine foot care services for peripheral vascular disease, metabolic or neurological disease are covered (such as diabetes).

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Morbid Obesity, Surgical Correction: Surgery for morbid obesity may be covered when one of the following conditions is met:

- Patient's body mass index (BMI) is over 40, **or**
- Patient's BMI is over 35 with serious medical conditions exacerbated or caused by obesity **or**
- Second surgery (takedown) due to complications of previous surgical correction.

Surgical procedures are limited to adjusted gastric banding (LAP-BAND); gastroplasty (stomach stapling); Roux-en-Y gastric bypass; and vertical banded gastroplasty and medically necessary revisions. (See benefits policy for specific exclusions.)

Claims must be accompanied by the BMI, current height, weight, history of other medical conditions and history of other treatments tried and failed.

Inpatient Services-Diagnosis Related Groups (DRG) Based

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible Lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	Lesser of: • Up to 100% of Allowed Amount minus patient per day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Non-DRG Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Myofascial Pain Dysfunction Syndrome: Treatment of this syndrome may be considered a medical necessity only when it involves immediate relief of pain. Treatment beyond four visits or any repeat episodes of care within a six-month period must be documented by the provider of services and medically reviewed by CHAMPVA.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***General Medical Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

General Medical Services that are NOT covered

- **Experimental/investigational Services and Supplies**
- **Foot Care Services** of a routine nature, such as removal of corns and calluses.
- **Hearing Examinations** unless in connection with well-childcare or a covered illness/injury.
- **Hypnosis**
- **Naturopathic Services**
- **Private Hospital Rooms**
- **Sex Changes, Therapy, or Sexual Behavior Modification**
- **Transportation Services** that do not require life-sustaining equipment.
- **Weight Control Medication or Weight Reduction Programs**
- **Workers' Compensation Injuries**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Pharmacy Services

Immunizations and Vaccines: When administered per **Centers for Disease Control and Prevention (CDC)**[20] recommendations and other specific factors. *Please see the recommended immunization and vaccine schedules in this section for detailed information (footnote 22 on page 34).*

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Drugs and Medications: Covered drugs and medications must be approved by the FDA for the treatment of the conditions for which they are administered, prescribed by an authorized provider, and dispensed in accordance with state law and licensing requirements.

Received through **Meds by Mail**

PATIENT PAYS	CHAMPVA PAYS
• Nothing	• 100% of Allowed Amount

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Drug Maintenance Programs: See Substance Abuse section on page 15.

Smoking Cessation Products: Only covered by **Meds by Mail**[21].

Received through **Meds by Mail**

PATIENT PAYS	CHAMPVA PAYS
• Nothing	• 100% of Allowed Amount

20 Centers for Disease Control and Prevention (CDC): A United States federal government agency for disease prevention based in Atlanta, Georgia.

21 Meds by Mail (MbM): A pharmacy mailing service that provides a safe and easy way for eligible CHAMPVA beneficiaries to receive non-urgent maintenance medications delivered directly to their homes at no charge.

***Pharmacy Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Pharmacy Services that are NOT covered

- **Drugs not FDA-Approved**
- **Group C Investigational Drugs for Terminally Ill Cancer Patients:** These medications are available free from the National Cancer Institute through its registered physicians.
- **Immunizations for Travel**
- **Over-the-Counter Medications:** that do not require a prescription (except for insulin and diabetic-related supplies, which are covered even when a physician's prescription is not required under state law).
- **Smoking Cessation Products** NOT from Meds by Mail: Medications and products.
- **Vitamins:** Except for the following, which are covered: prescription prenatal vitamins and formulations of 1mg of folic acid, niacin, and vitamins D, K and B12 (injection) that are not available over the counter. (See **"Drugs and Medications"** section.)

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Preventive Services

(SEE OPERATIONAL POLICY SERVICE MANUAL FOR A MORE COMPREHENSIVE PREVENTIVE LIST)

The following services are covered when medically necessary and your provider will determine the appropriate medical service during the annual preventive exam.

Annual Exams: A routine physical examination is an evaluation and management of the general health of adults and children conducted in the absence of a presenting complaint or other indication of illness or injury.

Bone Density Studies: When used to diagnose or monitor osteoporosis and osteopenia. When used for diagnosis, patient must be considered high-risk or presenting symptoms. When used for monitoring, bone density studies are limited to one per year.

Breast Cancer Screening: Clinical breast examination and imaging (such as mammography) are covered. BRCA1 or BRCA2 testing is covered for women identified as high risk.

Cancer Screening: When it is medically necessary and appropriate.

Cardiovascular Screenings: When it is medically necessary and appropriate.

Cholesterol Screening: When it is medically necessary and appropriate.

Colorectal Cancer Screenings: Annual screenings are covered once every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.

Diabetes Screening: Covered for adults with sustained blood pressure (treated or untreated) greater than 135/80mm Hg or are aged 40–70 and overweight/obese.

Genetic Testing: To diagnose a disease or syndrome. The test must be medically appropriate and necessary.

HIV Testing: When there has been HIV exposure or symptoms of possible infection, or if there is a pregnancy.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Nothing	• 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- CHAMPVA pays up to 100% of allowed amount.

***Preventive Services** continued on next page.*

Immunizations and Vaccines: When administered per CDC recommendations and other specific factors. **Please see the recommended immunization schedule in this section for detailed information**[22].

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Nothing	• 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- CHAMPVA pays up to 100% of allowed amount.

Mammograms:

Ages 35–39

- One baseline mammogram
- Annually, if your doctor determines you are at high risk.

Ages 40 and above

- Annually

Pap Test and Pelvic Exam: For patients aged 18 and older or those younger than 18 when recommended by a clinician.

School-Required Physical: Physical examination for beneficiaries through the age of 17.

Well-Childcare: Care up to six years of age to include routine physical examinations, immunizations, vision and hearing screenings, behavioral assessments, and developmental assessments in accordance with the most current American Academy of Pediatrics (AAP) guidelines, and lab screenings.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • No Cost Share	• 100% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

22 CDC recommended immunizations and vaccine schedules: Vaccines and immunizations are considered according to current CDC recommendations and based on physician's discretion. For more information on the CDC–recommended schedules, visit www.cdc.gov/vaccines/index.html.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Reconstructive Surgery

This benefit is very limited. Coverage can be provided to correct a serious birth defect, such as cleft lip/palate, to restore body form or function after an accidental injury, or to improve appearance after severe disfiguration or extensive scarring from cancer surgery or breast reconstructive surgery following a mastectomy that is **covered by CHAMPVA.**

Ankyloglossia (surgery for total or complete tongue tie): Surgery for tongue tie is covered in cases where total or complete ankyloglossia is documented.

Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.

Breast Reconstruction: Is a covered benefit to correct breast deformities related to verified congenital anomaly, as well as in the case of a medically necessary mastectomy.

Breast Reduction (Reduction Mammoplasty): Very limited coverage. Claims must include physician documentation of a medical history of persistent symptoms present for at least one year.

Cleft palate (correction of): Claim must include a medical statement from the physician that includes the following information: brief medical history, condition, symptoms, length of time symptoms have been present and other forms of attempted treatment.

Dermatological Procedures: For treating covered conditions, such as acne and for hypertrophic scarring and keloids resulting from burns, surgical procedures, or traumatic events.

Outpatient Services

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Diagnosis Related Groups (DRG) Based

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible Lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	Lesser of: • Up to 100% of Allowed Amount minus patient per day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***Reconstructive Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Implants (surgical; very limited coverage): For silicone or saline breast implants, please contact the customer service center for more details.

Panniculectomy (tummy tuck): (very limited coverage) A medical history should accompany the claim, as well as documentation of the complications experienced because of the enlarged pannus, such as skin rashes/infection, conservative treatments that were tried and failed and/or lower back pain attributed to pannus.

Penile Implant/Testicular Prosthesis: For organic impotence, correction of a congenital anomaly or correction of ambiguous genitalia.

Outpatient Services

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Non-DRG Based

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Reconstructive/Cosmetic Services that are NOT covered

- **Tattoo Removal**
- **Cosmetic Drugs** (such as Retin A, Botox when provided for a cosmetic purpose rather than a medical purpose)
- **Cosmetic Surgery**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Testing Services

In all cases, your physician will determine when these services are medically necessary and appropriate for your medical care (**when not a part of a preventive exam**).

Covered Testing Services

Cancer Screening: When it is medically necessary and appropriate.

Cardiovascular Screenings: When it is medically necessary and appropriate.

Cholesterol Screening: When it is medically necessary and appropriate.

Colorectal Cancer Screenings: Annual screenings are covered once every 10 years for an average level of risk. Higher levels of risk may have additional benefits coverage. The level of risk will be determined by your physician.

Diabetes Screening: Screenings can be covered when you have these risk factors:

- High blood pressure, dyslipidemia (history of abnormal cholesterol and triglyceride levels), obesity or a history of high blood sugar.

Screenings can also be covered if you have two or more of the following characteristics:

- Age 65 or older; over-weight; immediate family history of diabetes (parents, brothers, sisters); a history of gestational diabetes (diabetes during pregnancy) or delivery of a baby weighing more than nine pounds. Based on the results of these tests, you may be eligible for up to two diabetes screenings every year. Talk to your doctor for more information.

Genetic Testing: To diagnose a disease, Syndrome or BRCA1/BRCA2 gene. The test must be medically appropriate and necessary. (See CHAMPVA Operational Policy Manual, Chapter 2, Section 23.1.)

HIV Testing: When there has been HIV exposure or symptoms of possible infection or if there is a pregnancy.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***Testing Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Mammograms: 3D mammograms are covered.

Ages 35–39

- One baseline mammogram
- Annually, if your doctor determines you are at high risk.

Ages 40 and above

- Annually

Pap Test and Pelvic Exam: For patients ages 18 and older or those younger than 18 when recommended by a clinician.

Allergy Testing & Treatment: Allergy testing and treatment are covered when appropriate, based on benefit operational policy. All claims for allergy testing must indicate the type and number of tests performed.

CT scans: When medically necessary and appropriate.

Magnetic Resonance Angiography (MRA), Magnetic Resonance Imaging (MRI), Magnetic Resonance Spectroscopy (MRS): Services covered when appropriate, based on benefit operational policy.

Single Photon Emission Computed Tomography (SPECT): Limited coverage; covered when documentation by reliable evidence as safe, effective, and comparable or superior to standard of care (proven).

Ultrasound: Ultrasounds for diagnosis, guidance and postoperative evaluation of surgical procedures are covered. Maternity-related ultrasound is limited to diagnosing and managing a high-risk pregnancy or when there is a reasonable probability of neonatal complications.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Testing Services that are NOT covered

- **Genetic Testing:** Routine or demand genetic testing, or genetic tests performed to establish the paternity of a child, or sex of an unborn child, are excluded from coverage.

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Therapy Services

Biofeedback: Certain types of biofeedback therapy are covered when there is medical documentation that there has been no response to other conventional forms of therapy.

Kidney (Renal) Dialysis: Limited to periods of Medicare ineligibility (see CHAMPVA Operational Policy for additional details).

Occupational Therapy: Services must improve, restore, or maintain function, or minimize or prevent deterioration of the patient's condition in a reasonable and generally predictable period of time. The services must be prescribed by a physician, certified physician assistant or a certified nurse practitioner, and be medically necessary.

Physical Therapy: Physical therapy services may be prescribed by a physician, physician assistant or certified nurse practitioner. Professionally administered physical therapy to help the patient attain greater self-sufficiency, mobility and productivity is covered when the exercises and other modalities improve muscle strength, joint motion, coordination, and endurance.

Radiation Therapy: Brachytherapy, fast neutron, hyper fractionated and radioactive chromic phosphate synoviorthesis are covered.

Speech Therapy: For physical impairments including:

- Brain injury (such as traumatic brain injury, stroke/cerebrovascular accident, etc.)
- Congenital anomalies (such as cleft lip and cleft palate)
- Neuromuscular disorders, such as cerebral palsy
- Congenital sensory disorders

The Individuals with Disabilities Education Act (IDEA) requires schools to provide speech therapy services for children between ages 3–21. If services are not available through the state, documentation from the state is required.

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

***Therapy Services** continued on next page.*

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Therapy Services that are not covered

- **Acupuncture**
- **Biofeedback**: Treatment of ordinary muscle tension, psychosomatic conditions, hypertension, or migraine headaches.
- **Chiropractic Services**
- **Chronic Fatigue Syndrome**
- **Exercise Equipment**
- **Health Club Membership**
- **Whirlpools**
- **Workers' Compensation Injuries**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

Transplant Services

Pulmonary Rehabilitation Programs: Limited to pre- and postoperative lung or heart-lung transplants and cardiopulmonary disease.

Transplants: Pre-authorization is required. A summary from the transplant team indicating the medical necessity for the procedure must be provided. The following transplants are covered (as well as donor costs):

- Allogeneic bone marrow transplantation
- Autologous bone marrow transplantation
- Heart transplantation, including artificial hearts
- Heart-kidney transplantation
- Heart-lung transplantation
- High dose chemotherapy (HDC) and stem cell transplantation
- Kidney transplantation
- Liver transplantation
- Liver-kidney transplantation
- Lung transplantation
- Multivesicular transplantation
- Pancreas transplantation alone (PTA)
- Pancreas after kidney (PAK) transplantation
- Simultaneous pancreas-kidney transplantation
- Pancreatic islet cell transplantation

When CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Diagnosis Related Groups (DRG) Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible Lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	Lesser of: • Up to 100% of Allowed Amount minus patient per day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount

Inpatient Services-Non-DRG Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Vision Services

Blepharoplasty: Surgery to improve the abnormal function of the eyelid is covered when a significant impairment of vision is medically documented. Medical documentation should include two visual field studies (one with and one without lid elevation) and photographs.

Outpatient Services and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • Services received in an Ambulatory Surgery Center (ASC) have no deductible • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

Inpatient Services-Diagnosis Related Groups (DRG) Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• No Deductible Lesser of: • Per-day amount times the number of inpatient days, **or** • 25% of billed amount, **or** • Base DRG rate	Lesser of: • Up to 100% of Allowed Amount minus patient per day payment, **or** • 75% of Allowed Amount, **or** • 100% of Allowed Amount minus the DRG rate

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount

Inpatient Services-Non-DRG Based and CHAMPVA is **Primary Payer**:

PATIENT PAYS	CHAMPVA PAYS
• Deductible – $50 Individual; $100 Family • 25% Cost Share	• 75% of Allowed Amount

When CHAMPVA is **Secondary** or **Tertiary:**

- Patient pays nothing in most cases.
- CHAMPVA pays up to 100% of allowed amount.

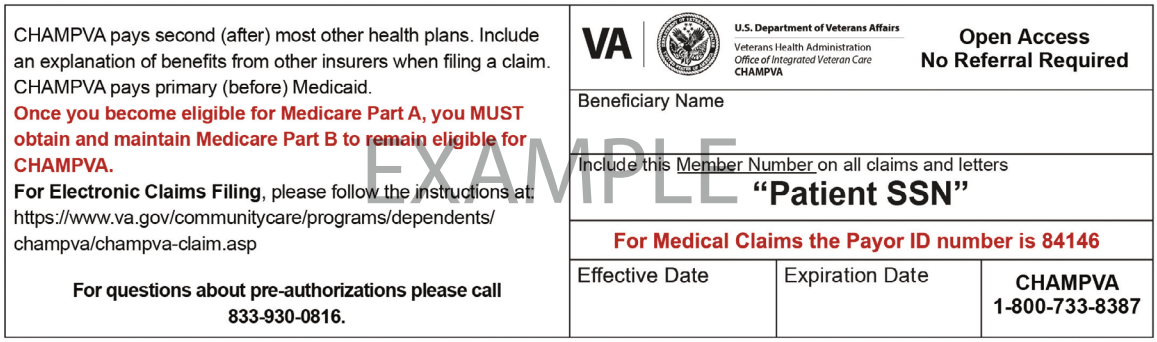
Vision Services that are NOT covered

- **Eye Examinations** (routine)
- **Eyeglasses**
- **Contact Lenses**

Services listed as a covered benefit do not guarantee payment as there may be specific guidelines for coverage. Please call customer service at 800-733-8387 for additional information. Services received in a VA medical center under CITI are exempt from beneficiary cost sharing. Yearly catastrophic cap protection limits beneficiary cost sharing to $3,000 annually.

6 GETTING CARE

Each CHAMPVA-eligible family member and Primary Family Caregiver receives an identification card (see example below). When you visit your doctor, take your CHAMPVA identification card with you.



CHAMPVA pays second (after) most other health plans. Include an explanation of benefits from other insurers when filing a claim. CHAMPVA pays primary (before) Medicaid.
Once you become eligible for Medicare Part A, you MUST obtain and maintain Medicare Part B to remain eligible for CHAMPVA.
For Electronic Claims Filing, please follow the instructions at: https://www.va.gov/communitycare/programs/dependents/champva/champva-claim.asp

For questions about pre-authorizations please call 833-930-0816.

VA | U.S. Department of Veterans Affairs, Veterans Health Administration, Office of Integrated Veteran Care, CHAMPVA

Open Access
No Referral Required

Beneficiary Name

Include this Member Number on all claims and letters
"Patient SSN"

EXAMPLE

For Medical Claims the Payor ID number is 84146

Effective Date	Expiration Date	**CHAMPVA 1-800-733-8387**

VA Form 10-7959-1 Base. Jan. 2025

Since your cost share (similar to a copayment) will be a percentage of the CHAMPVA **allowable amount**[23] rather than a specific dollar amount, talk to your doctor about how and when to pay your part of the bill. If you have already paid your deductible or reached your catastrophic cap for the year, show your most recent CHAMPVA explanation of benefits (EOB) to your provider to verify that you have met one or both requirements for the year.

CHAMPVA covers most medically necessary health care services, including:

- Ambulance service
- Ambulatory surgery
- **Durable medical equipment (DME)**[24]
- Family planning and maternity
- Hospice
- Inpatient services
- Mental health services
- Outpatient services
- Pharmacy
- Skilled nursing care
- Transplants

We pay for covered services and supplies when determined as medically necessary and received from an authorized provider. When providers perform services within the scope of their license or certification, we generally consider them authorized.

23 Allowable amount: The amount we pay plus your cost share.
24 Durable medical equipment (DME): Medical equipment used during treatment or home care, including such items as crutches, knee braces, wheelchairs, hospital beds, prostheses, etc. DME health coverage levels often differ from those for office visits and other medical services.

You have many choices when selecting a provider. Medical services may be available to you at your local VA medical center **(VAMC)**[25] or clinic through **CITI**[26], described below. You may also obtain medical services from authorized non-VA providers.

Finding a Provider

Always ask your health care providers if they accept CHAMPVA and, if they do, if they will file reimbursement claims with us for their services. If they're unfamiliar with CHAMPVA, have them call 800-733-8387 so we can provide them information. Let your provider know CHAMPVA's payer ID is 84146. We cover most medically necessary services and supplies when received from an authorized provider. We generally consider any provider to be authorized if they are performing services within the scope of their license.

CHAMPVA does not have a network of medical providers. If you need to find a provider that accepts CHAMPVA, try Medicare or TRICARE providers.

- **Medicare:** Go to www.medicare.gov. Use one of the "Doctor, provider" links on that page. Most Medicare providers will also accept CHAMPVA patients.
- **TRICARE:** Go to www.tricare.mil/GettingCare/FindDoctor to locate a provider in your area. Most TRICARE providers will also accept CHAMPVA patients.

Please call, email, or write us if you are having difficulty locating a provider, and we will help you find one (see Customer Service section).

You may also be able to obtain medical services at your local VA medical center (VAMC) or community-based outpatient clinic (CBOC) under CITI. There is no cost share or deductible, and more than half of all VAMCs participate.

Providers Who Accept "Assignment" for CHAMPVA Patients

When you locate a medical provider, confirm they will accept CHAMPVA. Providers most often refer to this as accepting **assignment**[27]. That means the provider will bill CHAMPVA directly for covered services, items, and supplies. By accepting assignment, your doctor agrees to accept our allowable amount as payment in full. A provider who accepts assignment cannot bill you for the difference between our allowable amount and what they normally bill.

Important Note: Any hospital that participates in Medicare, and hospital-based health care professionals who are employed by, or contracted to, such hospitals are required by law to accept CHAMPVA for inpatient hospital services.

Getting Care continued on next page

25 VAMC: VA medical center
26 CITI: The acronym for CHAMPVA Inhouse Treatment Initiative, a program that permits CHAMPVA beneficiaries to receive care at participating VAMCs.
27 Assignment: When you visit a medical provider, find out if the provider will accept CHAMPVA. Providers most often refer to it as accepting assignment. That means the provider will bill us directly for covered services, items, and supplies. Doctors or providers who agree to accept assignment cannot try to collect more than the CHAMPVA deductible and cost share amounts from you.

Providers Who Do Not Accept "Assignment" for CHAMPVA Patients

If your provider does not accept assignment, you can still see that provider. However, you should know the following:

- You are responsible for the provider's entire bill at the time of service.
- You may be charged more than the CHAMPVA allowable amount.
  - If your provider does not accept CHAMPVA, you could be paying more than you would if the provider does accept assignment.
- You can file a claim with us, but we will only pay 75% of our allowable amount.

To obtain reimbursement in cases where CHAMPVA is your only insurance, you will have to submit the itemized bill from the provider along with a CHAMPVA Claim Form (VA Form 10-7959a at www.va.gov/find-forms/about-form-10-7959a). We will send you our share of the allowable amount when the claim is processed.

Getting care at VA

To find out if your local VA medical center or clinic participates in CITI, please contact the facility directly. (You can find your local VA facility at www.va.gov/find-locations.) Your VAMC will be able to tell you which services are available. Your CHAMPVA eligibility and other health insurance information will be reviewed. Some VAMCs accept patients through CITI who have other types of health insurance, but it may depend based on the specific VAMC you go to. If you have Medicare, you will not be able to participate in CITI.

Getting Pharmacy Services

We offer a few ways for you to obtain medications:

- Meds by Mail
- Pharmacy Benefits Manager
- Non-network pharmacies

Meds by Mail

Meds by Mail is a safe, easy way to receive non-urgent, maintenance medications including those that treat chronic conditions such as arthritis, asthma, diabetes*, high cholesterol and high blood pressure – all with no cost share or deductible. Meds by Mail can also ship your medication to a temporary address like a summer or winter vacation home.

**Insulin and other refrigerated medications cannot be delivered to a post office box or if you live in U.S. territories Guam, American Samoa, Northern Mariana Islands and U.S. Virgin Islands.*

CHAMPVA beneficiaries and Primary Family Caregivers automatically qualify for Meds by Mail if they do not have any other prescription coverage, including Medicare Part D.

Important facts to keep in mind when using Meds by Mail:

- Tell your provider your pharmacy's name is ***Meds by Mail CHAMPVA*** with the ***NCPDP ID: 5204437***.

- **Electronic prescribing is the fastest and safest way to receive your prescriptions.** Providers who use "e-Prescribing" (electronic transmission) will send your 90-day prescription directly to Meds by Mail. You do not need to provide additional forms.
- **Mailed prescriptions are accepted**. Ask your provider for a written prescription for a 90-day supply with refills for up to a year (non-controlled medications) or up to six months (controlled medications). CII narcotics are not dispensed by Meds by Mail. Ensure your provider includes the following information on the prescription:
  - Full legal name
  - Last four digits of the social security number
  - Date of birth
  - Current address

  Note: *If you cannot be identified, Meds by Mail will not fill your prescription and your written prescription will be returned to you.*
- **Important! You must mail the original prescription; copies are not accepted. Mail prescriptions and refill request slips to:**

  Meds by Mail
  P.O. Box 331178
  Murfreesboro, TN 37133

- **Request prescription refills by:**

  Phone: Call the automated refill line (fastest/safest): 888-370-1699.

  Online: Register for a MyHealth*e*Vet account to request refills and track delivery. www.myhealth.va.gov

  Mail: Mail the refill slip that is provided with each prescription. Once mailed, allow up to 10 business days for processing.

For more information about Meds by Mail, visit our website at www.va.gov/resources/meds-by-mail-for-champva-and-other-family-member-programs.

Contact the **Meds by Mail Service Center** for questions about your prescription and refills by calling 866-229-7389 or 888-385-0235.

OptumRx Pharmacy Benefits Manager (PBM) Retail Pharmacy Network

You can use the OptumRx pharmacy benefits manager (PBM) network even if you have other health insurance with pharmacy coverage. OptumRx offers more than 66,000 pharmacies across the United States and its territories.

CHAMPVA can help cover the cost of your medications as a secondary payer through OptumRx.

Getting Care continued on next page

- **No claims to file.** The pharmacy will bill us electronically leaving you with no claims to file. Make sure your pharmacy knows you have CHAMPVA and that you need them to submit your claim electronically.
- **25% cost share, if CHAMPVA is your only coverage.** Show the pharmacy your PBM ID card and they'll take care of the rest. Your claim will be electronically filed, and you will pay a 25% cost share for your medication (after the annual outpatient deductible is met). For information, visit https://welcome.optumrx.com/VAH/landing.
- **No cost share if CHAMPVA is your secondary pharmacy coverage** (you have another insurance with pharmacy coverage). You will not pay a cost share or deductible for your medication. Your pharmacy will submit an electronic claim to your primary insurance and CHAMPVA on your behalf; there are no claims for you to file.
- **Use your PBM identification card to use at your local pharmacy**. To obtain a pharmacy identification card and information on local pharmacies in your area that are a part of the PBM network, call the following beneficiary number or go to the PBM's website and follow the instructions listed below.

  Phone: 888-546-5502 Group #: HAC
  Bin #: 610593 PCN #: VA

  Website: https://welcome.optumrx.com/vah/landing

  - Select the "Find a network pharmacy" link: https://welcome.optumrx.com/vah/pharmacy-locator
  - Select "VAH-VFMP" as your plan.
  - Enter your zip code to find a pharmacy near you.

Non-Network Pharmacy

You can use a non-network pharmacy. If the pharmacy you choose does not bill CHAMPVA electronically, you will have to pay for your prescription and then file a paper claim with us for reimbursement.

Request reimbursement from us by submitting:

- CHAMPVA Claim Form (VA Form 10-7959a)
- Itemized pharmacy receipt with:
  - The 11-digit National Drug Code (NDC) date
  - The drug dispensed
  - Name and quantity of the drug
  - The drug's retail value
  - The amount you paid
- If you have other health insurance, you will also need to submit the explanation of benefits (EOB) showing the other health insurance paid on the claim or showing what your copay was for that prescription.

YOUR COSTS 7

Understanding Your Costs

Allowable Amount

The most CHAMPVA will pay for a covered medical service or supply is the **allowable amount**[28]. The CHAMPVA allowable amount is generally the same as TRICARE's or Medicare's allowable amount and is considered payment in full.

You are responsible for an annual deductible plus your share—usually 25%—of our "allowable amount."

- CHAMPVA's "allowable amount" is the most CHAMPVA will pay for a covered medical service or supply. That may differ from what your doctor bills for a medical procedure or supply. The CHAMPVA allowable amount is often less than what your doctor bills.
- The CHAMPVA allowable amount is also generally the same as the allowable amounts paid by Medicare and **TRICARE**[29].

You must pay an annual deductible of $50 per person, or $100 per family.

- You do not pay this amount up front. We will credit individual and family deductibles when we process the first claims each calendar year.

For covered outpatient services:

- CHAMPVA will pay up to 75% of our allowable amount (after your deductible has been met) and you are responsible for the remainder, which is known as your cost share (25%). (See cost shares later in this section.)
- The annual maximum that you and your family can incur is $3,000. If you or your family reach that limit, we will waive any cost share on covered medical services and supplies for the remainder of the year.

Your costs have two parts: **Annual deductible** and **a cost share** (similar to a copayment). Both are explained below.

- **Annual deductible:** The annual (calendar year) outpatient deductible is the amount you must pay before we pay for covered outpatient medical services or supplies.
  - The deductible is $50 per beneficiary or a maximum of $100 per family per year. Once your deductible is satisfied, CHAMPVA will pay 75% of the allowable amount. As claims are processed for covered services, charges are automatically credited to individual and cumulative family deductible requirements for each calendar year.

Your Costs continued on next page

28 Allowable amount: The amount we pay plus your cost share.
29 TRICARE: TRICARE is a Department of Defense health care program for active duty and retired military families

  - DO NOT send a payment to CHAMPVA for your deductible requirement.
  - There is no deductible for inpatient services, ambulatory surgery facility services, partial psychiatric day programs, hospice services, preventive services or services provided by VA medical facilities (CITI, Meds by Mail).
- **Cost share:** A cost share (similar to a copayment) is the portion of the CHAMPVA allowable amount that you must pay. With few exceptions, you will pay something toward the cost of your medical care. For covered outpatient services, we pay up to 75% of the CHAMPVA allowable amount after the deductible has been met. For your inpatient service cost share, please refer to the chart in this section entitled *Cost Summary*.
  - There is no cost share for hospice, or for preventive services received through VA medical facilities. This includes services received at VA facilities under CITI or medications obtained through the Meds by Mail program.

Catastrophic Cap

To provide financial protection against the impact of a long-term illness or serious injury, we established an annual **catastrophic cap**[30] of $3,000 per calendar year. This is the maximum out-of-pocket expense you and your family can incur for CHAMPVA-covered services and supplies in a calendar year. Credits to the catastrophic cap are applied from January 1 to December 31 each year. If you reach the $3,000 limit, you or your family's cost share for covered services is waived for the remainder of the calendar year, and we pay 100% of the CHAMPVA allowable amount.

Each time we pay a bill, your deductible and cost share are calculated and credited to your catastrophic cap. The cumulative amount credited to your catastrophic cap is shown on the explanation of benefits (EOB) you receive after we pay for your covered services. If you find an error, let us know immediately.

Coverage Outside the United States

If you live or travel overseas (excluding countries that are restricted or prohibited by the U.S. Department of Treasury), we provide the same benefits we would if you were in the U.S. Reimbursement for health care claims in foreign countries is based on reasonable and customary billed amounts. Your deductible and cost share will be the same as if you were in the U.S.

If the billing and medical documentation is written in a foreign language, we will translate it at no cost to you. Claims written in English (billing and medical documentation) will be processed faster because we will not need to arrange translation. Our payments are made in U.S. dollars.

30 Catastrophic cap: The most you pay out-of-pocket for covered health care services each calendar year (January – December). Your deductible, copayments, and cost-shares (including pharmacy) apply to your catastrophic cap.

Cost Summary – When You Have No Other Health Insurance

BENEFITS	DEDUCTIBLE?	YOU PAY
Ambulatory Surgery	NO	25% of CHAMPVA allowable amount
Durable Medical Equipment (DME)	YES	25% of CHAMPVA allowable amount
Emergency Room Charges	DEPENDS *(whether the emergency care becomes part of inpatient charges or remains as an outpatient charge)*	The charges will be included in the inpatient charge if—once you stabilize—you are admitted to the hospital. Your payment will then be based on "inpatient services." If you are not admitted, your payment is based on "outpatient services."
Inpatient Mental Health: **High Volume[31] and Residential Treatment Centers**	NO	25% of CHAMPVA allowable amount
Inpatient Mental Health: **Low Volume[32]**	NO	Lesser of • per-day amount times the umber of inpatient days; or • 25% of billed amount
Inpatient Services: **Diagnosis Related Groups (DRG)[33] Based**	NO	Lesser of • per-day amount times the number of inpatient days; or • 25% of billed amount; or • Base DRG rate
Inpatient Services: **Non-DRG Based & Skilled Nursing Facility (SNF)**	NO	25% of CHAMPVA allowable amount
Outpatient Services (such as doctor visits, lab/radiology, home health, mental health services, skilled nursing visits, ambulance)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy (retail)	YES	25% of CHAMPVA allowable amount after deductible
Pharmacy Services (mail order–Meds by Mail or CITI)	NO	Nothing
Preventive Services (such as annual physical exam, immunizations)	NO	Nothing
Professional Services	YES	25% of CHAMPVA allowable amount after deductible

31 High volume: Residential and treatment centers with 25 or more mental health discharges annually are considered high-volume facilities.
32 Low volume: Treatment centers that have fewer than 25 mental health discharges annually.
33 Diagnosis related group (DRG): A system that hospitals use to classify the resources used to treat a specific condition or related condition based on the clinical needs of the patient. The DRG determines the reimbursement to the hospital.

8 OTHER HEALTH INSURANCE

When You Have Other Health Insurance

If you have **other health insurance**[34], besides CHAMPVA, you must keep us informed about any changes*. You can do this by calling us at 800-733-8387, or by completing a CHAMPVA Other Health Insurance Certification form (VA Form 10-7959c). You can obtain the form on our website www.va.gov/communitycare/pubs/forms.asp.

When you have other health insurance, CHAMPVA may pay first, or it may pay as a secondary or final insurer. CHAMPVA only pays first if you have one of four types of these other health insurance (explained in detail in the next section):

- **Medicaid**
- **Indian Health Services**
- **State Victims of Crime Compensation Program**
- **CHAMPVA supplemental health insurance**

If you have any other type of other health insurance, CHAMPVA will pay secondary and, if you have more than one other health insurance, CHAMPVA will pay after the other plans.

Note: CHAMPVA beneficiaries are eligible to enroll in Health Insurance Marketplace coverage. However, they are not eligible for financial assistance, such as advance premium tax credits (APTC) or cost-sharing reductions (CSR) to reduce the cost of Marketplace coverage. If you are enrolled in CHAMPVA and a Marketplace plan at the same time, all or some of the APTC you receive for the Marketplace plan may have to be paid back when your file your annual federal income tax return. For more information visit www.irs.gov and www.healthcare.gov.

You must submit, or have your provider submit, any claim for services or supplies to your other health insurance first. After your other health insurance pays, you will receive an explanation of benefits (EOB) from them. The EOB must be submitted at the same time when you file your claim with us. (Medicare will now send us an EOB electronically after they process your claim, saving you from having to file the claim yourself).

CHAMPVA as Primary Payer

If you qualify for one of the four types of health insurance listed below, we will pay first as the primary payer. Those plans are:

Medicaid

Medicaid is a joint federal-state program that provides health insurance to eligible low-income adults, children, pregnant women, elderly, and people with disabilities. If you are eligible under Medicaid, CHAMPVA will pay first.

34 Other Health Insurance: Other health insurance, such as Medicare or a commercial health insurance policy.

Indian Health Services (IHS)

If you are eligible under Indian Health Services, CHAMPVA will pay first.

State Victims of Crime Compensation Program

If you are eligible under a State Victims of Crime Compensation Program, CHAMPVA will pay first.

CHAMPVA Supplemental Health Insurance

There are several companies that offer CHAMPVA supplemental policies. After we pay for health care services, your remaining out-of-pocket expenses, such as deductibles and cost share, often are payable by the **supplemental insurance**[35] policy. If you have a policy that was specifically obtained to supplement CHAMPVA, we will compute the allowable amount, pay the claim, and then you can submit the balance due on the claim to your supplemental insurer.

We do not endorse one supplemental insurance policy over another, and you should carefully consider your family's needs for the additional coverage.

CHAMPVA as Secondary Payer or Payer of Last Resort

In all other cases, CHAMPVA is a **secondary payer**[36] or payer of last resort: We pay after your other health insurance and, if you have more than one other health insurance (such as Medicare and a Medicare supplemental plan), we pay after both plans.

Having other health insurance complements the CHAMPVA program. You may have another health plan through your employer, spouse's employer, or other government programs such as Medicare. In most cases when you have other health insurance and CHAMPVA, there is no cost to you at all. When there is a cost to you, it is most often because your other health insurance denied the medical service or supply.

In that case, when the medical service or supply is a covered benefit under CHAMPVA, we would pay up to our allowable amount.

You or the provider must file the claim with the other insurance plan before submitting it to us for payment. Upon receiving the EOB from the other insurer, you or the provider may file a CHAMPVA claim for any remaining balance. In addition to the EOB from other health insurance, claims (billings) must include the provider's itemized billing statement.

To obtain reimbursement in cases where CHAMPVA is your secondary payer, you can ask the provider to file the claim and explanation of benefits (EOB) from the **primary payer**[37] electronically or in writing to CHAMPVA.

Other Health Insurance *continued on next page*

35 Supplemental insurance: A health insurance plan that pays after the primary payer has determined what they will pay on the claim. We will pay before a CHAMPVA supplemental policy, but after a Medicare supplemental policy.
36 Secondary payer: A health insurance plan that pays after the primary payer has determined what they will pay on the claim.
37 Primary payer: A health insurance plan that will pay first on the bills for service. These are typically major medical health plans.

If the provider is not able or willing to do that, you will need to submit three items:

- The itemized bill
- CHAMPVA Claim Form
- EOB from the primary payer to CHAMPVA

CHAMPVA and Workers' Compensation

We do not pay for medical care for treating a work-related illness or injury when benefits are available under a workers' compensation program. You must apply for workers' compensation benefits. If you exhaust your workers' compensation benefits, we will pay for covered services and supplies. Provide a copy of the final decision of the workers' compensation claim to avoid any delay in payment of future claims.

CHAMPVA and Accidental Injuries

If you are involved in an accident (such as an auto accident), you or your medical provider is required to file a medical claim with your (or the other person's) insurance before submitting it to us. This is called third-party liability (TPL) and means that someone else is legally responsible for your medical care. When you receive the explanation of benefits from the insurance company, you may file a CHAMPVA claim for any remaining balance.

FILING A CLAIM 9

Filing a Claim

TIPS FOR WHEN YOU FILE CLAIMS

- ☐ Keep copies of all receipts, invoices, and other documents.
- ☐ After billing your other health insurance and receiving their EOB, you can file the CHAMPVA claim form together with the other health insurance EOB.
- ☐ Separate claim forms are required for each CHAMPVA beneficiary in your household.
- ☐ Your name must be listed on the claim form exactly as on the CHAMPVA Identification Card.
- ☐ Your CHAMPVA Member Number (Social Security number) must be on the claim.
- ☐ Use CHAMPVA Claim Form (VA Form 10-7959a). If this form is not used, payment will be made directly to the health care provider instead of to you.

RECOMMENDED: Ask your provider to file the claim

The easiest way to file a claim for reimbursement is to **have your provider do it for you**. Providers know what is required and, in most cases, will file electronically, which means faster processing and payment.

For more information, providers accepting CHAMPVA can visit www.va.gov/COMMUNITYCARE/providers/info-champva.asp.

Providers must submit an itemized billing statement on a CMS-1500 or UB-04 form. Providers can submit electronically using **CHAMPVA's electronic provider billing number: 84146**.

Providers must enroll in electronic funds transfer (EFT) to receive claim payments, it is a federal requirement: www.fiscal.treasury.gov/eft/vendor-guidance.html.

To enroll in EFT, providers should:

1. Visit the VA Financial Services Center (FSC) Customer Engagement Portal: https://www.cep.fsc.va.gov/.
2. Complete the Payment Account Setup webform to enroll. For help with the webform, call the VA FSC help desk at 877-353-9791.

Filing a Claim continued on next page

Once providers are enrolled, payments will be automatically deposited into the provider's bank account. EFT payments are secure and efficient, safeguards Veterans' family members access to benefits, and ensures timely payment to the provider.

If providers are *not* enrolled in EFT, provider claim payments will be paused until enrollment for EFT is complete.

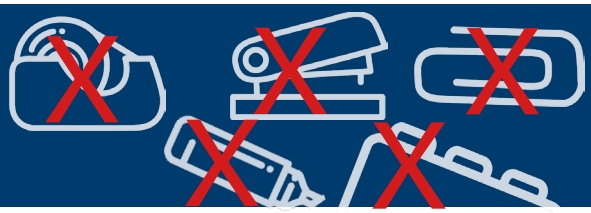
ALTERNATIVE OPTION: File the claim yourself

Each request for reimbursement **must** include the following documents:

- **CHAMPVA Claim Form** (VA Form 10-7959a). Download a form online at www.va.gov/find-forms/about-form-10-7959a or by calling us at 800-733-8387. Remember, a separate VA Form 10-7959a is required for each individual family member.
  - ☐ It is very important that your name is listed on the form exactly as it is on your CHAMPVA identification card.
  - ☐ Add the CHAMPVA member number (it's also your Social Security Number.)
  - ☐ This form must be signed and dated in Section IV – Claimant Certification. We cannot process your claim without your signature.
  - ☐ If you have other health insurance, file your claim with them first and send us the explanation of benefits (EOB) from that insurer.
- **An itemized billing statement** from your provider should contain information related to the medical services you received (you can contact your service provider for this information). For all medical submissions, the VA requires the following:
  - ☐ Date of service (DOS)
  - ☐ Patient name
  - ☐ Date of birth
  - ☐ CHAMPVA member number (it's also your Social Security Number)
  - ☐ Provider's name and degree (such as doctor or nurse)
  - ☐ Physical address where service was provided
  - ☐ Address where payment should be sent
  - ☐ Telephone number
  - ☐ Service provider's 9-digit tax identification number (TIN)
  - ☐ Diagnostic codes (DX)
  - ☐ Procedure codes (PX) – for each individual procedure (line item)
  - ☐ Quantity (QTY) – for each individual procedure
  - ☐ Billed charges – individual procedures (itemized bill)

When you have other health insurance, file your claim with them first and send an explanation of benefits (EOB) showing your copayment amount. When your health care is received through a VA service such as the CHAMPVA In-house Treatment Initiative (CITI) or Meds by Mail, an EOB is not sent to you.

NOTE: Do not use **tape**, **staples**, or **paper clips** to secure the documents; or **highlighter tabs** or **highlighters** to emphasize information.



- VA requires **specific information for pharmacy claims**. You can contact your pharmacy and request a completed prescription printout list that contains the following:
  - ☐ Patient's name
  - ☐ Fill date of each prescription
  - ☐ Pharmacy name, address, and phone number
  - ☐ Name of prescribing physician
  - ☐ Name, quantity (QTY), strength and 11-digit national drug code (NDC) for each drug
  - ☐ Billed charges – how much you paid

- **Explanation of benefits** (EOB) if covered by other health insurance showing your copayment amount (make sure to file your claim first with them).
  - For pharmacy claims, include the EOB if covered by other health insurance that includes pharmacy coverage showing your copayment amount. **Note:** Cost share is not reimbursable for beneficiaries using CHAMPVA as their primary pharmacy benefit.
  - If you have a current VA Form 10-7959c (CHAMPVA Other Health Insurance Certification) on file which shows you do not have pharmacy coverage through other health insurance, you can use Meds by Mail for your nonurgent, maintenance medication needs. Prescribed maintenance medication will be mailed to your home.
  - If you have other health insurance with pharmacy coverage, you can use the OptumRx network of retail pharmacies. CHAMPVA always pay secondary to other health insurance and requires a copy of the EOB.

NOTE: Errors such as a mistake, a forgotten signature, or other missing information can slow down your claim or result in an initial rejection of the claim. We can't process the claim until we have all the correct information. If you do not submit complete and accurate paperwork, you will receive a letter outlining the steps that request your correct information.

Dental Claims – Each request for reimbursement **must** include the following documents:

- **CHAMPVA Claim Form** (VA Form 10-7959a). Download a form online at www.va.gov/find-forms/about-form-10-7959a or by calling us at 800-733-8387. Remember, a separate VA Form 10-7959a is required for each individual family member.
  - ☐ It is very important that your name is listed on the form exactly as it is on your CHAMPVA identification card.
  - ☐ Add the CHAMPVA member number (it's also your Social Security Number.)
  - ☐ This form must be signed and dated in Section IV – Claimant Certification. We cannot process your claim without your signature.
  - ☐ If you have other health insurance, file your claim with them first and send us the explanation of benefits (EOB) from that insurer.

Filing a Claim continued on next page

- CHAMPVA requires **specific information for dental claims** (you can contact your service provider to assist with obtaining this information). For all dental submissions, CHAMPVA requires the following:
  - ☐ Patient's name
  - ☐ Provider's name and physical address
  - ☐ Service provider's 9-digit tax identification number (TIN)
  - ☐ Date of service (DOS)
  - ☐ Procedure codes (CDT) for each individual procedure (line item)
  - ☐ Quantity (QTY) – for each individual procedure
  - ☐ Billed charges – individual procedures (itemized bill)
- **Explanation of benefits** (EOB) if covered by other health insurance showing your copayment amount (make sure to file your claim with them first).

NOTE: ALL dental services require pre-authorization and most dental services are not reimbursable. If the dental procedure is considered medically necessary, documentation of medical necessity (preferably by a medical provider) must be submitted in advance with the pre-authorization request. To obtain pre-authorization, call 833-930-0816 or email VHAHAC.preauthorizationFM@va.gov

Ambulance Claims – Each request for reimbursement **must** include the following documents:

- **CHAMPVA Claim Form** (VA Form 10-7959a). Download a form online at www.va.gov/find-forms/about-form-10-7959a or by calling us at 800-733-8387. Remember, a separate VA Form 10-7959a is required for each individual family member.
  - ☐ It is very important that your name is listed on the form exactly as it is on your CHAMPVA identification card.
  - ☐ Add the CHAMPVA member number (it's also your Social Security Number.)
  - ☐ This form must be signed and dated in Section IV – Claimant Certification. We cannot process your claim without your signature.
- If you have other health insurance, file your claim with them first and send us the explanation of benefits (EOB) from that insurer.
- VA requires **specific information for ambulance claims** (you can contact the ambulance provider to assist with obtaining this information). For all ambulance service submissions, VA requires the following:
  - ☐ Patient's name
  - ☐ Provider's name and physical address
  - ☐ Service provider's 9-digit tax identification number (TIN)
  - ☐ Date of service (DOS)
  - ☐ Procedure codes (PX) – for each individual procedure (line item)
  - ☐ Quantity (QTY) – for each individual procedure
  - ☐ Billed charges – individual procedures (itemized bill)
  - ☐ 5-digit zip code from BOTH the pickup location and the drop off location
  - ☐ Ambulance trip report
  - ☐ Explanation of benefits (if covered by insurance)

- Include your **explanation of benefits** (EOB) if covered by other health insurance showing your copayment amount (make sure to file your claim first with them).

Send Claims to:

VHA Office of Integrated Veteran Care
CHAMPVA Beneficiary Claims
P.O. Box 500
Spring City, PA 19475

Questions About Filing Your Claim?

Call us at 800-733-8387 where you can speak to a customer service representative directly.

Claim-Filing Deadlines

You have one year after the date of service to file any claims.

For inpatient care, the claim must be filed within one year of the discharge date. Claims submitted after the claim filing deadline will be denied. If you disagree with a timely filing denial you must file an appeal. Please refer to **Section 10** for appeal instructions.

If you have been granted retroactive CHAMPVA eligibility, you have 180 days after your initial CHAMPVA identification card is issued to file claims with dates of service on or after you CHAMPVA effective date. Your effective date can be found on the lower left corner of your CHAMPVA identification card.

In most cases, your medical provider will complete and file your claim form with us for the services you received. But there will be times when you will have paid for the medical service or supply and need to request reimbursement from us. If you file your own claim, it is important to fill out the claim form completely and correctly.

Explanation of Benefits (EOB)

After a claim has been filed for your health care service, you will receive an explanation of benefits (EOB) from us in the mail. The EOB (see illustration on the following page) lists the details of the services you received and the amount your provider may bill you. If you paid for the service and submitted a claim for reimbursement, the EOB will tell you how we calculated your cost share. The EOB contains the following information:

- Amount billed by the provider
- Amount allowed by CHAMPVA
- Amount not covered
- Annual catastrophic cap accrual
- Beneficiary and family deductible accrual
- CHAMPVA payment(s)
- Date(s) of service
- Date the EOB was mailed

Filing a Claim continued on next page

- Provider name
- Remarks
- Amount paid by other health insurance plan or program

Receiving an EOB

- When a provider files a claim, the EOB is sent to both you and the provider.
- When you file a claim, the EOB is sent only to you.
- When your health care is received through a VA source (such as Meds by Mail or CITI), an EOB is not sent to you.

APPEALS AND DUTY TO ASSIST 10

Decision Reviews and Appeals

You must meet the following requirements to file a decision review or an appeal:

- A decision has been made on your claim within the last year.
- Your claim is not currently under review.
- Your claim was not returned pending incomplete information, missing documentation, a request to obtain pre-authorization, or was determined a duplicate claim.

Getting Assistance

Every VA employee has a legal obligation to assist you in gathering all records required to decide on your claims. If you need assistance getting evidence that may help or strengthen your medical claim, please send your written request to the appeals address below.

VHA Office of Integrated Veteran Care
CHAMPVA Appeals
P.O. Box 600
Spring City, PA 19475

You must include your contact information along with:

- Provider name
- Provider address
- Provider phone and fax number (if available)
- Dates each provider treated you

It is your responsibility to provide the evidence in support of your claim, but we will make efforts to obtain the requested records on your behalf.

Decision Review Options – Medical Claims or Eligibility Determinations

VA offers three types of review, but not all types of review are available in every case.

Option 1: Higher-Level Review

At the time of application or medical claim submission, you or your representative can also request an informal conference to identify errors of law or fact in the decision. (VA Form 20-0996: www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf. This involves:

- A higher-level/new look at the decision.
  - No new evidence is allowed.

Appeals continues on next page

- The possibility of overturning the decision based on:
  - A difference of opinion.
  - A clear and unmistakable error.

Option 2: A Supplemental Claim

You can submit or identify **new**[38] and **relevant evidence**[39] to support your claim. VA will help in developing the evidence. This is also an option if you are requesting a review of your claim based on a change in law (such as the PACT Act). (VA Form 20-0995: www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf)

Option 3: Appeal to the Board of Veterans' Appeals

This option allows you to appeal directly to the Board of Veterans' Appeals. (VA Form 10182: www.va.gov/vaforms/va/pdf/VA10182.pdf). **A Board Appeal should be sent to the address listed on VA Form 10182.** You can choose between three options:

- **Direct review:** You do not want to submit additional evidence or have a hearing.
- **Evidence submission:** You want to submit additional evidence without a hearing.
- **Hearing:** You choose to submit evidence and have a hearing with a Veterans Law Judge.

Important note: You may only pursue one review option at a time. You may not request a higher-level review of a higher-level review decision issued by VA, or a higher-level review of a board decision. The board's decision is final.

Decision Review Options – Denied Pre-authorization

If you disagree with a pre-authorization determination, you have one year from the date of the VA notification to submit in writing why you believe the decision is incorrect and provide any new or relevant documentation. You must include a copy of the denial notification.

Pre-authorization reviews cannot be requested for services that have taken place or for eligibility determinations (these are considered appealable, and the process above applies).

Submit your appeals for pre-authorization determination to:

VHA Office of Integrated Veteran Care
CHAMPVA Appeals
P.O. Box 600
Spring City, PA 19475

38 New evidence: Unless your supplemental claim is based on a change in law, you will need to submit supporting evidence that is new and relevant for your medical claim or eligibility application to be complete. You can also identify evidence you would like us to gather for you.
39 Relevant evidence: Information that proves or disproves something in your claim.

The table below summarizes the review options and the appropriate, required forms.

REVIEW OPTION	REQUIRED FORM
Supplemental Claim *A review with new and relevant evidence.	VA Form 20-0995, *Decision Review Request: Supplemental Claim* www.vba.va.gov/pubs/forms/VBA-20-0995-ARE.pdf
Higher-Level Review *A review of the same evidence on file.	VA Form 20-0996, *Decision Review Request: Higher-Level Review* www.vba.va.gov/pubs/forms/VBA-20-0996-ARE.pdf
Appeal to the Board of Veterans' Appeals *The Board provides further details following their decision.	VA Form 10182, *Decision Review Request: Board Appeal (Notice of Disagreement)* www.va.gov/vaforms/va/pdf/VA10182.pdf
Pre-authorization Review	Written statement on why you believe the decision was in error. Include any new and relevant documentation with your correspondence.

Seeking Help for Your Request for Review

You may be able to get assistance with your claim from a VA-recognized and VA-accredited attorney, claims agent or Veterans Service Organization (VSO). VSOs and their representatives are not permitted to charge fees or accept gifts for their services. Only VA-accredited attorneys and claims agents may charge fees for assisting in a claim for VA benefits, and only after VA has issued an initial decision on the claim and the attorney or claims agent has complied with the power-of-attorney and the fee agreement requirements. For more information on the types of representatives available, visit www.va.gov/ogc/accreditation.asp.

If you have not already selected a representative, or if you want to change your representative, a searchable database of VA-recognized VSOs and VA-accredited attorneys, claims agents, and VSO representatives is available at www.va.gov/ogc/apps/accreditation/index.asp.

Contact your local VA office for assistance with appointing a representative or visit www.ebenefits.va.gov.

Timely Requests for Reviews

If you do not request a review option within the required time limit, you may only seek review through the following options:

- Submit a request for revision of the decision based on a clear and unmistakable error in the decision.
- If applicable, file a supplemental claim along with new and relevant evidence to support your issue(s). When a supplemental claim is filed after the time limit to seek review of a decision, the effective date for any resulting award of benefits generally will be tied to the date that VA receives the supplemental claim.

11 HELP FIGHT FRAUD

Combating fraud takes a cooperative effort. Please help us by reviewing your EOB to be sure that the services billed to us were reported properly. If you see a service or supply billed to us that you did not receive, please report it immediately.

Indicate in your letter that you are filing a potential fraud complaint and document the following facts:

- The name and address of the provider
- The name of the beneficiary who was listed as receiving the service or item
- The claim number
- The date of the service in question
- The service or item that you do not believe was provided
- The reason why you believe the claim should not have been paid
- Any additional information or facts showing that the claim should not have been paid

If you suspect fraud, waste, or abuse, call us at 800-733-8387 or visit the following website:
www.va.gov/COMMUNITYCARE/about-us/FWA.asp

Email: OCCProgramIntegrityTeam@va.gov

Fax: 303-398-5295

You should be suspicious of:

- Providers who routinely do not collect your cost share (similar to a copayment).
- Providers billing for services that you did not receive.
- Providers billing for services or supplies that are different from what you received.

Prevention Tips

- Always protect your CHAMPVA identification card.
- Only give your CHAMPVA member number to people you know or are familiar with.
- Be skeptical of providers who tell you that we do not usually cover a particular item or service, but that they know how to bill for the item or service to get it paid.

PRIVACY PRACTICES OVERVIEW 12

The Department of Veterans Affairs (VA), Veterans Health Administration (VHA) is required by law to maintain the privacy of your protected health information and to provide you with notice of its legal duties and privacy practices. This document serves as a supplemental overview of Privacy Practices for the VHA Office of Integrated Veteran Care (IVC) Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA). It describes:

- Ways in which the VHA IVC may use or disclose your family member's claim and associated claim documentation (which may include limited or complete medical records) without your permission for treatment, payment, and health care operations, and when otherwise required or permitted by law;
- Your privacy rights regarding your claim and associated claim documentation; and
- Our legal duty to protect the privacy of your claim and associated claim documentation.

For more details, please review the VA Privacy Act System of Record Notice 54VA10NB3 (Veterans and Beneficiaries Purchased Care Community Health Care Claims, Correspondence, Eligibility, Inquiry, and Payment Files - VA) for the purposes in which we may use your information and Routine Uses for some instances in which we may disclose your information: www.govinfo.gov/content/pkg/FR-2015-03-03/pdf/2015-04312.pdf.

Get a copy of the VHA Notice of Privacy Practices and Other Forms

Individuals may request a copy of the VHA Notice of Privacy Practices (NOPP), IB10 -163p from their local VA health care facility's Privacy Office.

You may access the full VHA NOPP, which contains additional information on VHA privacy practices and policies, online at the following address: www.va.gov/vhapublications/publications.cfm?Pub=8.

Complaints

If you are concerned that your privacy rights have been violated, you may file a complaint with the Veterans Health Administration (VHA) offices listed below:

VHA Privacy Office
Office of Health Informatics (10DH03)
810 Vermont Avenue NW
Washington DC 20420
Phone: 877-461-5038

VHA IVC Privacy Office
P.O. Box 700
Spring City, PA 19475
Phone: 720-723-4130
Fax: 303-398-7176

Privacy Practices Overview continues on next page

You may also submit a complaint to the Secretary of the U.S. Department of Health and Human Services at www.hhs.gov/hipaa/filing-a-complaint/what-to-expect/index.html. Privacy complaints do not have to be in writing, although it is recommended, and you will not be penalized for filing a complaint.

Requesting or Releasing Information from Health Record

Beneficiaries in the CHAMPVA In-House Treatment Initiative- (CITI) Program can use My HealtheVet (www.va.gov/health-care/manage-health/) to:

- Refill and manage VA medications
- Schedule and manage some VA health appointments
- Use secure messaging to communicate with your VA health care team
- Review and download your medical records, including lab and test results
- Order some medical supplies

Beneficiaries (not enrolled in the CITI program) can use My HealtheVet (www.va.gov/health-care/manage-health/) to:

- Refill and manage Meds by Mail medications
- Review some other health care information

Use VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information, to request a copy of your claim records be sent to a third party (such as a legal office or secondary medical insurance provider): www.va.gov/vaforms/medical/pdf/VA_Form_10-5345_Fillable.pdf.

Use VA Form 10-5345a, Individual's Request for a Copy of Their Own Health Information, to request a copy of your own claim records: www.va.gov/vaforms/medical/pdf/VHA%20Form%2010-5345a%20Fill-revision.pdf.

Note: Medical records for Community and Foreign medical care are maintained by the provider who rendered care.

Right to Request Amendment of Health Information

You have the right to request an amendment (correction) to your file if you believe it is incomplete or inaccurate. You must submit your request in writing, specify the information that you want corrected, and provide a reason to support your request for an amendment. All amendment requests should be submitted to:

Eligibility, Enrollment and Verification (EEV)
PO Box 137
Spring City PA 19475
Fax: 303-331-7809

If your request for amendment is denied, you will be notified of this decision in writing and given information about your right to appeal the decision. In response, you may file an appeal.

Note: The information requiring a formal amendment request, in your file includes NAME CHANGES, REMOVAL OF NAME ELEMENT, SOCIAL SECURITY NUMBERS, and BIRTH SEX CHANGES.

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Questions?
Get immediate access to more information at **ask.va.gov**